



PATIENT

Xynga Mahney

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

10 years, 4 mos

WEIGHT

76.2 lbs

INTERPRETED BY

Andrea Nicastro,
DVM, Diplomate ACVIM
(Small Animal Internal
Medicine)

**IMAGING
PERFORMED BY**

Andrea Nicastro,
DVM, Diplomate ACVIM
(Small Animal Internal
Medicine)

HOSPITAL NAME

Park West Vet Assoc

REFERRING VET

Dr. Jen Brogie

INVOICE

11317

DATE

8.3.2022

HISTORY AND PRESENTING CLINICAL SIGNS

Prior history:

Diagnosed with myasthenia gravis in 2015 at another clinic (titers not available). Started on pyridostigmine and responded well. Went into remission and was tapered off medication in 2017. She has used a Bailey chair for meals since diagnosis.

Recent history:

Started Galliprant 3 months ago for osteoarthritis. In the past 2 weeks, the dog has had hind end weakness, is holding her tail down and is slower on walks. In the past 24 hours, has exhibited excessive drooling and sounds "phlegmy".

Pending lab work: CBC, chemistry panel, urinalysis, T4

Current medication: Omeprazole (20 mg PO q 24 hours). Galliprant was discontinued today in case of the need for corticosteroids.

DIAGNOSTICS:

Thoracic radiographs performed today: megaesophagus; no obvious evidence of aspiration pneumonia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on the patient's history, I recommend the following:

1. Submission of an acetylcholine receptor antibody titer.
2. Start pyridostigmine at 0.5 mg/kg PO q 12 hours while awaiting titer results. This dose may need adjusting depending on patient response.
3. Use maropitant (Cerenia) as PRN for nausea/vomiting.
4. Add a free T4 by equilibrium dialysis to the submitted lab work
5. Gabapentin can be used PRN for osteoarthritis
6. Recheck patient in 1-2 weeks
7. Further diagnostics/treatments may be warranted depending on pending lab results. Please feel free to send them to me when they are available, and we can discuss the results.

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.

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