



PATIENT PRESENTING CLINICAL SIGNS

Keiko Martin
 Keiko was in a fight with her brother 7-10days ago and there were puncture wounds after this. She seemed fine until Friday night to Saturday morning she started showing signs of infection. Keiko doesn't want to eat much last ate a small meal last night. Vomited up one meal over the weekend no diarrhea that they know of. She has been licking at paws and other puncture wounds, seems uncomfortable at home. Owner and caregiver both noticed increased panting/resp effort and coughing. They also noted there is fox in the area she could have gotten into a scuffle with. Abnormal PE/Chem/CBC/UA Results: 4/18/2022 8:56 AM Vital Sign 187 Weight 142 pounds Temp 102.8 Pulse 110 Resp pant Mucous Membranes Pink, moist, CRT <2 seconds Hydration Adequate based on mucous membranes and skin turgor. Abdomen Soft, nonpainful, no masses, no organomegaly. Rectal examination not performed. Cardiovascular/ Respiratory No murmur or arrhythmia. Lungs auscult normally. Eupnic. Eye, Ears, Nose, Throat No nasal or ocular discharge. Normal examination. Genitourinary No discharge or irritation. No anal gland enlargement. Lymph Nodes No enlargement. Musculoskeletal Ambulatory X 4, normal gait. Neck, spine, and tail are normal. Limb palpation is normal. No loss of proprioception. Neurologic Alert, normal cranial nerve function. Oral Normal examination Skin / Coat SKIN OF LEGS INFLAMMED AND EITHER DISCHARGE FROM WOUNDS OR EXUDATEF FROM PYODERMA PRESENT. RIGHT VETRAL NECK: ODIFEROUS, MOIST PYODERMA. Body Condition: Very Thin Thin Good Heavy Very Heavy Exam Notes: Issue(s) / Differential(s): Wounds Cough SECONDARY TO NECK WOUNDS OR FROM INFECTION INTERNALLY OR ALLERGIC AIRWAY Vomiting SECONDARY TO INFECTION FO SKIN OR FEVER, METABLOLIC ISSUE Anorexia FROM FEVER AND WOUNDS, OR OTHER ISSUE

SPECIES

Canine

BREED

Saint Bernard

SEX

Spayed

AGE

4 Years

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

RADIOGRAPHIC STUDY OF THE THORAX AND NECK

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

RADIOGRAPHIC FINDINGS

A moderate swelling of the subcutaneous tissue at the cranioventral aspect of the neck is seen, the subcutaneous fat presents a moderate soft tissue striation. The soft tissue shadow of the mandibular lymph nodes at the same level is prominent.

The osseous structures of the neck are within normal limits.

A small isolated mineralized body is seen at the cranial aspect of the greater tubercle bilaterally.

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 trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The bronchial tree presents mild mineralization of the bronchial 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.

HOSPITAL NAME

Elizabeth Animal Hospital

REFERRING VET

Leon Anderson, DVM

INVOICE

51601

DATE

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PATIENT

Keiko Martin

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

RADIOGRAPHIC DIAGNOSIS

SPECIES

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- Subcutaneous swelling submandibular region
- Lymphadenopathy mandibular lymph nodes
- Incidental mild bronchial mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Saint Bernard

The main finding is the subcutaneous swelling at the cranioventral aspect of the neck, fitting the history of pyoderma at the same level and secondary reactive hyperplasia of the regional lymph nodes.

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The thorax presents without clinically relevant pathology - if cough/clinical signs are deteriorating, recommend follow up radiographs, as radiographic changes lack behind clinical signs.

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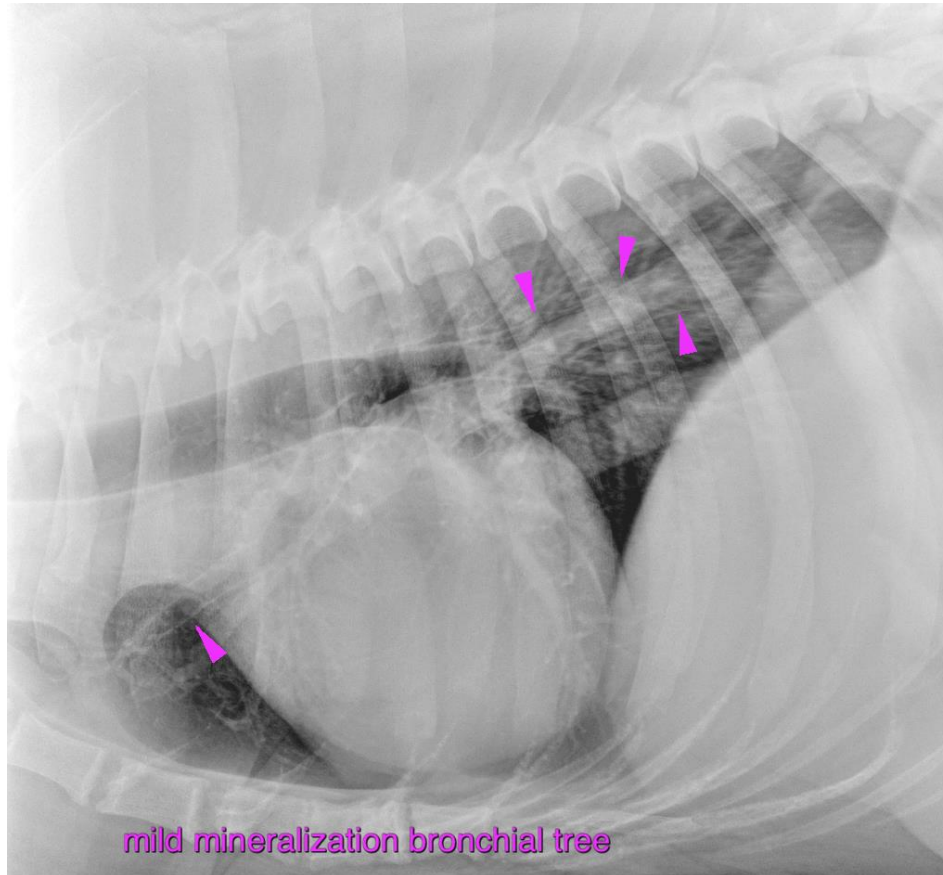
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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