



PATIENT PRESENTING CLINICAL SIGNS

PATIENT PJ Cutler
SPECIES Canine
BREED Poin
SEX MN
AGE 13 Years, 5 Months

History intermittent, waxing and waning gastroenteritis signs - flatulence, episodes of vomiting, inappetence, coughing/gagging, soft stool/diarrhea. Does have a history of dietary indiscretion when outside on walks. O also used to give human food but has since been discontinued for 1-2 weeks. Pet tends to respond to supportive care/medications, but this time not as well, soft stool still lingering even while on bland diet boiled chicken/white rice. Has also tried few different GI rx diets. Also has history of arthritis, and is currently on NSAID - rimadyl, but GI episodes and issues occurred long before starting NSAID and did not increase after starting. Have done trial stopping NSAID to see if signs improved and not the case. Also recent history of STT (spindle cell proliferation) of dermal growth on lower abdomen 1-2cm raised growth diagnosed on FNA. On Omeprazole, fortiflora, rimadyl. Has been on metro/cerenia in past when needed. Abnormal PE/Chem/CBC/UA Results: ALP - 731 - chronic, NOSF U/A - sample obtained today, pending results

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

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

RADIOGRAPHIC FINDINGS

Thorax

The surrounding bony structures are within normal limits.

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.

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 generalized moderately distended by gas and appears rigid.

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 moderate 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.

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

HOSPITAL NAME
 Long Valley Animal
 Hospital

REFERRING VET
 Dr. Stephanie Welch

INVOICE
 57082

DATE
 3-6-23



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

PJ Cutler 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.

SPECIES 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.

Canine The stomach is in its anticipated position and presents normal content.

BREED 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.

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

RADIOGRAPHIC DIAGNOSIS

- SEX**
- Megaesophagus
 - Spondylosis deformans lumbar spine
 - Otherwise normal abdomen
- MN**

AGE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

13 Years, 5 Months

The main finding is the generalized dilated esophagus, suggestive for megaesophagus – can be a plausible explanation for the described cough and gagging. Potential causes for megaesophagus include esophagitis, paraneoplastic (no underlying neoplasia is appreciated in the present radiographic study), neuromuscular disorder (e.g. Myasthenia gravis), general anesthesia or idiopathic.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The radiographic study is negative for pulmonary metastatic disease.

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No abnormalities of the stomach are appreciated, but a small amount of intraluminal osseous ingested material.

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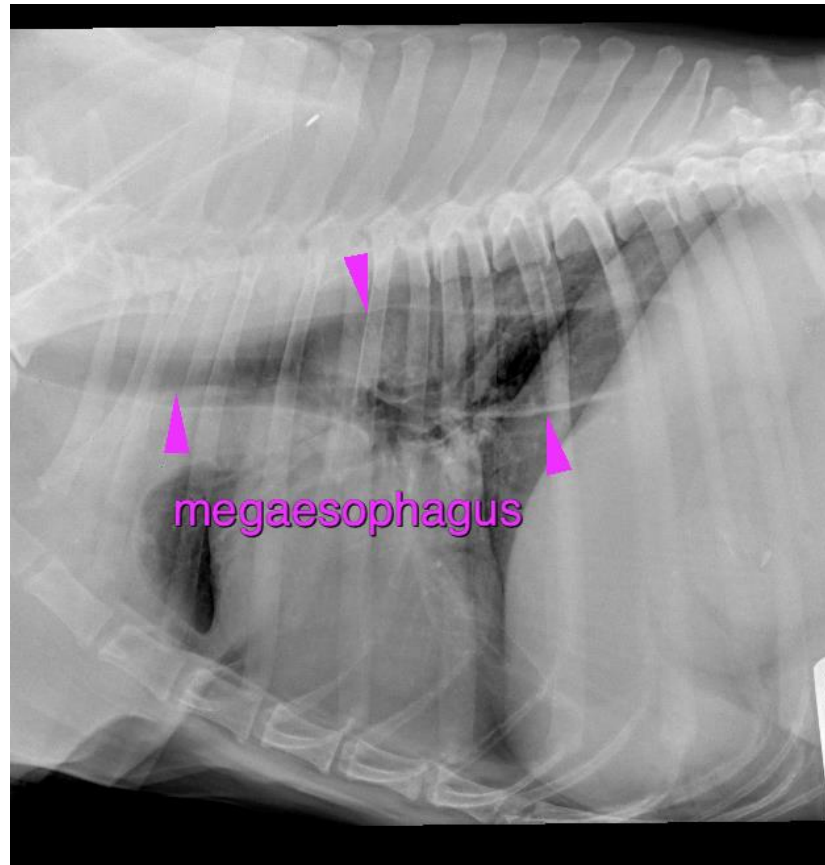
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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