



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Khaos Jacomino

SPECIES
Canine

BREED
Pit Bull Mix

SEX
NM

AGE
13 Years

Reason for Visit: ADR/LATHARGIC History: One-week history of progressive lethargy and frequent coughing with poor appetite. Seems weak/wobbly. Patient ate ~ 20 marijuana "edibles" of unknown variety on March 28. Patient was unconscious and laterally recumbent for five days per owner. Did not eat during this time. Urinated and defecated while laterally recumbent/not conscious. Did not seek veterinary care. He eventually regained consciousness but has been progressively weaker and coughing. History of incidental prostatic mineralization/irregularity noted on abdominal radiographs 8/2021 that were obtained to evaluate presenting complaint of vomiting and diarrhea. Owner did not go to specialist for further evaluation--no ultrasound or aspirate has been done. Per owner, no stranguria. Occasional urinary accident in house. Abnormal PE/Chem/CBC/UA Results: Hydration: Adequate Mentation: BAR EENT: OU clear. AU clear, no debris. No cough on tracheal palpation. Oral cavity: No dental tartar. Lymph Nodes: submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses fair and synchronous, increased bronchovesicular sounds, frequent soft cough. Abd/GI: Soft, non-painful, no fluid wave, firm structure caudal abdomen near pelvic inlet (prostate?) Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 4/9. Needs assistance to rise and weakly ambulatory x 4--tires easily and slides down to recumbency on floor. Rectal--prostate slightly enlarged and palpates as irregular/uncomfortable on palpation Neurological: QAR. Generally weak/ataxic. Diagnostic Testing: CBC--suspected bands on dot plot; otherwise WNL Chem/lytes--BG=71 mg/dL--low end of reference interval is 70; mild ALP elevation, otherwise WNL (sample was processed immediately) UA (free catch)--6 WBC/hpf, rods seen, USG=1.020

INTERPRETED BY RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

HOSPITAL NAME RADIOGRAPHIC FINDINGS

DPC Veterinary
Hospital

Thorax

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

REFERRING VET

Dr. Ward

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.

INVOICE

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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.

DATE

4-13-22

A moderate amount of soft tissue opaque material is seen in the pleural cavity. The lung lobes are retracted from the thoracic wall and pleural fissure lines are visible. The volume of the lung lobes is decreased, and the lung parenchyma presents a generalized ground glass opacification.

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



PATIENT diaphragmatic cupola.

Khaos Jacomino Abdomen

SPECIES Multifocal moderate spondylosis formation is seen along the lumbar spine. The periarticular bones of the right coxofemoral joint present moderate osteophyte new bone formation. Both stifle joints present moderate osteophyte new bone formation.

Canine

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

BREED The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

Pit Bull Mix The liver is appropriate in position, size and presents uniform opacity.

SEX 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.

NM

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. There is faint mineralization of the prostate.

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A well-defined ovoid shaped mineral opaque body is superimposed on the caudodorsal aspect of the urinary bladder – not appreciated in the VD projection.

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

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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.

HOSPITAL NAME

DPC Veterinary
Hospital

RADIOGRAPHIC DIAGNOSIS

REFERRING VET

Dr. Ward

- Moderate pleural effusion
- Moderate degenerative osteoarthritis right coxofemoral joint & both stifle joints
- Suspect mild dystrophic mineralization of the prostate
- Dystrophic mineralization superimposed on the caudodorsal aspect of the urinary bladder in lateral view
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The main finding is the pleural effusion and transudate versus exudate are considerations. An underlying cause for the pleural effusion is not identified in the current radiographic study – e.g. inflammation, infectious, neoplastic, cardiogenic, systemic disease. Further workup warrants tapping the pleural effusion with complete fluid analysis. Advanced diagnostic tests depend on the results of the fluid analysis.

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The dystrophic mineralization of the prostate can be a sequela to preceding prostatitis. Rule out neoplastic transformation.



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REFERRING VET

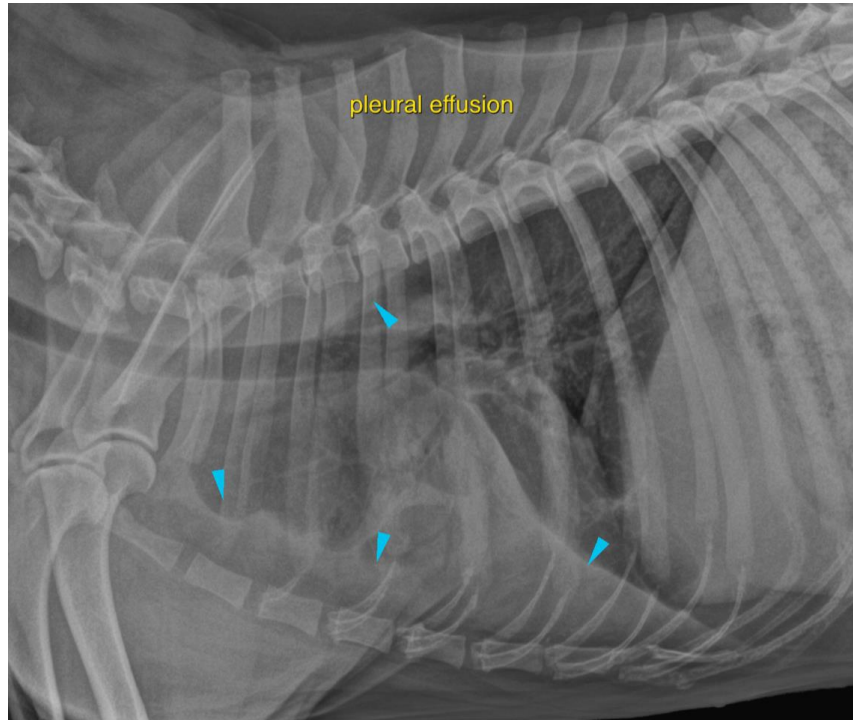
Dr. Ward

INVOICE

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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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