



PATIENT

Finnegan Wilson

PRESENTING CLINICAL SIGNS

Being treated for heart disease. Diagnosed with megaesophagus in November. Had pneumonia at the time, not always fed from height. Last few days not eating, breathing rapid, coughing.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax in three imaging planes are provided for review.

BREED

Schnauzer

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

SEX

FS

The cardiac silhouette is moderately enlarged, the caudal contour is steep, and the caudal cardiac waist is lost. The pulmonary vasculature is within normal limits.

The esophagus is generalized moderately dilated by gas.

AGE

14 Years

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVCI

Mild to moderate peribronchial cuffing is present.

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

HOSPITAL NAME

Sunridge Vet Clinic

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

REFERRING VET

Magill

The hepatic volume is moderately increased, most accentuated in the right cranial abdomen, causing medial displacement of the duodenum.

RADIOGRAPHIC DIAGNOSIS

INVOICE

49585

- Megaesophagus
- Mild bronchial lung pattern
- Hepatomegaly with possible mass in the right abdomen
- Cardiomegaly, accentuating the left ventricle – history of heart disease, suspect mitral valve insufficiency – without evidence of decompensation

DATE

1-13-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are fitting the history of megaesophagus. The bronchial pattern can indicate bronchitis, either infectious or inflammatory non-infectious in origin – the megaesophagus is increasing the odds for potential infectious origin due to aspiration. At this point there is no evidence of pneumonia, however radiographic changes can lack behind clinical signs.



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Potentials for the hepatomegaly include metabolic hepatic disease/steroid induced hepatopathy, hepatitis or neoplastic infiltration. There is mass effect of the liver in the right abdomen on the duodenum, and a mass should be ruled out - ultrasound can be used as an advanced imaging modality.

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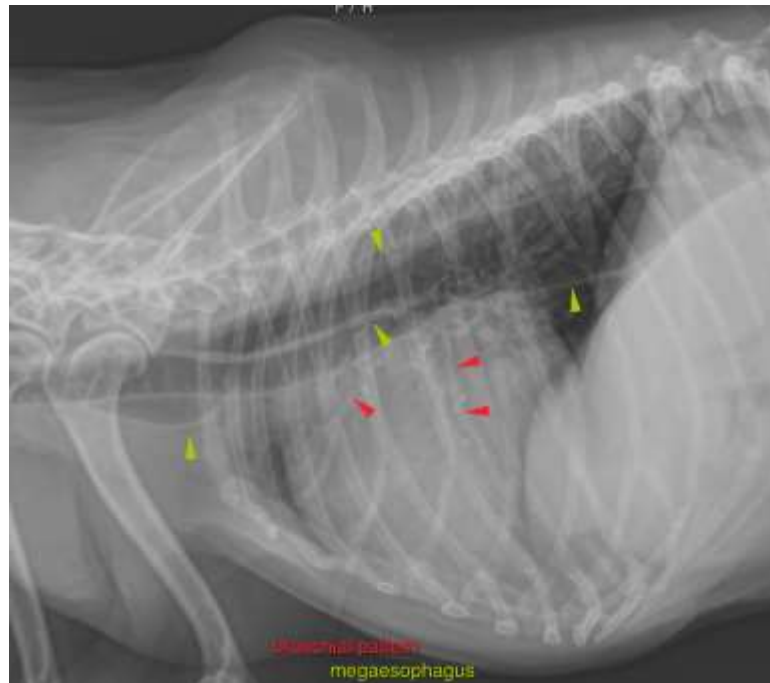
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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