



## DIAGNOSTIC IMAGING REPORT

<b>Facility</b>		<b>Modality</b>	Radiography
<b>Referring Doctor</b>		<b>Study</b>	Neck/Larynx
<b>Animal ID</b>		<b>Date of Study</b>	
<b>Signalment</b>	<i>Zalophus californianus</i>	<b>Date of Report</b>	

### History

### Technique

Seven digital radiographs of the cervical region are available for review, including four orthogonal projections (DV and L lateral) views dated 20 Sept 2016 and three left lateral projections dated 27 Sept 2016. One of the DV views does not include a marker. The studies are compared to radiographic, CT, and MR studies of *Z. californianus* conspecifics, both awake and under anesthesia, and anatomical manuscripts.

### Findings

#### 20 September 2016

Soft tissue thickening/swelling is present at the base of the tongue, caudal to the air-filled nasopharynx/soft palate, ventral to the occiput, and dorsal to the basihyoid/thyrohyoid bones. All borders of the epiglottis are obscured due to surrounding soft tissue. The abnormalities are best seen on the lateral projection time-stamped 8:14:32PM. No radiopaque foreign body is noted. The perilaryngeal tissues caudal to this are normal (these extend from the level of the caudal margin of the thyrohyoid/atlas to the caudal margin of the cricoid cartilage/C2-3). The laryngeal lumen is gas-filled between the arytenoid cartilages; air within the larynx has a normal contour. There is little to no

evidence of mineralization of the laryngeal cartilage as can be seen in older *Zalophus*. No soft tissue asymmetry is present on DV projections. The larynx is positioned slightly to the right of midline. At level of C4-5, the cervical trachea measures 3.2cm in dorsoventral height and 3.6-3.8cm in left-to-right width. This is considered normal; the trachea is normally wider than taller in this region (the tracheal rings in *Zalophus* are dorsally incomplete/open). The skeletal structures (including the hyoid apparatus) are unremarkable.

#### 27 September 2016

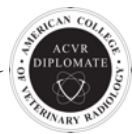
The soft tissue thickening seen previously has decreased in severity, but is persistently abnormal. More air is now present within the pharynx given some decrease in swelling; air can be seen within the oropharynx, dorsal to the epiglottis, and cranial to the arytenoid cartilages. However, in image time-stamped 6:40:37PM, the attenuated, undulating gas column dorsal to the thyrohyoid bones is abnormal and suggests soft tissue thickening rostral and ventral to it (possibly involving the epiglottis). The air-soft tissue interface also highlights the irregular, somewhat scalloped margins of the soft palate. The laryngeal gas contour (caudal to the hyoid) is again normal/unremarkable. The cervical trachea again measures 3.2-3.4cm (dorsoventral height) at the level of C4-5; it is normal/static.

### **Impressions**

Moderate to severe caudal pharyngeal soft tissue swelling (involvement of base of tongue and/or epiglottis is suspected). One week follow-up: partial resolution. Acute inflammation is felt most likely, however if the abnormalities are repeatable radiographically (i.e. several months later), additional diagnostics may be needed to rule-out other differentials. Normal larynx/hyoid apparatus.

### **Recommendations**

If clinical signs recur or abnormalities are again seen radiographically, consider detailed sedated/anesthetized oral exam with laryngoscopy (+/- perilaryngeal/perimandibular ultrasonography to assess mandibular lymph nodes and other soft tissues of this region). Contrast CT could also be of diagnostic value.



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*Note: The findings, impressions, and recommendations listed are based on the history and clinical information provided. Interpretation should be performed by a licensed veterinarian serving as the primary clinician for the animal. The contents of this report may not be reproduced without permission of the Brookfield Zoo/Chicago Zoological Society.*

