



PATIENT

Meg Jenkins

SPECIES

Canine

BREED

German Shepherd

SEX

F

AGE

5M, 9D

WEIGHT

12.6kg

INTERPRETED BY

Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Ana Valega

INVOICE

73630

DATE

2-5-26

PRESENTING CLINICAL SIGNS

- Persistent regurgitation (since BIOP from very young) – DDx: Megaesophagus, vascular ring anomaly (e.g., persistent right aortic arch), esophagitis, esophageal stricture, gastrointestinal disease. The clinical signs are highly suggestive of esophageal disease, given the patient's signalment and history of regurgitating fluids.

Abnormal PE/Chem/CBC/UA Results: Monocytes $2.81 \times 10^9/L$ (0.16-1.12) Globulin 39 g/L (23-38)

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

Pre- and post-contrast computed tomographic examination of the thorax and abdomen are provided for review, totaling four series. Two pre-contrast thoracic series (bone algorithm). One pre-contrast abdominal series (bone algorithm). One post-contrast thoracic series (soft tissue algorithm, delayed phase)

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

The esophagus is diffusely and markedly distended, containing gas, gravity-dependent fluid material, and discrete residual mineral content within the caudal portion. The dilated esophagus causes ventral displacement of the trachea.

The pulmonary parenchyma shows a mild reduction in expansion, more pronounced in the right lung lobes. Multifocal, moderate to marked lobar consolidation is present in the right cranial, right middle, and ventral aspect of the right caudal lung lobes. Sparse ground-glass attenuation is observed in the ventral portions of the left lung lobes, which otherwise appear comparatively more inflated.

A triangular-shaped soft tissue attenuation structure is identified in the cranial mediastinum, compatible with a remnant thymus.

Mediastinal lymph nodes are considered within normal limits.

The cardiac silhouette and pulmonary vessels are within normal limits.

The pleural space, diaphragm, and thoracic wall are unremarkable.

ABDOMEN

The gastrointestinal tract demonstrates normal distribution and luminal distension. No evidence of radiopaque foreign material or mechanical obstruction is identified.

The liver and spleen are homogeneously soft tissue attenuating, with normal size and shape.

The kidneys are normal in size, shape, contour, and attenuation on the available series.

The renal pelvises and visualized cranial-to-mid ureteral segments are within normal limits.

The urinary bladder is moderately distended with homogeneously hypoattenuating fluid and is unremarkable.



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The colon and rectum contain gas admixed with heterogeneously soft tissue attenuating fecal material.

The serosal fat shows normal attenuation.

The musculoskeletal structures included in the study are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe generalized esophageal dilation. The primary differential diagnoses include congenital megaesophagus.
- Multifocal pulmonary consolidation, predominantly affecting the right lung lobes, with concurrent mild ground-glass attenuation in the left lung lobes. Differential diagnoses include aspiration pneumonia, concurrent bacterial pneumonia and passive atelectasis.
- Remnant thymus, consistent with patient age.
- No abnormalities detected in the abdominal cavity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate a markedly and diffusely (generalized) dilated esophagus containing gas, fluid, and residual mineral material, causing displacement of the trachea. These findings, in conjunction with the patient's signalment and history of chronic regurgitation from a young age, are most consistent with congenital megaesophagus.

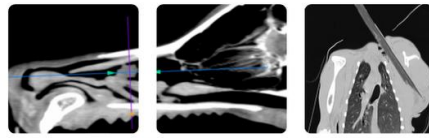
Concurrent multifocal pulmonary consolidations, predominantly affecting the right lung lobes, are compatible with aspiration pneumonia, most likely secondary to chronic esophageal dysfunction. However, concurrent bacterial pneumonia and/or passive pulmonary atelectasis cannot be excluded.

Sedation can result in esophageal dilation as an artifact; however, it is typically not to this magnitude. Therefore, megaesophagus is primarily considered based on the combination of the clinical history and the tomographic findings.

Appropriate medical management of megaesophagus and aspiration/bacterial pneumonia, along with supportive care, is recommended.

TECHNICAL COMMENTS

Subjectively low contrast enhancement in the post-contrast thoracic series. Only a non-contrast series of the complete abdomen was available. Moderate streak artifacts are present, limiting image evaluation.



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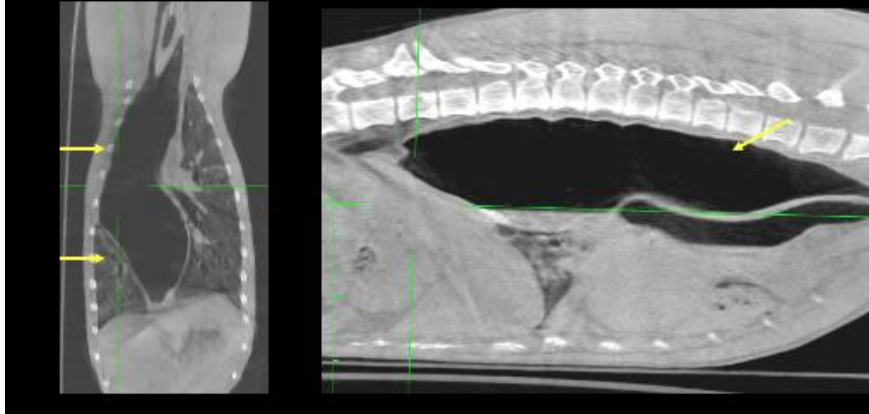
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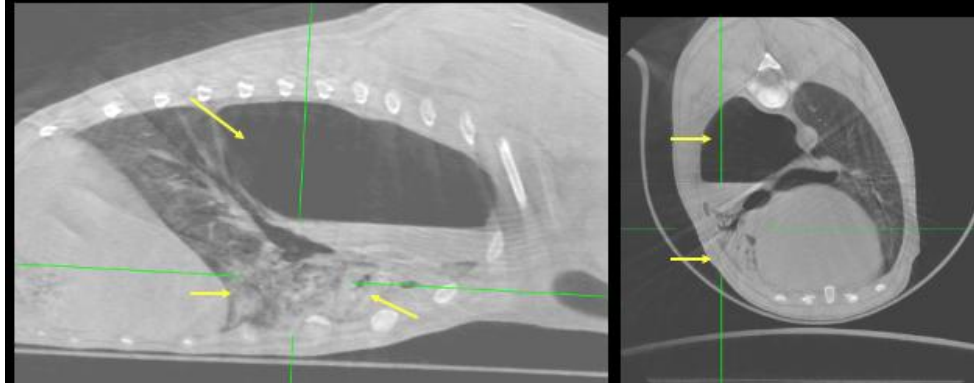
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Severe generalized esophageal dilation with secondary ventral tracheal displacement.



Severe generalized esophageal dilation. Moderate to marked lobar consolidation is present in the right lung lobes.



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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com