



PATIENT

Joey Pangborn

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Intact

AGE

10 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

PRESENTING CLINICAL SIGNS

History: P IS HERE FOR COUGHING FOR THE LAST FEW MONTHS, SOUNDS LIKE A HACK AND GETTING WORSE, P IS WEAKER ON HIND LEGS(CAN WE INCREASE RIMADYL?), STOPPED ADEQUAN DUE TO P NOT TOLERATING Getting tired more easily on walks and with exercise. No coughing. C/S/V/D: COUGHING E/D/U/D: WNL Diet: DIDN'T ASK FAS Score: 2, ANXIOUS, O WANTS P MUZZLED DUE TO HX Current Medications (dose and frequency): Heartworm Prevention / Flea Prevention: SIMAPRICA TRIO Known Allergies and Medical Conditions: Microchip ID: / No microchip Vital Signs Weight: 71.3 Temp: PASSHR: RR: PANT MM/CRT: MUZZLED

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal) Hydration: N Mentation: BAR EENT: Nucl scl, early cataracts OU Oral Cavity: mm pink, worn incisors (chews on tennis balls) Lymph Nodes: N Skin: multiple warts and skin tags CV/Respiratory: 2/6 left sys murmur, irregular rhythm, lungs clear. Abd/GI: No palpable abdominal mass Uro/Perineum: N Musculoskeletal: Decreased muscle mass rear legs CP deficits both rear legs but will flip feet over, response is slow. Normal withdrawls. Decreased ROM hips Mild T-L Pain Neurological: N Fecal: Diagnostic Testing Needed: Chest Rads, Ab Rads - consults pending. Heart looks upper end of normal, bronchial pattern. Round opacity right cranial abdomen caudal to stomach, caudal to right kidney....has the opacity of a hollow ball but will see what radiologist says. ECG - frequent VPC's, consult pending, Senior panel - pending Declined Diagnostics/Treatments: Findings: Assessment: 1) Murmur 2) VPC's - r/o sec to heart dz, HSA (heart based or splenic), electrolyte abnormalities 3) DJD hips 4) Chronic CP deficits rear legs - r/o prior spinal injury Treatment Plan: 1,2) ECG and rad consults pending, likely an echo 3) OK to continue with Rimadyl but increase from 100mg 1/2 BID to 1 tab am, 1/2 pm. Start on COsequin or Dasaquin advanced. 4) MOnitor Treatment Declined: Prescriptions to Dispense: Dietary (food) Recommendations: Recheck Needed: Follow-up Care: Additional Comments:

RADIOGRAPHIC STUDY OF THE ABDOMEN

Right lateral and ventrodorsal views of the abdomen totaling 3 images available for review.

HOSPITAL NAME

DPC Veterinary Hospital

RADIOGRAPHIC FINDINGS

Early spondylosis deformans is seen at T12/13.

Mild spondylarthroses are seen between L1/2, L2/3, L3/4.

REFERRING VET

Dr. Feldt

Moderate spondylosis deformans and vertebral end plate sclerosis are noted at the lumbosacral junction.

There is moderate prostatic enlargement. The prostatic height occupies approximately 60% of the pelvic inlet.

INVOICE

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A 7 cm sized fat opaque ovoid mass with thin soft tissue opaque lining is seen in the right craniodorsal abdomen caudal to the right kidney.

The stomach presents postprandial.

DATE

2-6-23

The small intestinal loops are evenly distributed throughout the mid abdomen with no evidence of abnormal dilation, plication, or radiopaque foreign material.



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A small amount of fecal matter is seen within the colon.

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There appear to be osteoarthritic changes of both coxofemoral joints which are only partially included in the collimated field of view.

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RADIOGRAPHIC DIAGNOSIS

- Intraabdominal lipoma in the right upper quadrant.
- Prostatomegaly of a non-neutered male.
- Degenerative lumbosacral stenosis.
- Bilateral coxofemoral joint osteoarthritis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

The radiographic study reveals a fat opaque mass in the right craniodorsal abdomen compatible with an intraabdominal lipoma. No evidence of peripheral tissue infiltration is seen, and this may be an incidental finding unless clinical signs occur that can be attributed to the mass effect.

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The prostatic enlargement is likely to represent benign prostatic hyperplasia of a non-neutered male. Prostatitis and prostatic neoplasia are potential but less likely differential diagnoses.

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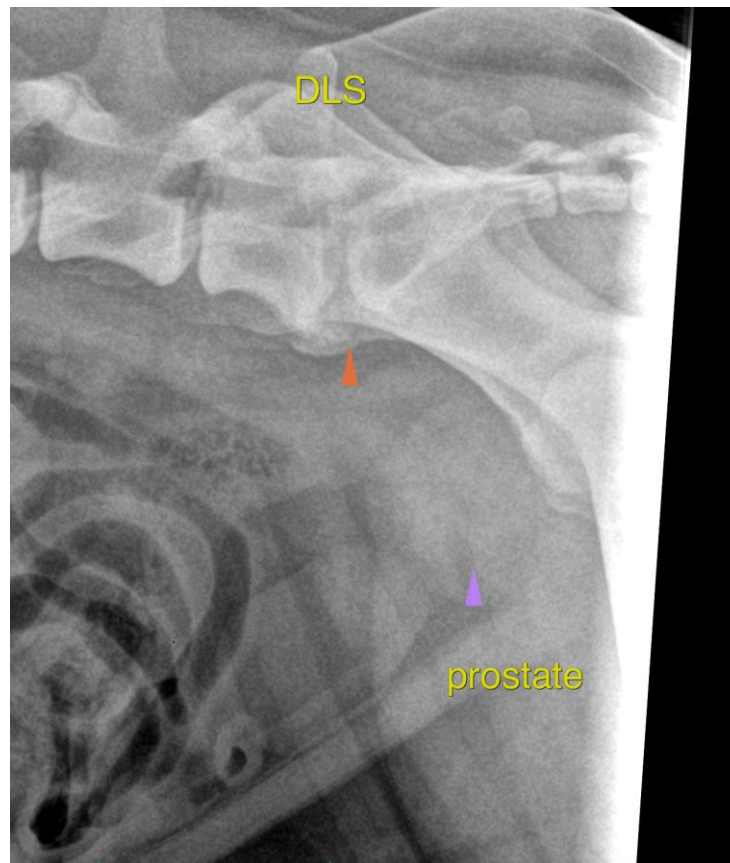
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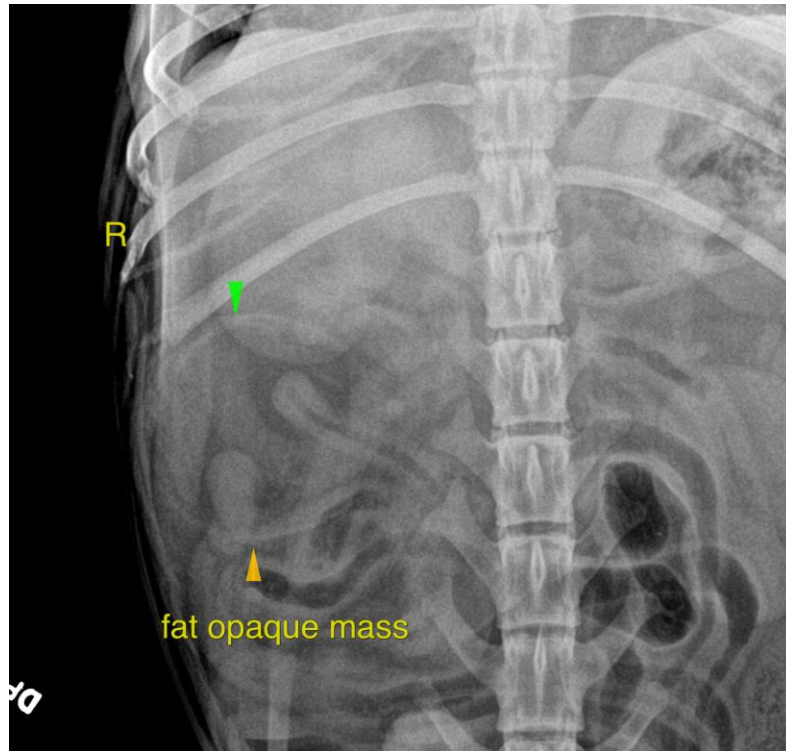
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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