



PATIENT PRESENTING CLINICAL SIGNS

Tyson Thrallkill
Dog collapsed this morning at home. SPO2 = 80
Abnormal PE/Chem/CBC/UA Results: See attached

SPECIES RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Canine
A complete set of radiographs of the thorax and abdomen is provided for review.

RADIOGRAPHIC FINDINGS

BREED Thorax

Boxer
The pictured parts of one elbow joint present osteophyte new bone formation.

The extrathoracic soft tissues present homogeneous without abnormalities.

SEX
The heart has a slender conformation. The diameter of the caudal vena cava is decreased. The pulmonary vasculature has a generalized mild decreased diameter.

MN
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.

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

7
The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The lung parenchyma presents the expected architecture and opacity with randomly distributed interspersed punctuate mineralization; the intrapulmonary vascular branching is seen up to the third order lung vessels.

HOSPITAL NAME

Petroglyph Animal
Hospital

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

Abdomen

The vertebral endplates L3/L4 and L4/L5 present moderate spondylosis formation.

REFERRING VET

Raymond Hudgell

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

INVOICE

56307

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and opacity.

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

DATE

1-23-23

The stomach is in its anticipated position and contains a small amount of fluid and gas.

In the mid abdomen, an intestinal segment contains foamy material and a moderately gas



PATIENT distended intestinal segment is seen in the mid abdomen.

Tyson Thrallkill

The colon is seen in the expected position and is empty.

RADIOGRAPHIC DIAGNOSIS

SPECIES

Canine

- Microcardia and decreased width caudal vena cava and pulmonary vasculature
- Segmental dilation of an intestinal loop and segmental foamy material in an intestinal segment
- Mild fluid filled stomach
- Pulmonary osteomas
- Spondylosis deformans

BREED

Boxer

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the hypovolemia – suspect shock.

SEX

MN

There is segmental dilation of a intestinal loop raising concern for two populations with possible foreign material possibly indicating segmental small intestinal mechanical obstruction – it cannot be clearly defined if the appreciated foamy material is located in the colon presenting fecal material or a small intestinal loop presenting potential foreign body. Paralytic ileus with segmental dilation of the small intestinal loops is a consideration as well. Check if there is a history of vomiting and if the collapse might have been a sequela to secondary vasovagal syncope. Depending on the development of clinical signs under empirical therapy, follow up radiographs of the abdomen are beneficial to check if progressive signs of small intestinal mechanical obstruction develop, ultrasound can be considered as an alternative imaging modality.

AGE

7

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No additional abnormalities are appreciated, explaining the collapse. The abdomen presents without signs of effusion or abdominal masses.

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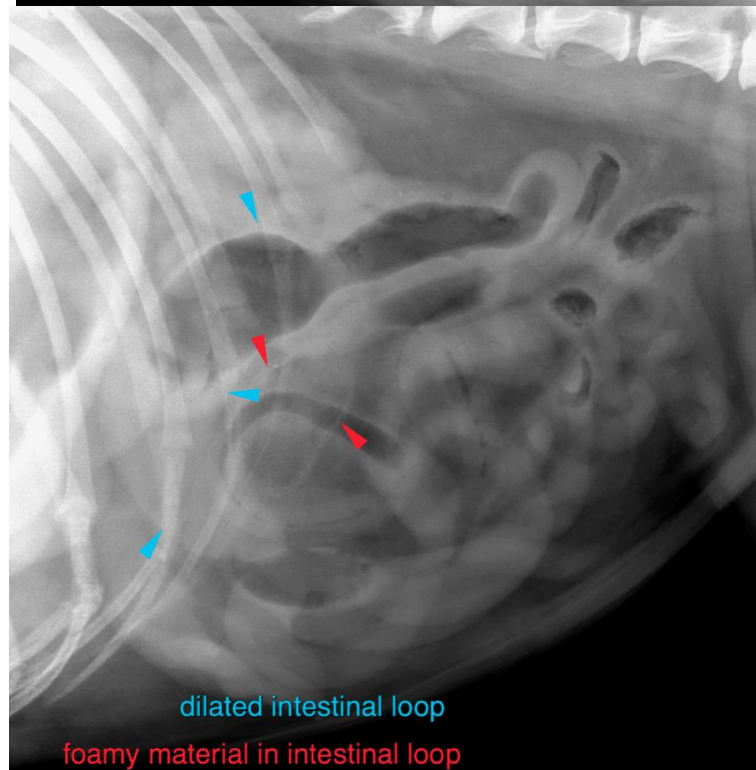
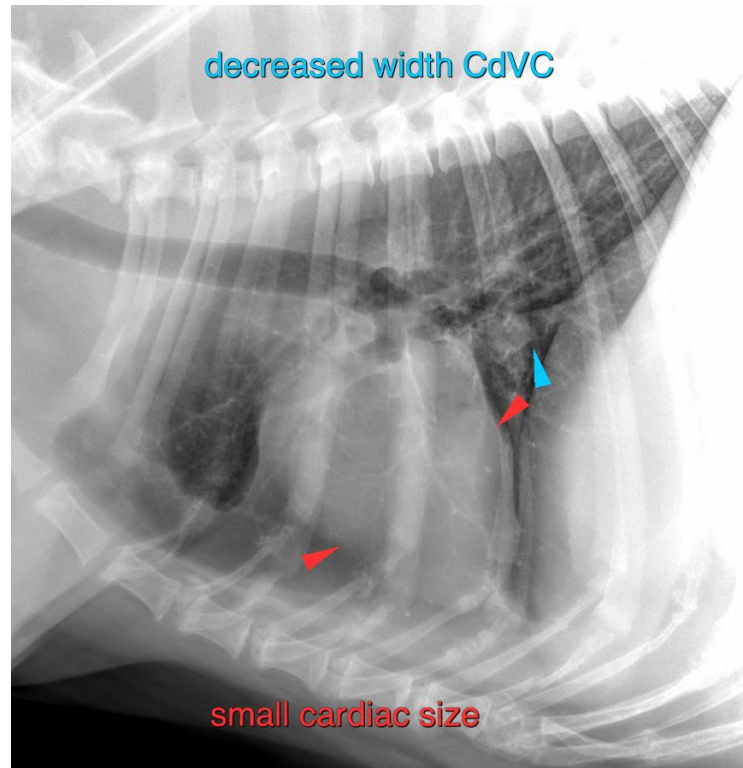
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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