



PATIENT PRESENTING CLINICAL SIGNS

Zali Hesson
 Zali presented today for a 1 week history of drinking excessively and urinating excessively. She is on Prednisone 1 mg SID to help control a cough from suspected Eosinophilic bronchitis (diagnosed at the WCVM). O says that the PU/PD is new and not something she noticed previously while on the steroids. Has been on steroids since ~April 2021. O also mentioned that she has been vomiting off and on for the past week as well. O initially thought it was related to a treat they were giving her, however they have now discontinued the treats and the vomiting is still occurring. Usually happens at night/overnight - some food, mostly clear mucousy liquid. Happened again this morning. After discussing in further detail with O it sounds like Zali is having some regurgitation episodes as well as vomiting. This morning was regurgitation as it just seemed to come out of her mouth with no retching. Still good energy level. Eating fine. No c/d. Want to r/o Megaesophagus as possible cause of regurgitation.
 Abnormal PE/Chem/CBC/UA Results: Previously diagnosed with cerebellar hypoplasia, causing intention tremors/etc. Unchanged from previous. Moderate to marked periodontal disease. Rest of PE unremarkable. CBC - Mild neutrophilia & monocytosis (inflammation), mild lymphopenia (stress). Chem - hyperglycemic (27.6 mmol/L = Diabetic), mild elevation in ALP (cholestasis), mild hypochloremia (vomiting), mildly decreased AMY. TT4 - WNL SDMA - WNL Snap cPLI - abnormal **UA pending

SPECIES

Canine

BREED

Mixed

SEX

Female Spayed

AGE

7 Years

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

Woodridge
 Veterinary Clinic

REFERRING VET

Breanne
 Couperthwaite

INVOICE

56818

DATE

2-16-23

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

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.

In the left lateral view, the esophagus can be appreciated, as faint tubular soft tissue opacity, ventral to the caudal intrathoracic segment of the aorta.

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.

RADIOGRAPHIC DIAGNOSIS

- Normal thorax



PATIENT

Zali Hesson

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study of the thorax presents without abnormalities, there is no sign of esophageal dilation or signs for active inflammatory lower airway disease.

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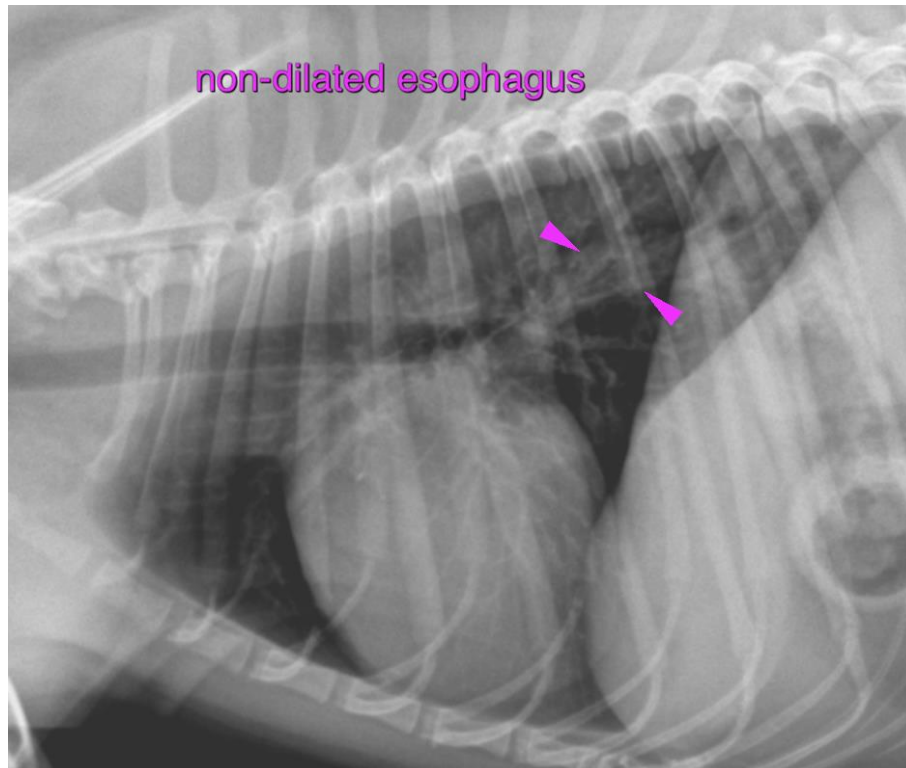
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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