



**PATIENT PRESENTING CLINICAL SIGNS**

**Murphy Tracy** Murphy has a year long history of intermittent chronic vomiting that has gotten worse over the past 3 months. He will occasionally regurgitate and vomit up to 10 times daily. Recently, he has had weight loss (96 lbs to 84 lbs in one month) and loss of temporal muscle mass. Extensive gastritis work up (CBC/Chem/T4/UA normal, Texas GI normal, allicam/endoscopic biopsies with mild eosinophilic gastritis, ultrasound performed in 3/2022 with no structural abnormalities seen) Minimal response to prednisone, HP diet and therapy for GERD. Also prophylactic deworming. Now concerned for megaesophagus with possible aspiration pneumonia? Temperature 103 today. Please comment on esophagus and lung pattern

**SPECIES**

Canine

**BREED**

Lab

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**RADIOGRAPHIC FINDINGS**

**SEX**

The surrounding bony structures are within normal limits.

**MN**

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**

8 Years

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 esophagus is significantly dilated and contains gas. Mild ventral deviation of the intrathoracic tracheal segment is seen in combination with a tracheal stripe sign is seen.

**INTERPRETED BY**

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 has a generalized patchy ground glass opacity. The most ventral aspect of the left cranial lung lobe is consolidated with air-bronchograms.

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

**RADIOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Dr. Rotthaus

- Megaesophagus
- Generalized patchy unstructured interstitial pattern with zone of ventral alveolar pattern left cranial lung lobe

**INVOICE**

57352

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study is confirming the suspicion of megaesophagus, and the lung pattern is compatible with secondary pneumonia. An underlying cause for the megaesophagus is not appreciated and potentials can include Myasthenia gravis, hypothyroidism, Addison syndrome, paraneoplastic (the radiographic study is negative for cranioventral mediastinal mass), idiopathic.

**DATE**

3-21-23

If not done so yet, recommend complementing workup by complete blood work to screen for inflammatory changes.

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Gentle Doctor Animal  
Hospital



**PATIENT**

Murphy Tracy

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**SEX**

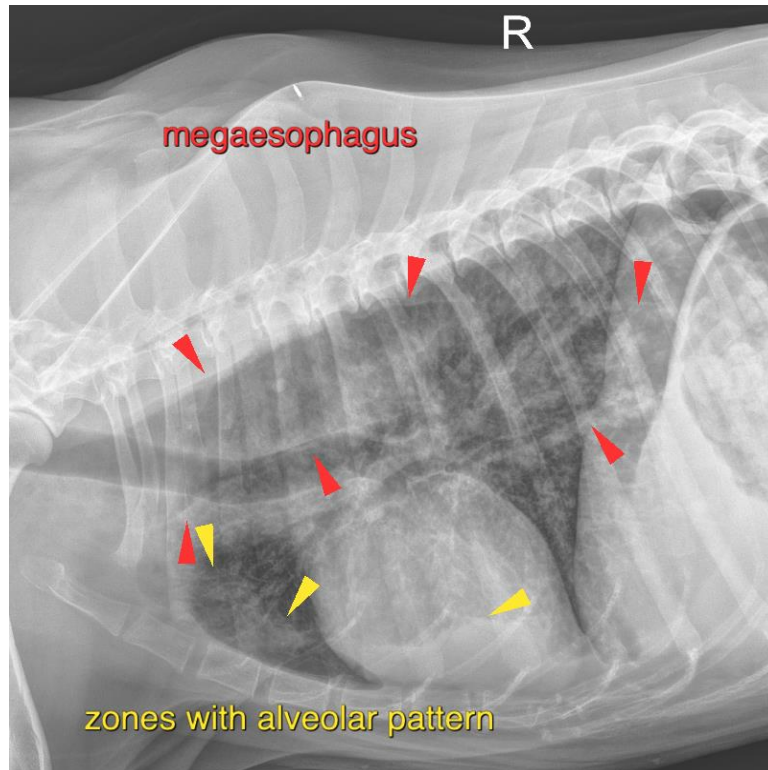
MN

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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**

Dr. Rotthaus  
**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

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**DATE**

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