



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Phoebe Bohrer
SPECIES Feline
BREED Devon Rex
SEX Spayed Female
AGE 11 Months

History: Owner was away for 5 days and Phoebe was cared for by a pet sitter 3 times a day. On 6/29/23, patient vomited up a dryer sheet. Since then, her appetite is decreased. She is lethargic and not herself as per O. Phoebe was brought to rDVM Saturday 7/1/23 and was given SQ fluids and an antibiotic because she was running a fever. The following day on 7/2/23, she was brought to VCA (farmingdale), x-rays were done. Findings: The cervical trachea widens dramatically on both lateral views and almost complete collapse is evident on the right lateral view. The thorax is within normal limits without evidence of cardiopulmonary pathology. The spleen, both kidneys, and the bladder are visible and appear normal. The stomach and small bowel are empty, indicating anorexia.

Assessment: There is evidence of a mass lesion in the caudal cervical area that is compressing the trachea. On 7/5, owner opted for endoscopy and abdominal exploratory surgery due to concern for a foreign body. Endoscopy findings: Proximal 1/3-1/2 of the esophagus appeared dilated and contained several lesions suspected to be erosion. Stomach contained a small amount of mucus and pieces of food. No foreign material or lesions were appreciated in the stomach. Biopsy was taken from esophageal lesion. Abdominal exploratory: The stomach was moderately dilated with gas, the duodenum and proximal 1/3 of the jejunum were mildly dilated with gas. The spleen was subjectively mildly enlarged. The liver, kidneys, adrenal glands, mesenteric lymph nodes, and right and left limb of the pancreas appeared normal. No foreign material or masses were appreciated. Punch biopsies were taken of the stomach, duodenum, jejunum, and ileum (pending). No peristalsis was noted while in surgery. Patient has been hospitalized since 7/5 and has noted to be anorexic in hospital until early this morning ~4am. Offered small pieces of canned chicken. Phoebe had a voracious appetite. Shortly after swallowing three small bites, patient started retching. Eventually vomited up the chicken. Turns cyanotic during retching. Patient wanted to eat the vomited food afterwards. Peristaltic movement appreciated in small intestines on ultrasound today.

INTERPRETED BY Sebastian Schaub, DVM Dr. med. vet. DipECVDI

Abnormal PE/Chem/CBC/UA Results: BAR during exam. Unremarkable CBC Chemistry: Globulin 5.7 (2.8-5.1) ALP 10 (14-111) Creat 0.7 (0.8-2.4)

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

HOSPITAL NAME ASC-Oceanside

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

COMPUTED TOMOGRAPHIC FINDINGS

REFERRING VET Southgate AH

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

23197 Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

DATE

7/7/23



PATIENT Both tympanic bullae contain a moderate volume of non-contrast enhancing soft tissue material. The osseous wall of the tympanic bulla bilaterally mildly thickened and smooth. The external ear canals are within normal limits.

Phoebe Bohrer

SPECIES 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.

Feline

The submandibular and medial retropharyngeal lymph nodes are prominent.

BREED The cervical segment of the esophagus presents a generalized thickened wall, measuring up to 3.6 mm in width, presenting an irregular undulating mucosal lining. The wall layering is maintained, but a generalized increased contrast enhancement. The esophageal wall tapers in its course caudally and presents the expected width.

Devon Rex

SEX **Thorax**

Spayed Female

In the pictured parts of the cranial abdomen, free gas is appreciated in the peritoneal cavity.

AGE 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.

11 Months

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

INTERPRETED BY The caudal cervical segment of the trachea and the cranial intrathoracic segment of the tracheal have an ovoid shape in cross-sectional.

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

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The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

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Southgate AH

COMPUTED TOMOGRAPHIC DIAGNOSIS

INVOICE

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- History of exploratory laparotomy and secondary pneumoperitoneum
- Mural irregular thickening esophageal wall of the cervical segment
- Ovoid cross-sectional shape cervical tracheal segment – likely exacerbated by the thickened esophagus
- Otitis media
- Lymphadenopathy tributary lymph nodes of the skull

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

Phoebe Bohrer

The main finding is the significant thickened esophageal wall of the cervical segment – most suggestive for marked esophagitis – an underlying cause cannot be specified by CT. Potentials can include gastroesophageal reflux – but would expect most severe findings in the caudal esophageal segment, not the cervical segment -, feline chronic gingivostomatitis complex*, infectious (e.g. feline Calicivirus, bacterial, Pythiosis), ingestion of irritant chemicals, ingested foreign material. Theoretically neoplastic esophageal infiltration is a potential, but the odds are very low. The esophageal findings are a plausible explanation for the presenting clinical signs. Biopsy can be considered for further differentiation.

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Devon Rex

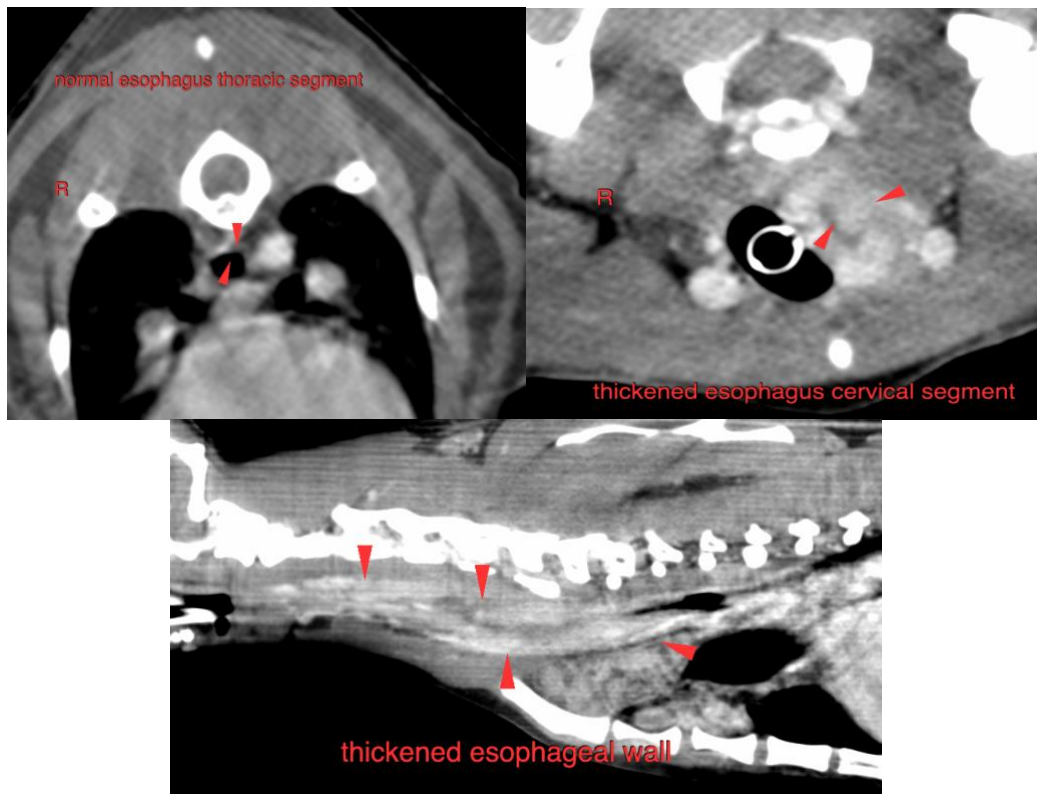
* Lee, D. B., Verstraete, F. J. M., & Arzi, B. (2020). An Update on Feline Chronic Gingivostomatitis. Veterinary Clinics of North America: Small Animal Practice. doi:10.1016/j.cvsm.2020.04.002

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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.

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.



PATIENT

Phoebe Bohrer **Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com

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