



PATIENT PRESENTING CLINICAL SIGNS

Buddy Para
Reason for Visit: DECREASE APPETITE/TROUBLE HEARING History: P IS A 12Y1M OLD M/N TERRIER MIX PRESENTING TODAY FOR GENERAL EXAM. P HAD VAX DONE AT VCA WAITING ON RECORDS. O INTERESTED IN NON-ANESTHETIC DENTAL SCHEDULED FOR TOMORROW. P NOT EATING BREAKFAST GOING ON SEVERAL WEEKS OTHER P IN HOUSE PASSED AWAY IN AUGUST UNSURE IF RELATED. P DID EAT BREAKFAST YESTERDAY VOMITTED COUPLE HOURS LATER O STATES P DOES NOT NORMALLY VOMIT. CHECK EARS O FEELS P HAVING TROUBLE HEARING NO HEAD SHAKING OR SCRATCHING. NO OTHER PROBLEMS/CONCERNS.

Canine

BREED
Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: BAR EENT: clear OU. clear, no debris AU. No cough on tracheal palpation. Oral cavity: Moderate calculus with several missing incisors, moderate gingivitis Lymph Nodes: No peripheral lymphadenopathy Skin: healthy hair coat. No ectoparasites seen, skin clean dry and intact CV/Respiratory: Normal heart rate and rhythm, grade 3-4/6 systolic murmur pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful. no fluid wave, no palpable masses or organomegaly Uro/Perineum: no lesions or abnormalities Musculoskeletal: BCS = 5/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs Neurological: Alert and appropriate. No deficits noted

Terrier Mix

SEX
NM

RADIOGRAPHIC STUDY OF THORAX AND ABDOMEN

AGE
LLR, RLR, VD dogogram

12 Years, 1 Month

RADIOGRAPHIC FINDINGS

INTERPRETED BY
The body condition score is 6/9 with smooth alternating layers of fat and soft tissue opacity.
Sternebra 7 is short, and wedge shaped.

Heike Rudolf, DVM,
Dr. med. Vet.,
DipECVDI DVR

Thorax

HOSPITAL NAME
The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the tertiary branches. The bronchial tree is thin walled and tapers uniformly towards the periphery.

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REFERRING VET
The cranial mediastinum is of physiological size and opacity. Trachea and carina are parallel to the thoracic vertebrae.

Ward
The cardiac silhouette occupies 80% of the chest height and 2.5 intercostal spaces (VHS 10). No chamber or outflow tract enlargement is evident.

INVOICE Abdomen

48715 The abdominal detail is good; diaphragm and abdominal wall are intact.

The liver is located within the costal arch and the caudo-ventral lobe is pointed.

DATE
The spleen appears physiological.

12-2-21 The stomach contains air which moves with changing gravity. The small intestinal loops have a physiological distribution and size. Colon and rectum contain a moderate amount of fecal matter.



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Both renal shadows appear to have a physiological size. The bladder is located in the abdominal cavity and contains a small amount of homogeneous fluid opacity.

A small prostatic shadow is located cranial to the pubic brim.

SPECIES

Canine

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

- Congenital sternal abnormality (incidental finding)

BREED

Terrier Mix

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no changes that would explain the clinical signs. In older dogs a late-night feed decreases the time between the last main meal and breakfast and can help prevent "morning sickness". If this does not work, abdominal ultrasound is recommended to assess gastro-intestinal wall thickens and layering as well as checking for tumor signs in the abdominal organs. This may have to be followed by gastroscopy and sampling. Full biochemistry (to rule out e.g. low grade pancreatitis) is recommended in case this has not been done yet.

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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.

SPECIES

Canine

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