



PATIENT

Patch Apodaca

SPECIES

Canine

BREED

Australian Shepherd
Mini

SEX

Neutered

AGE

12 Years, 2 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Leon Anderson, DVM

INVOICE

50089

DATE

2-4-22

PRESENTING CLINICAL SIGNS

Yesterday Patch gave Ed a scare with his food. Patch loves his food and yesterday evening didn't seem interested in his food at all and that was not like him. He did eat yesterday morning and was acting normal. Last night he was making gagging noises and so Ed got up and checked on him and he found a big pile of vomit with his food all thrown up from that morning. When Ed touched the belly area he seemed really painful to the touch. This AM Patches got up and was back to his normal self and ate breakfast and was acting just fine. Here lately he seems to be having a gagging cough and it comes and goes.

Abnormal PE/Chem/CBC/UA Results: PE: TENSE AND TENDER ABDOMEN. MILD SMEGMA discharge. PENIS NORMAL STAGE II DENTAL DISEASE WAITING ON LABS.

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

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

RADIOGRAPHIC FINDINGS

Thorax

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.

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.

A soft tissue membrane is bulging ventrally into the lumen of the cervical tracheal segment. The trachea presents the anticipated course.

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.

Abdomen

The surrounding bony structures are within normal limits.

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

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

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The hepatic volume is moderately increased, and the liver is protruding caudally beyond the costal arch and the caudoventral margins are rounded. The gastric axis is mildly deviated caudally.

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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.

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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.

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.

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

RADIOGRAPHIC DIAGNOSIS

- Hepatomegaly
- Redundant tracheal membrane

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

If not done so yet, complementing lab work by cpl would be beneficial to rule in/out underlying pancreatitis.

The redundant tracheal membrane is commonly an incidental finding but can be a precursor for tracheal collapse.

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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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