



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Bridget Peters
SPECIES Canine
BREED Bulldog Mix
SEX Spayed Female
AGE 8 Years

History: Presented with marked pyoderma around muzzle and one large hot spot on side of ribs on Aug 28th. Given Cytoint, antibiotics, antibacterial shampoo and omega 3-FA. Returned 3 weeks later as pyoderma is not resolving. Skin scrape negative. Increased bathing to once daily and started Apoquel. No improvement, blood in bowel movements and inappetence. Advised to discontinue Apoquel and recommended biopsy. Biopsy report indicated severe suppurative dermatitis. At this time Bridget started to drool, lip smack and present a fever of 38.9-40C. Started IV fluids, cerenia, meloxicam and switched antibiotics to Baytril and Clindamycin. Recommended culture and sensitivity. Culture came back for Enterococcus and Proteus that were both susceptible to chloramphenicol. Idexx dermatology specialist advised that it is rare to find fever being caused by dermatitis and that bacteria isolated were not very relevant to skin infections and did not think this justified starting chloramphenicol. Recommended imaging studies. Bridget continues with decreased appetite, energy, temperatures of 39.2-39.3 (meloxicam has been discontinued). IV fluids not given today as owners reported a wet cough yesterday and there are concerns for edema. No petechiae or abnormal MM coloration noted.

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

Abnormal PE/Chem/CBC/UA Results: Several BW's have been run in this period of time: September 27th: CBC shows leukocytosis with neutrophilia and suspected bands, lymphopenia and thrombocytopenia (123). Chemistry unremarkable aside from SDMA of 16 (normal 0-14) October 2nd: CBC shows normal WBC count, suspected bands (normal neutrophils), even more marked lymphopenia, eosinopenia and thrombocytopenia (86). Chemistry again SDMA of 16 and low urea. Otherwise, unremarkable. October 7th: CBC shows anemia (hematocrit 31%), microcytic, normochromic. Normal reticulocytes. WBC count normal, suspected bands (normal neutrophils), even more marked lymphopenia, eosinopenia and thrombocytopenia (76).

RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

HOSPITAL NAME RADIOGRAPHIC FINDINGS

Balmy Beach PH **Thorax**

The surrounding bony structures are within normal limits.

REFERRING VET

Dr. Yogo

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.

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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.

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PATIENT	The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.
Bridget Peters	
SPECIES	The right caudal lung lobe, level with the 7 th & 8 th right intercostal space presents a focal mild ill-defined increased soft tissue opacification of the lung parenchyma. A second smaller region with ground glass opacification of the lung parenchyma is noted level with the 5 th right intercostal space. In the lateral projection of the abdomen, level with the 7 th intercostal space a soft tissue opaque nodule is visible level with the dorsal lung field.
Canine	The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.
BREED	Abdomen
Bulldog Mix	The left coxofemoral joint presents moderate osteophyte new bone formation.
SEX	No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.
Spayed Female	The serosal detail is maintained throughout the peritoneal and retroperitoneal space.
AGE	The liver is appropriate in position, size and presents uniform opacity.
8 Years	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.
INTERPRETED BY	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.
Sebastian Schaub, DVM Dr. med. vet. DipECVDI	The stomach is in its anticipated position and presents normal content.
HOSPITAL NAME	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.
Balmy Beach PH	The colon is seen in the expected position and presents with appropriate content.
REFERRING VET	RADIOGRAPHIC DIAGNOSIS
Dr. Yogo	<ul style="list-style-type: none"> • Ill-defined consolidated area right caudal and right cranial lung lobe • Degenerative osteoarthritis left coxofemoral joint
INVOICE	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
13620	The consolidated regions of the lung with the history of fever can present pneumonia – but would expect ventral redistribution over time, but in case of parasitic infection - pulmonary hemorrhage, non-cardiogenic edema (e.g. pancreatitis), granuloma or neoplasia are differentials. The potential pulmonary nodule is increasing the odds for neoplastic disease. As the consolidated area is in the
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PATIENT periphery of the right caudal lung lobe, ultrasound guided FNA sampling by the 7th/8th right intercostal space might be feasible. A CT study of the thorax can be used as an advanced imaging modality and further definition of the shape and architecture of the consolidated regions.

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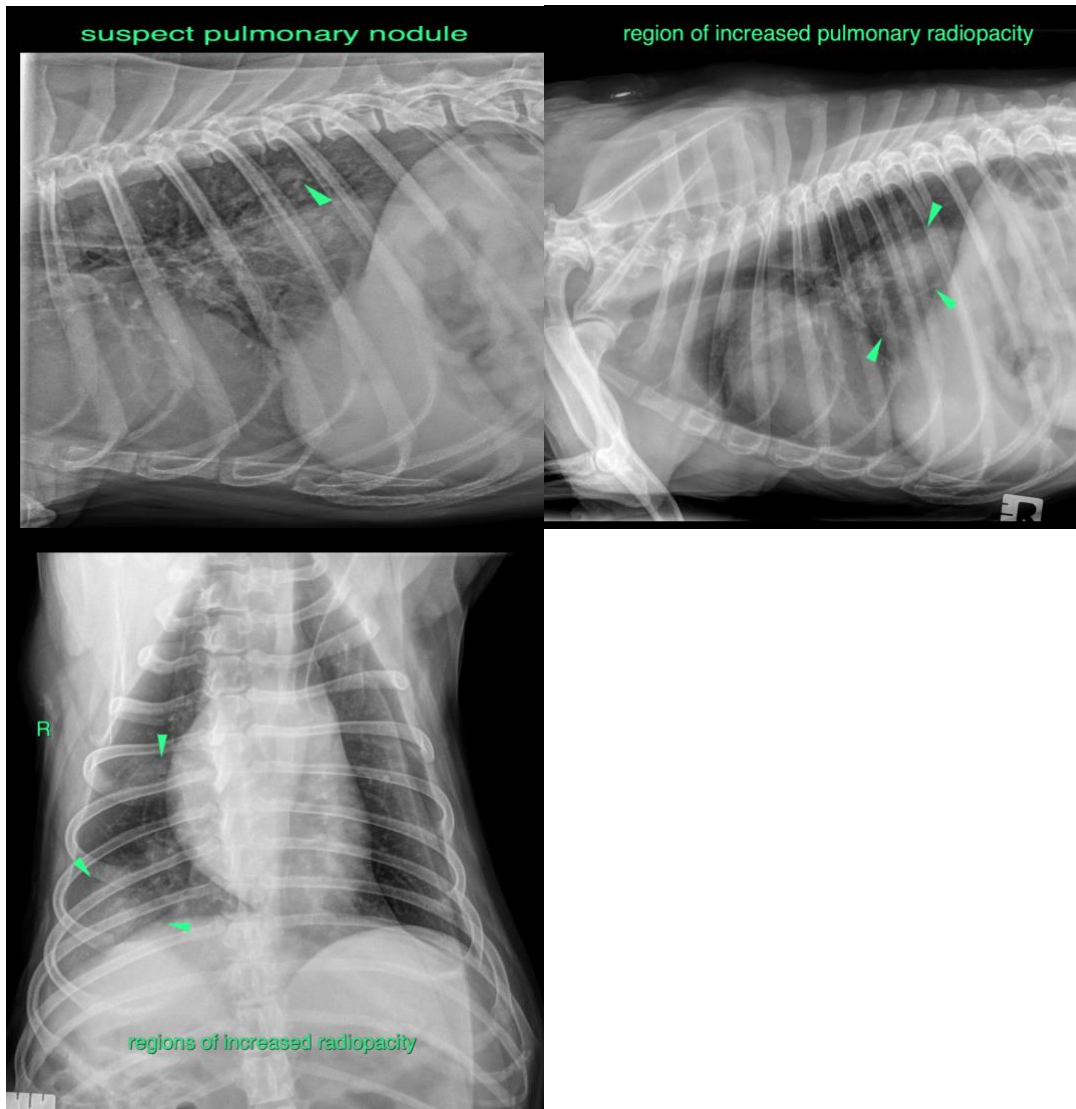
Sebastian Schaub,
DVM Dr. med. vet.
DipECVCI

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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.



PATIENT

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