



PATIENT

Jessie Eades

SPECIES

Canine

BREED

Heeler/Border Collie

SEX

Spayed Female

AGE

11 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Q Street Animal
Hospital

REFERRING VET

Jessica Hoerauf

INVOICE

56359

DATE

1-24-23

PRESENTING CLINICAL SIGNS

Jessie has a 2 week history of reverse sneeze, cough and vomiting and/or regurgitation. This mostly seems to occur after a bout of reverse sneeze or cough.. She is expelling undigested food covered in mucous when this happens. There is another dog in the household not displaying any symptoms.

Abnormal PE/Chem/CBC/UA Results: On exam, Jessie is BAR, but holds her neck subtly in extension and displays a hard swallow off and on. Mild reverse sneezes observed a few times during visit. She also had a non-productive, hacking type cough once in room. No murmur ausculted and lungs ausculted normally. No nasal discharge or distortion of nasal structure evident. Jessie is significantly overweight, with an 8+/9 BCS.

RADIOGRAPHIC STUDY OF THE NECK & THORAX

A lateral projection of the neck and radiographs of the thorax in two imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

The body condition score is 8/9.

Neck

The cervical tracheal segment presents a ventral and left sided bending.

The osseous structures of the neck are within normal limits.

Thorax

The distal aspect of the left acromion has a coarse trabecular pattern. Both elbow joints present moderate osteophyte new bone formation.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape, 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 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.



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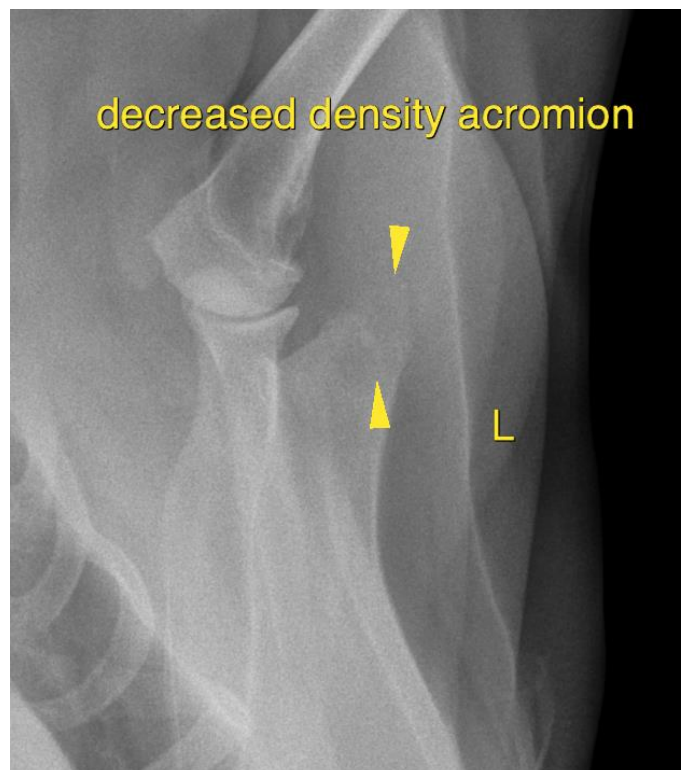
RADIOGRAPHIC DIAGNOSIS

- Obesity
- Deviation of cervical tracheal segment
- Degenerative osteoarthritis elbow joints bilaterally
- Decreased density of the left acromion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diagnosis of a cervical mass is not definitive (e.g. thyroid mass, lymphadenopathy, soft tissue mass) as the deviation of the cervical tracheal segment can be caused by the positioning of the head and I consider the latter more likely here. Check clinically if there is evidence of a mass. In case of doubt, ultrasound or cross-sectional imaging can be used to rule out a mass entirely.

The decreased density of the left acromion might be a sequela to the technique. However, an aggressive bone lesion is a potential – such as osteomyelitis (e.g. Leishmaniasis), neoplasia. Check clinically if pain can be elicited on palpation of the acromion/scapula.





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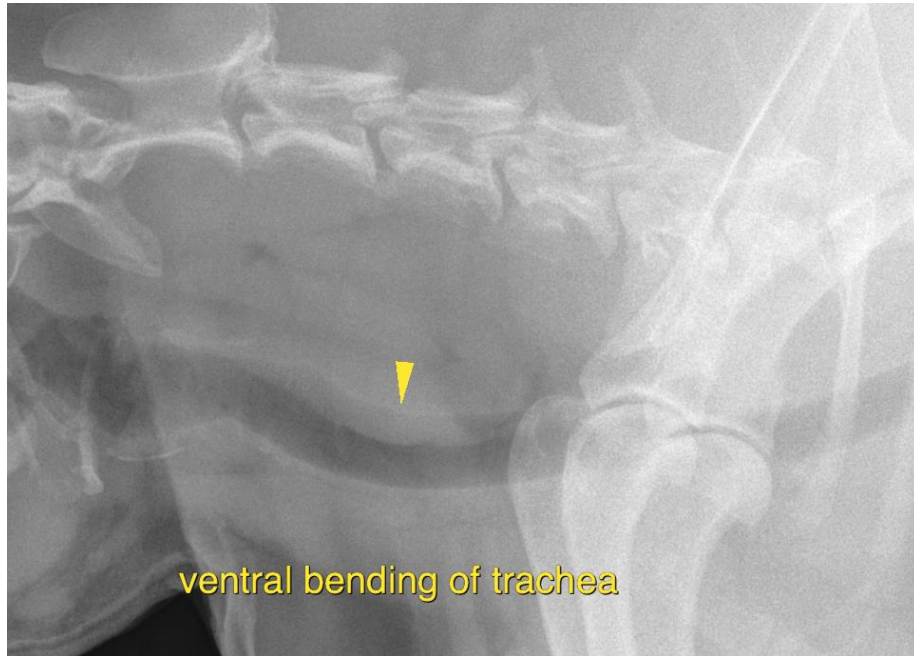
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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