



PATIENT

Rosie Terhune-Woodmark

PRESENTING CLINICAL SIGNS

2 day history of cough, gurgling, vomiting up water. O reports that P has been lethargic, not eating well. Prior to signs starting, P was fine.
 Abnormal PE/Chem/CBC/UA Results: On exam, significant tachypnea and increased respiratory effort. Harsh lung sounds and crackles in all fields. No murmur, normal sinus rate and rhythm.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

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

BREED

Boston Terrier

RADIOGRAPHIC FINDINGS

Both elbow joints present moderate to marked osteophyte new bone formation.

SEX

FS

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.

AGE

14 Years

The cranial mediastinum is moderately widened.

The esophagus is generalized moderately distended by gas.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

The diameter of the trachea is generalized mild to moderately decreased. A right sided bending of the intrathoracic segment of the trachea is seen – considered as breed specific finding.

The ventral dependent aspects of the lung present, R>>L, present ill-defined, cloudy soft tissue opacification with air-bronchograms, the volume of the affected areas of the lung is maintained.

HOSPITAL NAME

Grove Veterinary
 Clinic

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

RADIOGRAPHIC DIAGNOSIS

REFERRING VET

Dr. Pospichal

- Megaesophagus
- Ventrally distributed alveolar lung pattern
- Widening of the mediastinum
- Tracheal hypoplasia
- Advanced degenerative osteoarthritis elbow joints bilaterally

INVOICE

50856

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the megaesophagus that might explain the ‘vomiting’ – differentiation needs to be made if vomiting is present or the clinical signs are compatible with regurgitation, supporting the diagnosis of megaesophagus. A potential for the esophageal dilation would be esophagitis, possibly secondary to the vomiting.

DATE

3-10-22



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Potential causes for megaesophagus include idiopathic megaesophagus, hypothyroidism, myasthenia gravis, hypoadrenocorticism or paraneoplastic (no evidence of intrathoracic neoplasia). An underlying cause cannot be specified in the current radiographic study.

The pulmonary changes are consistent with (aspiration) pneumonia.

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The widening of the mediastinum is likely caused by fat as there are no signs for a mass in the lateral projections. Follow up radiographs after resolving pneumonia, can be used to reevaluate the mediastinum.

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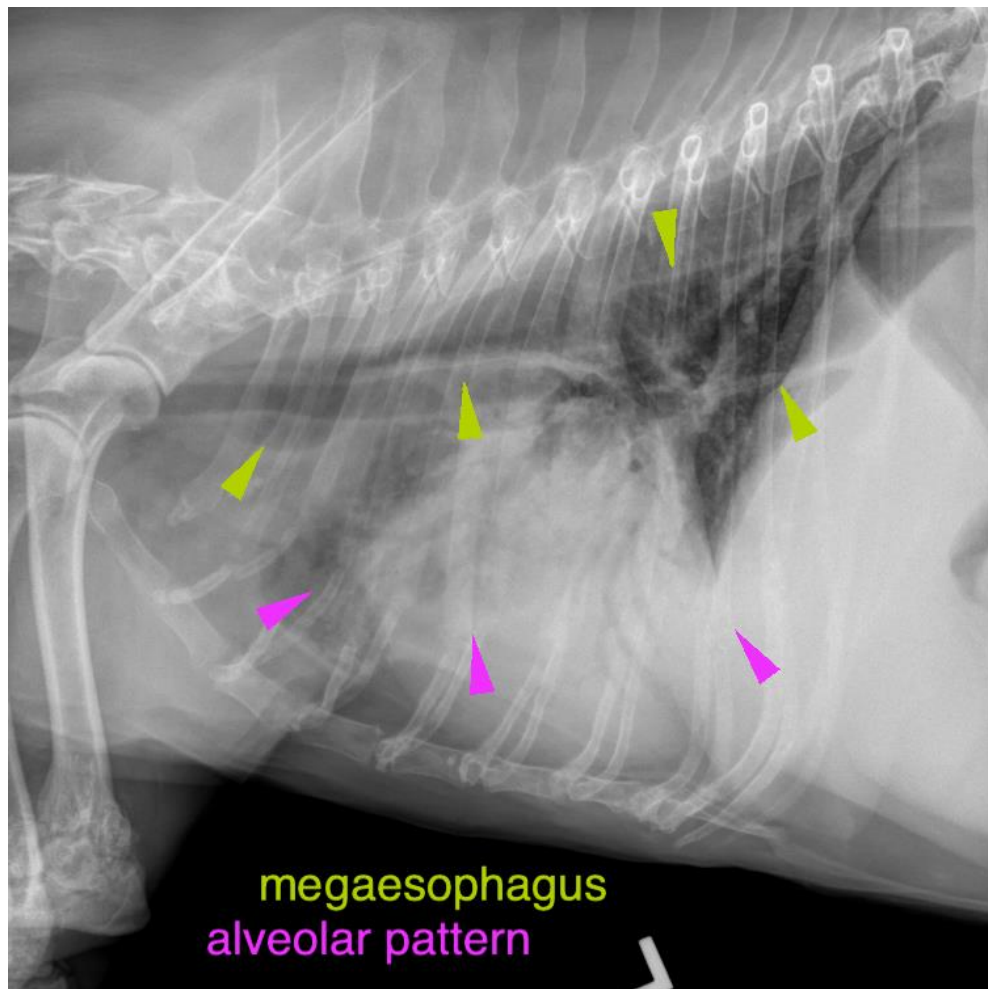
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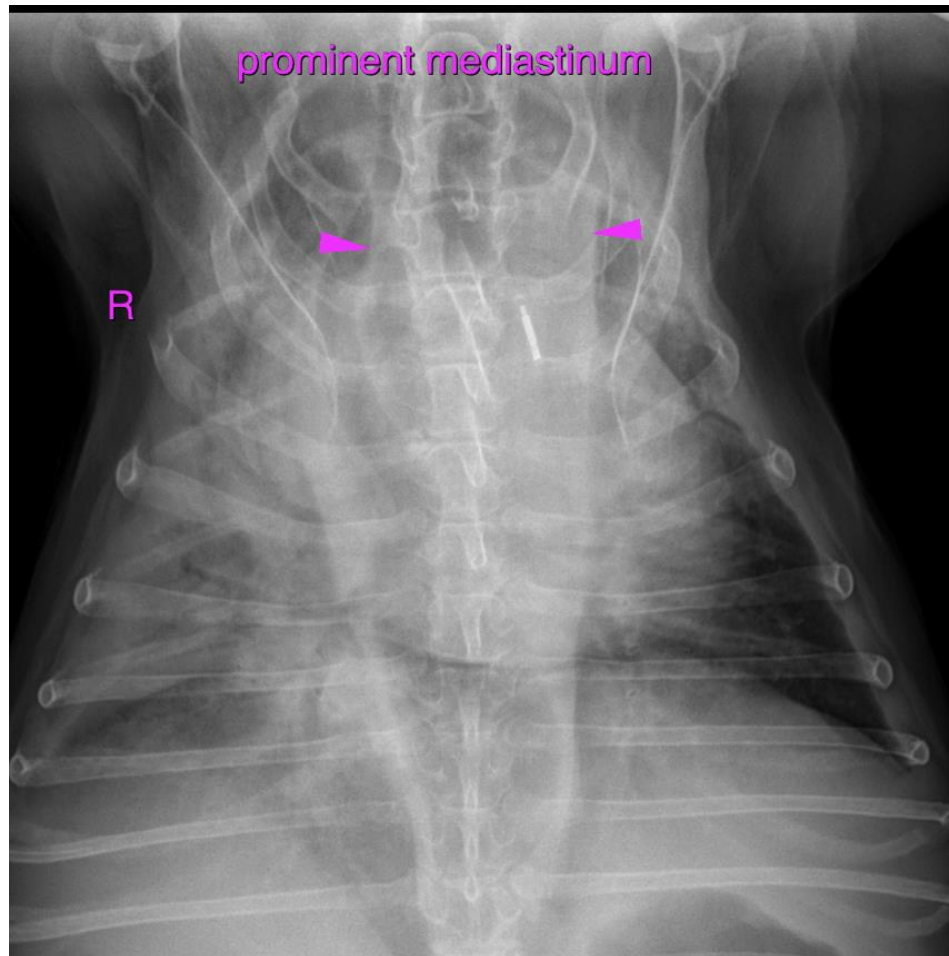
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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