



PATIENT PRESENTING CLINICAL SIGNS

Barney Ferro

Reason for Visit: COUGHING History: P IS HERE FOR COUGHING, FELDT SAID TO WATCH OUT FOR COUGHING LAST VISIT DUE TO HEART MURMUR, P SEEMS TO COUGH MORE FREQUENTLY, O SAID ABOUT 3-4 TIMES DAILY, P IS DOING WELL OTHERWISE C/S/V/D: COUGHING E/D/U/D: WNL Diet: W/D HILLS DRY, WET FAS Score: 0, GOOD BOY Current Medications (dose and frequency): OCU-GLO, VISBIOME, DENAMERIN Heartworm Prevention / Flea Prevention: NONE Known Allergies and Medical Conditions: LIVER MASS, HEPATOPATHY, SPLENOMEGALY, ADRENOMEGALY 5/2021 Histopath sublingual polyp, benign, secondary to chronic trauma/irritation 5/2021 FNA liver - mild mixed inflammation 6/2021 Dr Toll at Advanced: AB US....diffuse hepatomegal...suspects vacuolar hepatopathy, focal polycystic mass right medial liver. Mild adrenomegaly, did not suspect cushings. History of ALT/Alk Phos Has been on long term Denamarin every other day, did not go back to Dr Toll for a recheck AB US that he prev recommended ALT 2/2022 108, 9/2021 124, 6/2021 630 Alk Phos 2/2022 694, 9/2021 124 6/2021 747 Microchip ID: 031634778

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

NM

AGE

13 Years, 8 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Abnormal PE/Chem/CBC/UA Results: Vital Signs Weight: 15.7LBS Temp: PASS HR: RR: PANT MM/CRT: PM,<2 Physical Examination Key -- (N= Normal, A= Abnormal) Hydration: N Mentation: BAR, very happy, super food motivated dog (but can only eat W/D) EENT: Nucl scl OU Oral Cavity: mm pm, missing several teeth, few remaining teeth have moderate-heavy tartar Lymph Nodes: N Skin: N CV/Respiratory: 2/6 left sys heart murmur, lungs clear Abd/GI: Mild hepatomegaly Uro/Perineum: N Musculoskeletal: N Neurological: N Fecal: Diagnostic Testing Needed: Chest rads - heart appears normal in size, diffuse bronchial pattern - r/o age related vs allergic bronchitis. There is some variation in tracheal diameter - consult pending Declined Diagnostics/Treatments: Findings: Assessment: 1) Cough - r/o allergic bronchitis, collapsing trachea, cough 2) Presumptive vacuolar hepatopathy, Polycystic liver mass (Present > 1 year) 3) Periodontal dz 4) Controlled/Resolved diarrhea since on w/d Treatment Plan: Treatment Declined: Prescriptions to Dispense: Dietary (food) Recommendations: Recheck Needed: Follow-up Care: Additional Comments:

RADIOGRAPHIC STUDY OF THE THORAX

HOSPITAL NAME

DPC Veterinary Hospital

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

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

REFERRING VET

Dr. Feldt

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.

INVOICE

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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.

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

DATE

2-13-23

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.

**PATIENT**

Barney Ferro

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

RADIOGRAPHIC DIAGNOSIS

- Normal thorax

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study of the thorax presents without abnormalities, no cause for the history of coughing can be specified. However, negative radiographic study of the thorax does not rule out possible tracheitis/bronchitis.

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Hospital**REFERRING VET**

Dr. Feldt

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.

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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.

DATE

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