



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Beau Depestel
SPECIES Canine
BREED Pomeranian

History: 6yo MN Pomeranian mix. 3 weeks ago became inappetent, lethargic and febrile. Responded to antibiotics, but then went on to develop a change in bark and intermittent upper airway signs (episodes of respiratory distress requiring emergency intubation on multiple occasions). Chest rads ~ 1 week ago were concerning for aspiration pneumonia (vs other parenchymal dz), but improved with continued antibiotics. Referred to us today following another episode of upper airway obstruction. Noted to have significant neck pain on exam. On airway exam, vocal cords are swollen and collapsing during inspiration.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

SEX Neutered Male
 A pre- and post-contrast CT study of the skull and thorax in a lung- and soft tissue recon are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

AGE 6 Years
Skull:
 Multiple teeth are absent.

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

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

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

HOSPITAL NAME Animal Health Partners

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.

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.

REFERRING VET Dr. Michelle Coady

The medial retropharyngeal lymph nodes are prominent and elongated with a normal short-to-long-axis-ratio is < 0.5, and mild heterogeneous contrast enhancement pattern.

INVOICE 12506

An endotracheal tube is visible in the cervical trachea. The cervical tracheal segment presents a moderate dorsoventral flattening of the trachea – widened by the endotracheal tube. The most cranial segment of the trachea and larynx present a moderate circular thickening of the wall.

The osseous structures of the neck are within normal limits.

DATE 8/11/21



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Thorax:

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

SPECIES

Canine

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.

BREED

Pomeranian

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

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.

SEX

Neutered Male

The left caudal lung lobe presents a mild patchy ground glass attenuation. The remainder of the lung parenchyma are aerated and present the expected architecture.

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

AGE

6 Years

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspect mural swelling most cranial segment of the tracheal – directly caudal to the larynx
- Tracheal collapse cervical segment
- Mild patchy interstitial pattern left caudal lung lobe
- Multiple absent teeth

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The main findings are the potential mural swelling of the most cranial tracheal segment and the tracheal collapse. The mural swelling can be caused by tracheitis due to repetitive intubation – considered most likely - infectious (viral), allergic or is a sequela to diffuse neoplasia (e.g. lymphosarcoma).

REFERRING VET

Dr. Michelle Coady

Grading of the degree of tracheal collapse is limited by the endotracheal tube, however it would be a plausible cause for episodes of dyspnea.

The tracheal collapse can be also the cause for the interstitial pattern due to non-cardiogenic edema due to inspiratory dyspnea and negative pulmonary pressure. Other potentials include pneumonitis, fibrosis, other interstitial lung disease or less likely neoplasia.

INVOICE

12506

Recommend tracheoscopy for grading of tracheal collapse. A cytobrush of the larynx/proximal tracheal segment can be used to screen for neoplastic disease.

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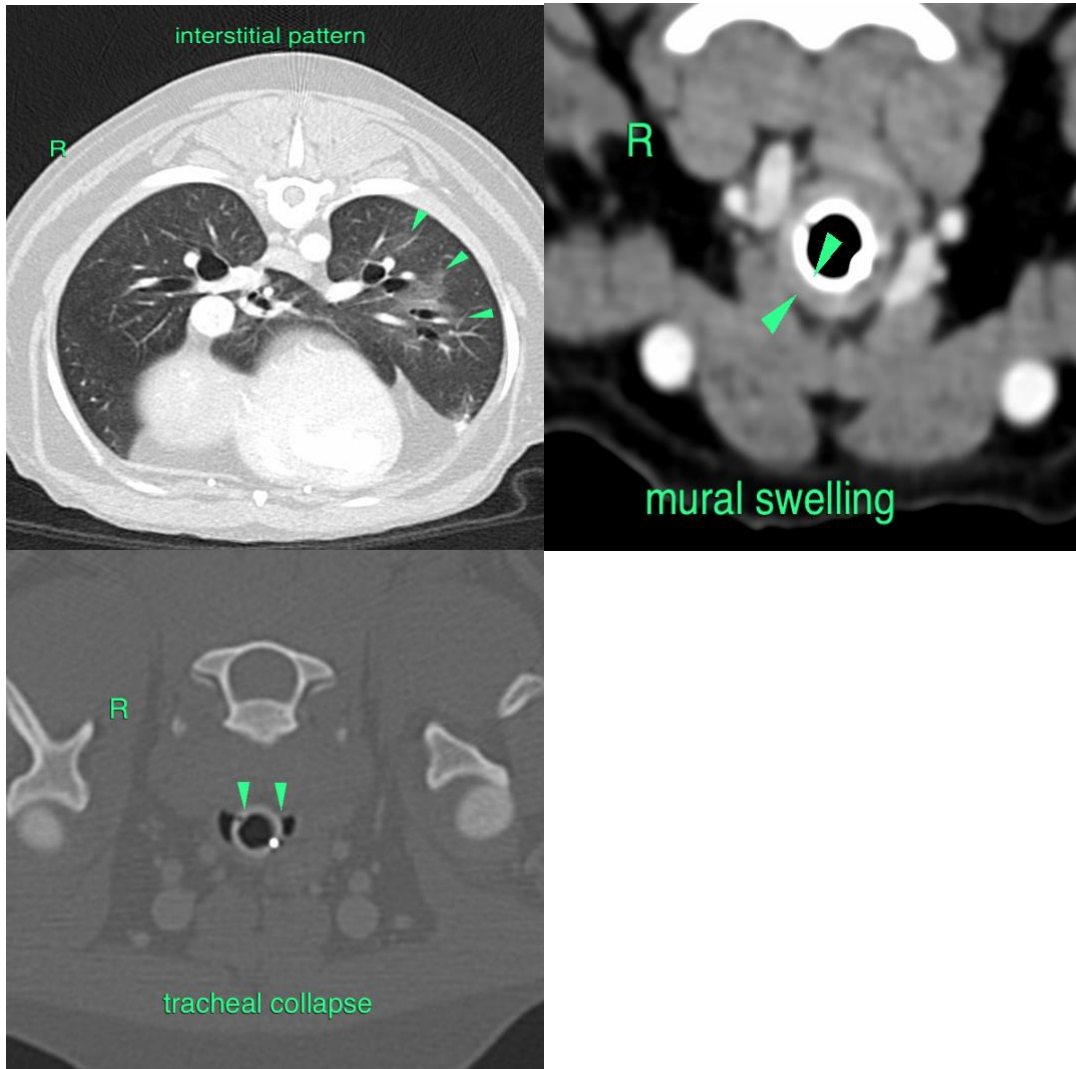
Dr. Michelle Coady

INVOICE

12506

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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



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