



PATIENT PRESENTING CLINICAL SIGNS

Harry Finegold Possible bronchitis, progressive episodes of difficulty breathing/coughing/gagging, reverse sneezing. Severe episodes recently per owner. Symptoms started a couple of months ago. Recently pet has been foaming at the mouth at times.

SPECIES Abnormal PE/Chem/CBC/UA Results: Elongated palate noted during intubation. Foamy bubbles noted coming out of Right nostril during CT.

Canine

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

BREED

A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

Maltese Mix

COMPUTED TOMOGRAPHIC FINDINGS

Skull

SEX Multiple teeth are absent.

Neutered Male

A small amount of fluid attenuating material is visible in the right rostroventral aspect of the nasal cavity. Focal narrowing of the nasopharynx level with the mid third of the soft palate is seen.

AGE

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

5 Years, 11 Months

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

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Thorax

The bony and surrounding soft tissue structures are within normal limits.

REFERRING VET

Meaux

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

INVOICE

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Moderate dorsoventral flattening of the caudal cervical tracheal segment is appreciated. The left principal bronchus presents with moderate dorsoventral flattening. In the hilar region of the right cranial and middle lung lobe, segmental circumferential moderate thickening of the wall of the first degree bronchi is

DATE

7-12-22

The lung parenchyma presents the expected architecture and attenuation behavior.

The esophagus is generalized mild to moderately distended by gas.



PATIENT Abdomen

Harry Finegold The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

SPECIES

Canine

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

BREED

Maltese Mix

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

SEX

Neutered Male

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

AGE

5 Years, 11 Months

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

- Tracheal collapse
- Possible bronchial collapse
- Focal narrowing of the nasopharynx
- Mild bronchial pattern
- Mild rhinitis
- Megaesophagus – suspect secondary to general anesthesia
- Multiple absent teeth
- Structural normal abdomen

HOSPITAL NAME

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Meaux

The main CT findings are the tracheal collapse and possible bronchial collapse, that might be an explanation for the described clinical signs. Tracheoscopy might can be used for further workup and grading of the tracheal ± bronchial collapse.

The focal narrowing of the nasopharynx can be a sequela to collapse secondary to general anesthesia, however if there is clinical evidence of upper airway obstruction nasopharyngeal stenosis can be a potential here – recommend retrograde evaluation of the nasopharynx to rule in/out nasopharyngeal stenosis.

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The bronchial pattern is suggestive for accompanying bronchitis – primary inflammatory non-infectious origin is considered likely.

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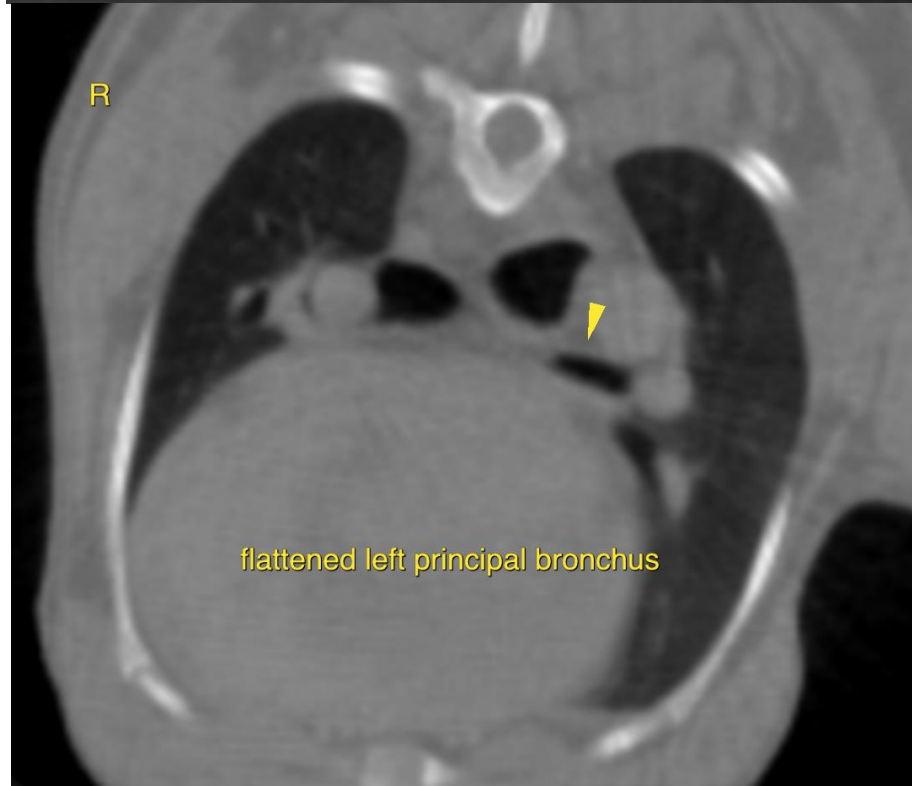
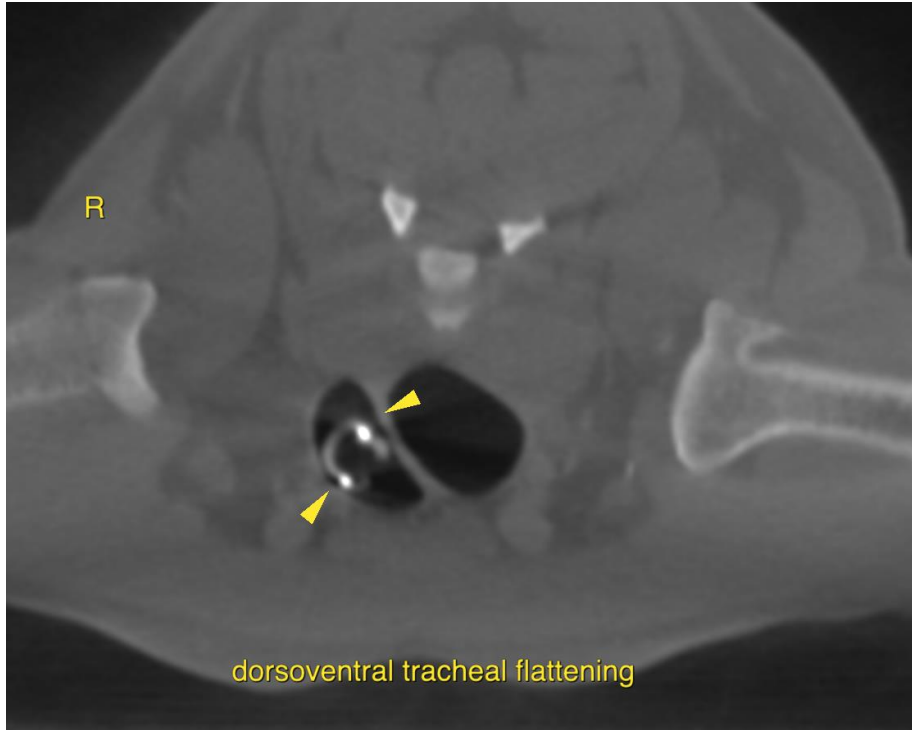
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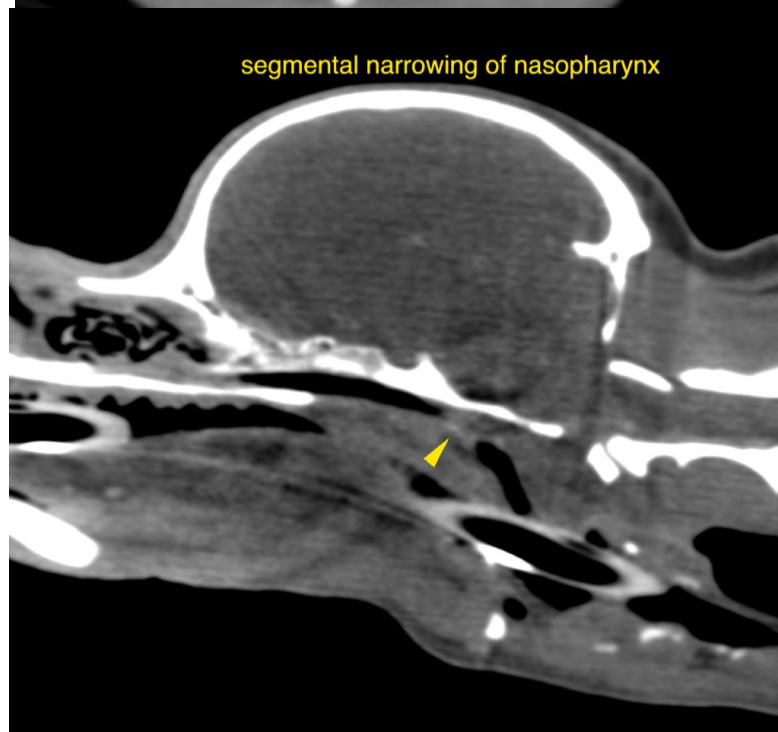
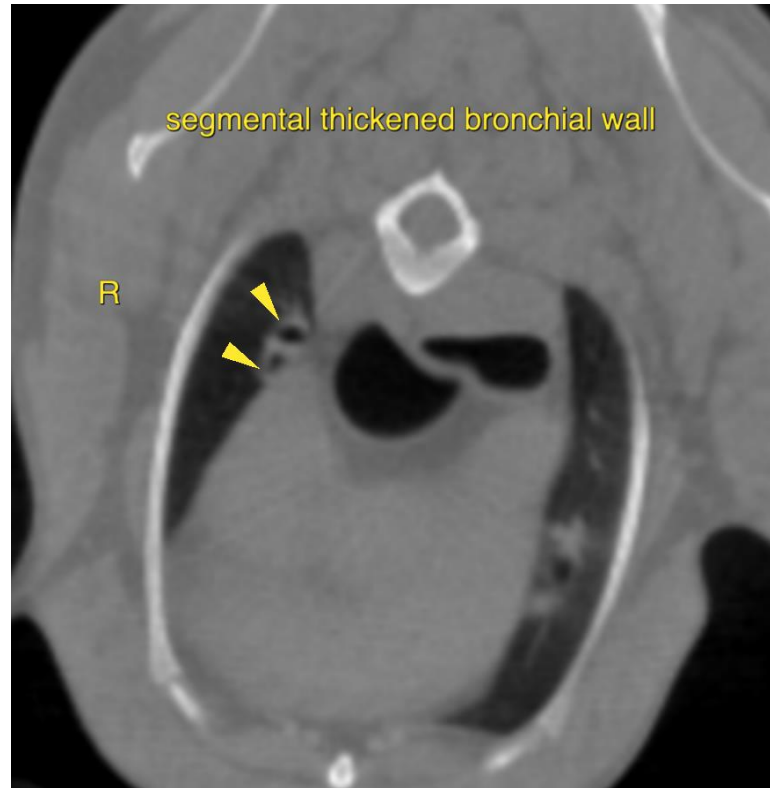
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com

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Neutered Male

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