



**PATIENT PRESENTING CLINICAL SIGNS**

Heidi Marsland History of Megaesophagus and ongoing regurgitation Poor weight gain

**COMPUTED TOMOGRAPHY OF THE THORAX**

**SPECIES** A high resolution pre- and post-contrast CT study of the thorax is provided for review.

Canine **COMPUTED TOMOGRAPHIC FINDINGS**

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

**BREED** 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.

GSD X

The esophagus is generalized moderately distended by gas.

**SEX** The cardiovascular structures including the pulmonary vasculature are within normal limits; a physiological left fourth aortic arch is appreciated.

F

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.

**AGE**

The lung parenchyma presents the expected architecture and attenuation behavior.

12 Weeks

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

**INTERPRETED BY**

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

- Megaesophagus
- No evidence of aspiration pneumonia

**HOSPITAL NAME**

Colyton Veterinary  
Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are fitting the history of a megaesophagus, however fails to present a specific underlying cause and the presumptive diagnosis is idiopathic/congenital megaesophagus. There is no evidence of underlying vascular ring anomaly.

**REFERRING VET**

Dalton Nguyen

**INVOICE**

59670

**DATE**

8-13-23



**PATIENT**

Heidi Marsland

**SPECIES**

Canine

**BREED**

GSD X

**SEX**

F

**AGE**

12 Weeks

**INTERPRETED BY**

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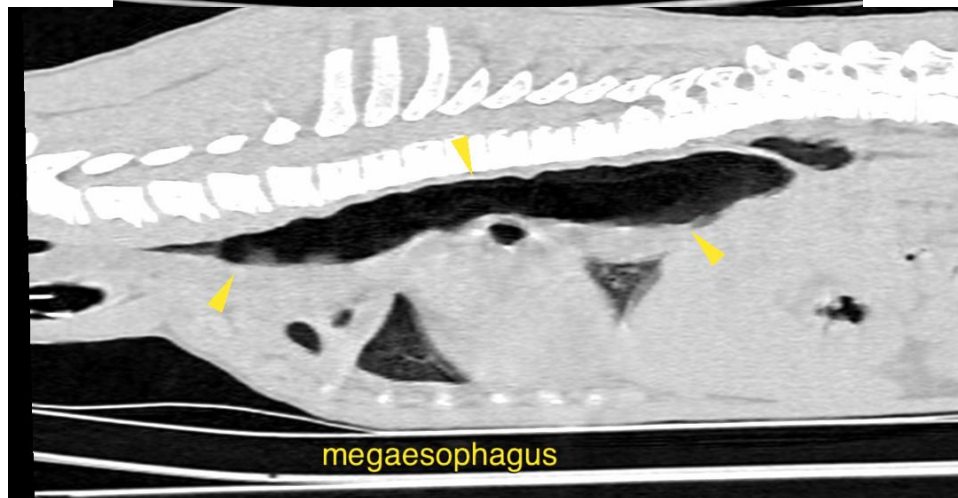
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**PATIENT**

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.

Heidi Marsland

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.

**SPECIES**

Canine

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)

**BREED**

GSD X

**SEX**

F

**AGE**

12 Weeks

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