



PATIENT

Jacob Wilms

PRESENTING CLINICAL SIGNS

Vomiting for about 2 weeks, slightly dismic.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

BREED

Lab

The body condition score is 9/9.

Thorax

Multifocal spondylosis formation is seen along the thoracic & lumbar spine.

SEX

Male Neutered

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.

AGE

11

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The esophagus is moderately distended by gas.

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

HOSPITAL NAME

Pacific Avenue
Veterinary Clinic

The ventral dependent aspects of the lung parenchyma presents a patchy soft tissue opacification with air-bronchograms. The opacity of the lung parenchyma is generalized moderately increased, presenting a ground glass opacification, effacing the pulmonary vasculature.

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

REFERRING VET

Dr. Sid Bruckert-Frisk

Abdomen

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

INVOICE

49919

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

The hepatic volume is moderately increased and the caudoventral margins are rounded.

DATE

1-27-22

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.



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The stomach is in its anticipated position and presents normal content.

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

SPECIES

Canine

The colon is seen in the expected position and presents with appropriate content.

BREED

Lab

- Megaesophagus
- Ventrally distributed alveolar lung pattern
- Hepatomegaly
- Obesity
- Spondylosis deformans
- Normal abdomen

SEX

Male Neutered

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the megaesophagus that might explain the 'vomiting' – differentiation needs to be made if vomiting is present or the clinical signs are compatible with regurgitation, supporting the diagnosis of megaesophagus. A potential for the esophageal dilation would be esophagitis, possibly secondary to the vomiting.

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Potential causes for megaesophagus include idiopathic megaesophagus, hypothyroidism, myasthenia gravis, hypoadrenocorticism or paraneoplastic (no evidence of intrathoracic neoplasia). An underlying cause cannot be specified in the current radiographic study.

The ventrally distributed alveolar pattern is concerning for secondary aspiration pneumonia.

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Potentials for the hepatomegaly include metabolic hepatic disease/steroid induced hepatopathy, hepatitis or neoplastic infiltration. Ultrasound including FNA sampling can be used as minimally advanced diagnostic tests.

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Lab

SEX

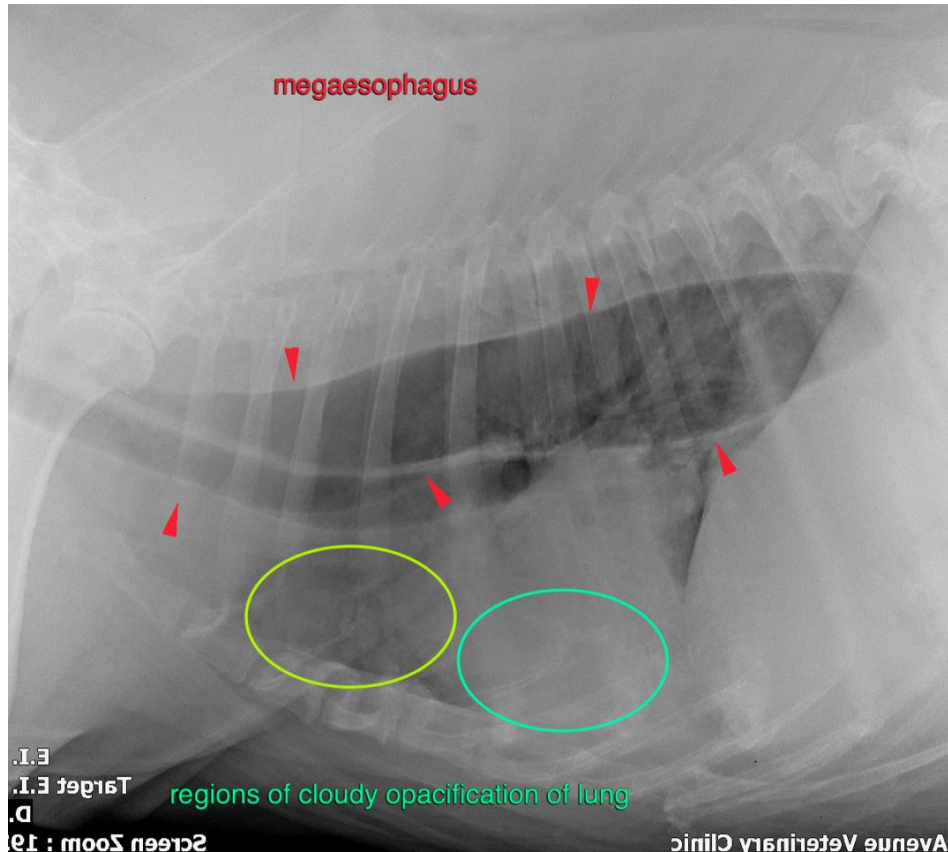
Male Neutered

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Dr. Sid Bruckert-Frisk

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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