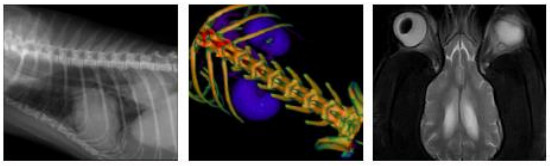

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PATIENT

Little Girl Tracton

SPECIES

Canine

BREED

Pomeranian Mix

SEX

SF

AGE

13 Years, 2 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Rivera

INVOICE

51245

DATE

3-29-22

PRESENTING CLINICAL SIGNS

Reason for Visit: ADR History: PET IS HERE FOR DECREASED APPETITE/ SHAKING/DIGGING SELF INTO DIRT/ COUGH LIKE HACK/ OWNER STATES ALL STARTED FRIDAY. OWNER HAS NOTED LOUD BREATHING AT NIGHT TIME/ PETS LAST BM WAS A SMALL ABOUT OF LOOSE STOOL POSSIBLY WITH BLOOD LAST NIGHT. (OWNER BROUGHT SAMPLE) OWNER DID ADMINISTER HWP FRIDAY.PET DID EAT A TREAT LASTNIGHT
Abnormal PE/Chem/CBC/UA Results: HEART MURMUR 3/6, NO CRACKLES OR WHEEZING, SUSPECTED SYNCOPE EPISODE.

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

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

RADIOGRAPHIC FINDINGS

Thorax

Both shoulder joints present mild osteophyte new bone formation.

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 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 lung parenchyma presents a generalized moderate increased radiopacity, caused by an unstructured reticular lung pattern, effacing the peripheral lung vessels. In the VD projection, level with the 6th right intercostal space, a mild ill-defined roundish soft tissue opacity is visible.

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

Abdomen

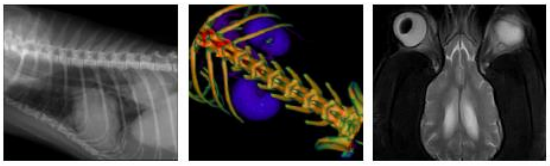
The surrounding bony structures are within normal limits.

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.

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

The splenic head is in the anticipated position and within normal limits for size and opacity. The



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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 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.

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

RADIOGRAPHIC DIAGNOSIS

- Generalized moderate to marked unstructured interstitial lung pattern
- Suspect solitary soft tissue nodule right caudal lung lobe
- Hepatomegaly
- Degenerative osteoarthrosis shoulder joints bilaterally

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Possible differential diagnoses for the unstructured interstitial lung pattern include:

· Infection (bacterial, fungal e.g. candida, viral, Rickettsia, Spirochetes, parasitic)
· Inflammation (allergic e.g. eosinophilic bronchopneumonia and PIE, smoke inhalation, acute glomerulonephritis)
· Autoimmune hemolytic anemia (AIHA)
· Polycythemia
· Fibrosis
· Tumor (lymphoma, lymphomatosis carcinogenos, myelocytic leukemia)

The solitary pulmonary nodule is increasing the odds for underlying neoplastic disease whereas the acute onset is supporting the diagnosis of inflammatory lower airway disease. Other potentials for the solitary pulmonary nodule include round pneumonia/mucus impaction, pulmonary cyst, granuloma, fibrosis.

Lab-work is beneficial to check for possible inflammatory changes (e.g. neutrophilia). An endoscopic examination with BAL would be ideal for further workup. A fecal examination and diagnostic therapy with anthelmintic drugs may be tried as a clinical trial as well to rule out parasitic disease.

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.

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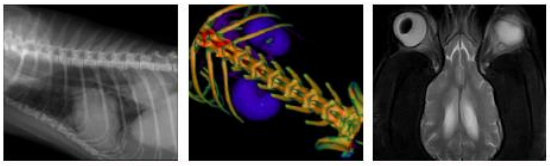

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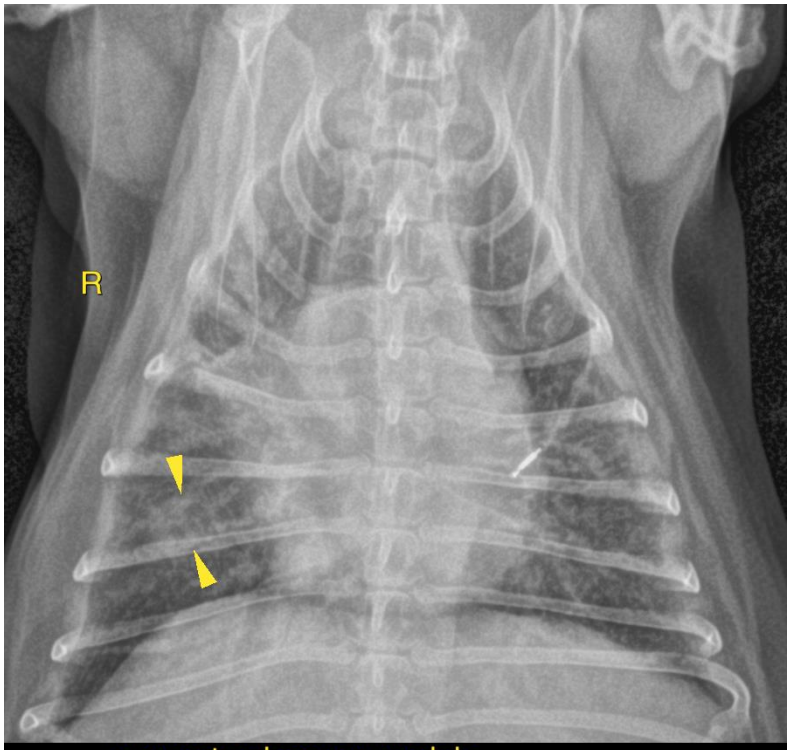

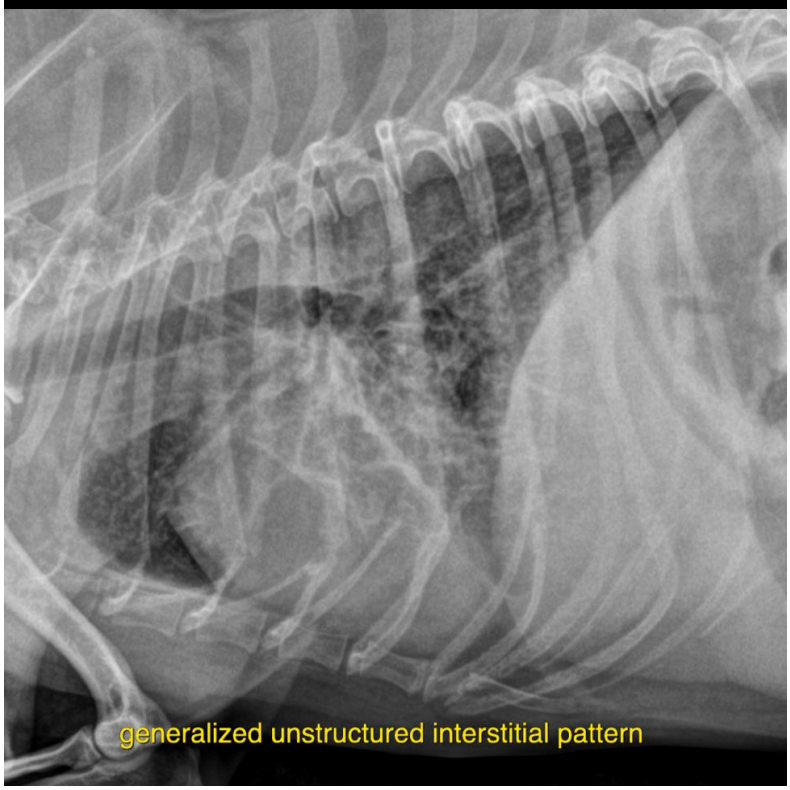

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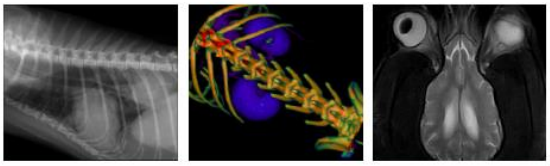

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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