



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Gigi Dally

SPECIES
Canine

BREED
Aussie Doodle

SEX
Female Spayed

AGE
11 Months

INTERPRETED BY
Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME
Woodridge
Veterinary Clinic

REFERRING VET
Breanne
Couperthwaite

INVOICE
47713

DATE
10-6-21

Gigi presented today for an exam after her O's noticed her have two regurgitation episodes - one yesterday after eating and one this morning. She brought up some non-digested food and some yellowish bile/foam. Gigi still had a good energy level and was still eating/drinking fine yesterday, however she seems a bit tired today. O's report she has had these episodes previously when she was younger, however they have not been this frequent previously. No diet change in the past month - on Smack's Dehydrated Raw Chicken. O's have bought some new treats but she has not had any recently. O's have noticed she seems to be eating more rapidly and more of her food recently - used to be a grazer but is not eating all her food in one sitting. Doing thoracic rads to try and r/o megaesophagus and hiatal hernia.

Abnormal PE/Chem/CBC/UA Results: Mildly dehydrated (5%) based on prolonged CRT, mm's pink & slightly tacky. Abdomen was soft and non-painful. T = 39.0 Rest of PE unremarkable except for Otitis externa AS. CBC - mild hemoconcentration. Chemistry panel - mildly decreased Glob.

RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and ventrodorsal views totaling 3 images available for review.

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape and there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level. The cranioventral mediastinal reflection is mildly prominent in the orthogonal view.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity. The intrapulmonary vascular branching is seen up to the third order lung vessels.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

RADIOGRAPHIC DIAGNOSIS

- Radiographically normal thorax.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No radiographic evidence of esophageal diverticulum foreign material or dilation is noted. There is no visible hiatal hernia. Esophageal dysmotility and sliding hernia cannot be ruled out entirely. An esophagram could be considered for further definition which should ideally be obtained using dynamic fluoroscopy. Rule out gastritis esophagitis.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com