



PATIENT PRESENTING CLINICAL SIGNS

Daisy Becke More uncomfortable as she's aging, limps after walking, uncomfortable in general. O' thinks it's arthritis that's worsening, dog doesn't directly act painful with joint palpation, just seems weak in general.
 Abnormal PE/Chem/CBC/UA Results: Looking for IVDD or systemic cause of lethargy/malaise. Pain on caudal lumbar spine palpation. right forelimb: pigeon-toed, medial displacement of paw from carpus distally, carpus is hyperextended but also with a limited ROM on flexion. Left forelimb: carpus has a limited ROM on flexion. Limited ROM in both hips. Labwork pending. TONS of SQ "lipomas" on ventrum - aspirated 5 of them and all are consistent with adipose tissue, no other overt neoplasia.

SPECIES

Canine

BREED

Sheltie

RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

RADIOGRAPHIC FINDINGS

SEX

FS

The body condition score is 7/9.

Thorax

The surrounding bony structures are within normal limits.

AGE

12 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

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.

In the right lateral view of the thorax, moderate dorsoventral flattening of the caudal tracheal segment is seen. The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

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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.

REFERRING VET

Kristin Williams

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.

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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 hepatic volume is moderately increased and the gastric axis is deviated caudally.

DATE

3-14-23

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.

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



PATIENT urinary tract.

Daisy Becke 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.

SPECIES

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

Canine

RADIOGRAPHIC DIAGNOSIS

BREED

- Hepatomegaly
- Obesity
- Normal thorax

Sheltie

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

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.

FS

AGE

No abnormalities along the thoracic and lumbar spine are appreciated, explaining the caudal lumbar pain. However, this does not rule out possible intervertebral disc disease/myelopathy.

12 Years

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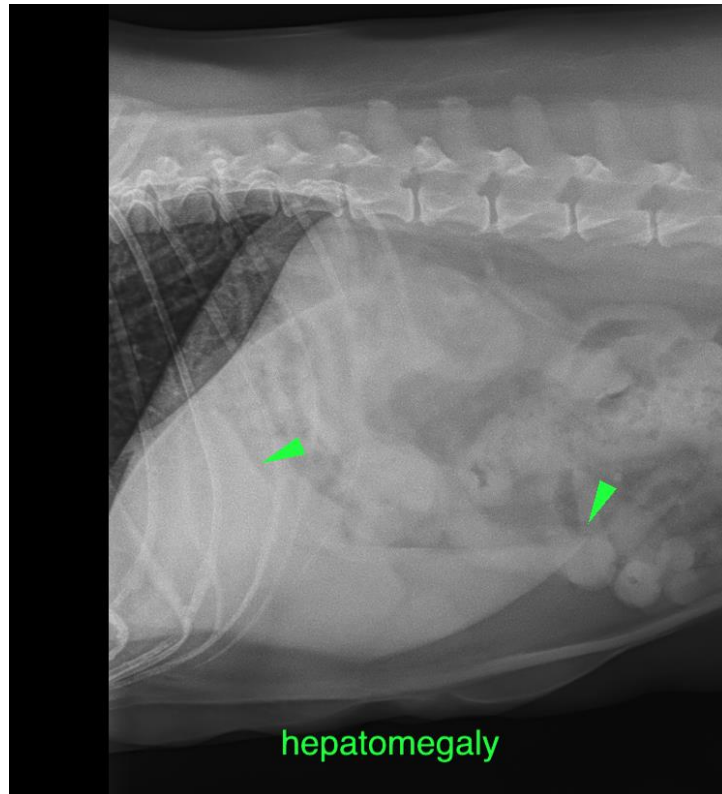
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PATIENT

Daisy Becke

SPECIES

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SEX

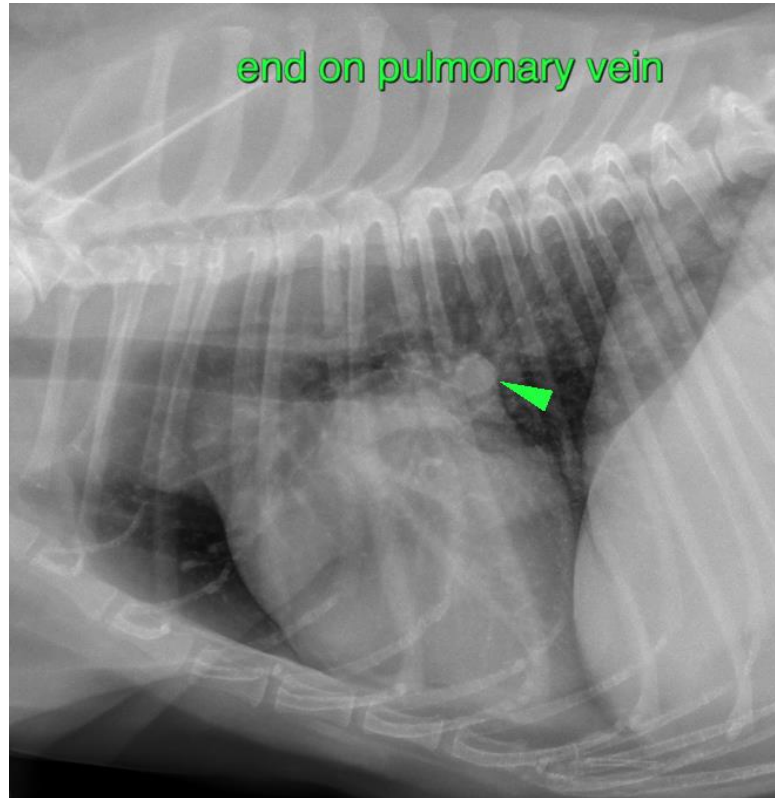
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

REFERRING VET

Kristin Williams

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