



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Daisy Galloway

SPECIES Canine

BREED G. Retr

SEX FS

AGE 13 Years

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

Prev dx of kidney infection and IBD by ultrasound May 27'21. Tylosin rec by Dr Porzio for IBD and has been on long term. Sig wt loss past month. Currently watery diarrhea, unable to walk well. Off food past few days. PE: Mm pale and sl purple. - not tacky. Submandibular l.n. enlarged but rest normal. Unable to hear heart well due to increased resp effort. Has lost approx 10 lb since last weighed May '22 - no fat and decreased muscle mass T 38.9 Current Medications Tylosin soluble powder 1 1/2 tsp BID

Abnormal PE/Chem/CBC/UA Results: Comprehensive plus CBC (in house Heska) - NAF
Cortisol (in house Heska) normal

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

A complete set of radiographs of the thorax and abdomen is provided for review. Radiographs are provided in JPEG file format.

RADIOGRAPHIC FINDINGS

Readout artefacts are seen throughout all radiographs - likely scratches on the imaging plate.

Thorax

Multifocal moderate spondylosis formation is seen along the thoracic spine.

At the caudoventral thoracic wall, a focal convex shaped subcutaneous swelling is noted.

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.

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.

Abdomen

Multifocal spondylosis formation is seen along the lumbar spine.

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.

The liver is appropriate in position, size and presents uniform opacity.

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.



PATIENT

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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.

SPECIES

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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.

The colon is seen in the expected position and empty but a small amount of gas. The colon appears hypodynamic.

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RADIOGRAPHIC DIAGNOSIS

- Empty adynamic appearing colon
- Subcutaneous mass caudoventral thoracic wall
- Spondylosis deformans
- Normal lower airways

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The empty and adynamic appearing colon is considered as a sequela to the history of diarrhea. An underlying cause for the diarrhea is not appreciated. Complementing workup by an abdominal ultrasound examination would be beneficial for evaluation of the wall layering of the gastrointestinal tract.

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The spine presents with moderate degenerative changes, no distinct abnormality is appreciated explaining the possible paresis.

HOSPITAL NAME

Mountainside AC

REFERRING VET

Kennedy Vleming

INVOICE

56666

DATE

2-9-23



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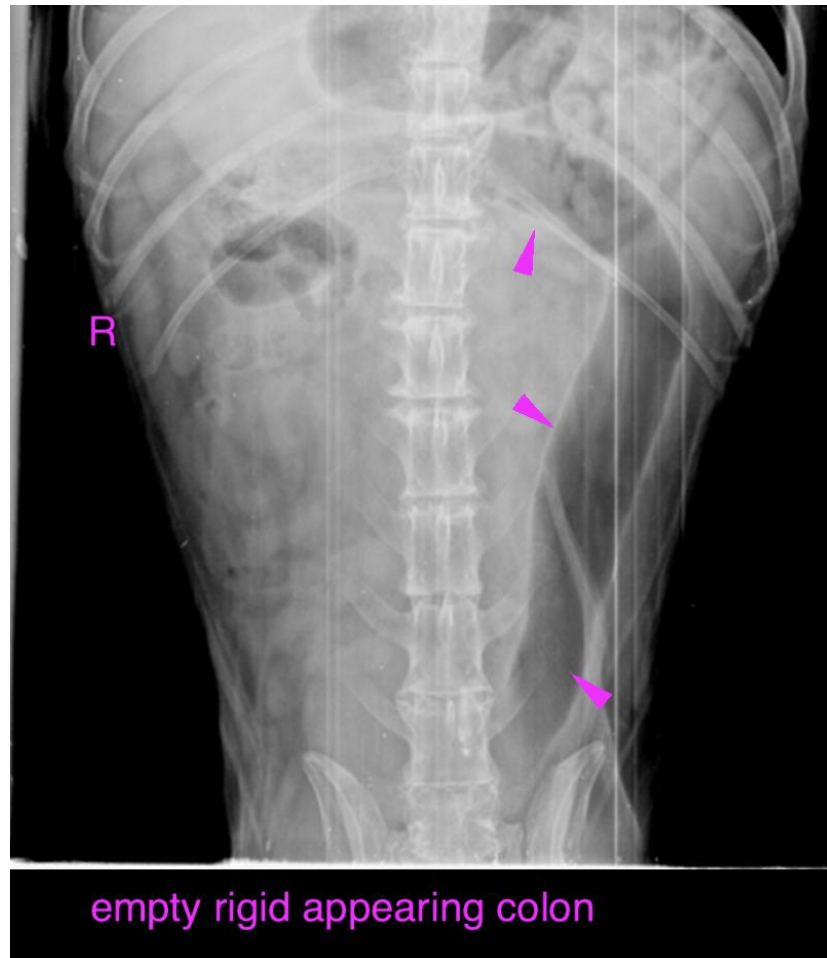
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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