



PATIENT

Nena Martinez

SPECIES

Canine

BREED

Labrador

SEX

Female/spayed

AGE

12 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dra. Walker

INVOICE

51429

DATE

4-8-22

PRESENTING CLINICAL SIGNS

The patient present for respiratory concern owner has not been giving medications (theophylline and cough tabs) but today patient had increased respiration rate per owner and vomited (saliva) once radiograph mild interstitial pattern, megaesophagus? recommended radiologist consult radiograph R/O megaesophagus suspect signs appreciated by owners are secondary to the larynx if megaesophagus dx then swallowing study recommended and R/O Myasthenia gravis TGH cerenia famo doxy (R/O aspiration) cont. with meds at home cough tabs and theophylline General appear: BAR does not seem in respiratory distress Oral- Teeth: dental calculus, missing incisors Cardiovascular: no murmur Respiratory: panting MM pink clear lung sound Musculoskeletal: muscle atrophy cranial muscles and hind limbs

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The vertebral endplates T9/T10 present mild spondylosis formation. One shoulder joint presents with 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 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 mildly distended by gas.

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

The ventral aspect of the right middle lung lobe presents a patchy moderate to marked unstructured reticular pattern.

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

RADIOGRAPHIC DIAGNOSIS

- Interstitial lung pattern ventral aspect right middle lung lobe
- Mild esophageal dilation
- Mild degenerative osteoarthritis one shoulder joint
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the ventrally distributed interstitial pattern of the right middle lung lobe, highly suggestive for bacterial pneumonia. Differentials are non-cardiogenic edema, hemorrhage or neoplastic transformation – these differentials are considered far less likely here. Recommend



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complementing workup by complete blood work to screen for inflammatory changes.

The diagnosis of megaesophagus is not definitive as the mild esophageal dilation can be caused by aerophagia or esophagitis as well. If there is clinical suspicion for esophageal dysmotility, consider follow up radiographs or fluoroscopic swallowing study.

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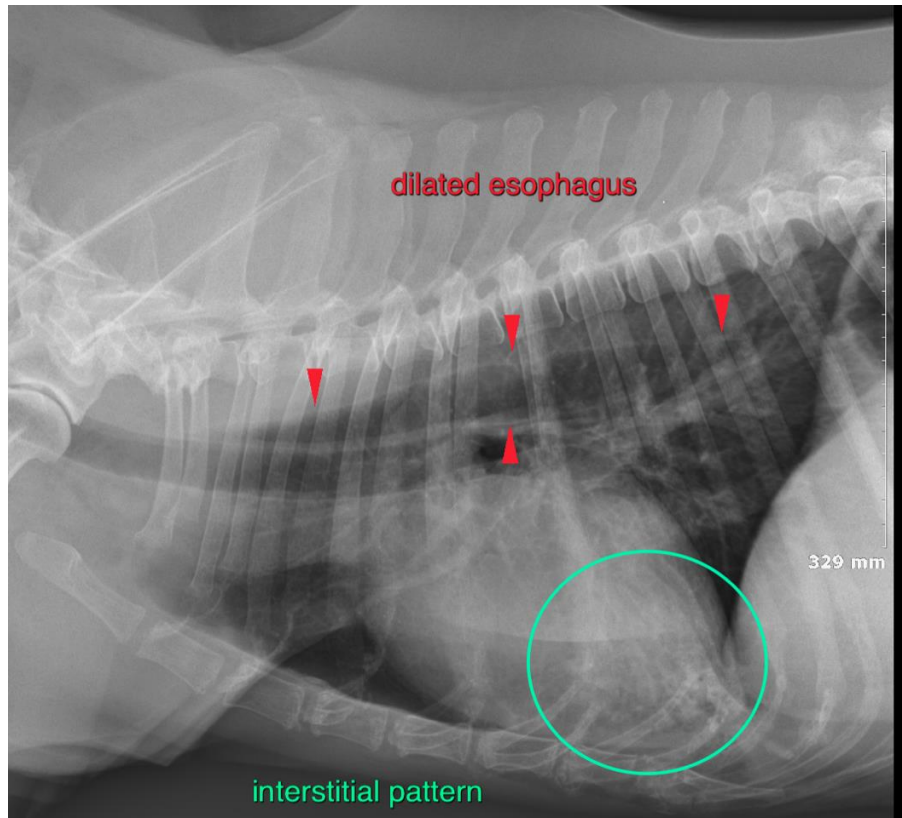
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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