



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Jynx Evertsen
 Jynx presented with a 6 year history of shallow breathing which was thought to be a collapsing trachea. Within the past 3 years she has had a honking cough/gag, especially after drinking water. The owner thought may have been related to allergies. Apoquel seemed to help (will adjust dose depending on season). Jynx was born with an undefined hip problem. She can't jump but her hips do not seem to be bothering her. About 6-8 months ago the owner noticed her beginning to stumble over her right front leg. CT scan was recommended for respiratory concerns and to check neck/spine as well. Jynx turned cyanotic and passed out while at the vet in 2019. Previous diagnosis: No Coughing/ hacking: Honking cough Sneezing/ reverse sneezing: No Difficulty breathing: Intermittent, especially with allergies or stress Breathing when asleep: Yes Exercise intolerance: Yes Therapies tried and response: Apoquel, trazodone seem to help some Current medication: apoquel, trazodone (only during stressful events), dasequin Current signs: Cough/gag, exercise intolerance, intermittent breathing changes with stress or allergies Appetite and activity level: Good appetite, Energy level a little decreased but not lethargic.

SPECIES Canine
BREED Yorkie
SEX SF
AGE 12 Years

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

HOSPITAL NAME
 VetMed Consultants

REFERRING VET
 Val Poll

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 52159

DATE
 5-28-22

Abnormal PE/Chem/CBC/UA Results: PE: ****Respiratory:**** Lungs auscultate clear bilaterally; trachea clear; mild stridor ****Musculoskeletal:**** Abnormal: Non ambulatory; non weight bearing right front; right front splays laterally at shoulder; shoulder joint is very lax (dislocated) ****Neurologic:**** No apparent abnormalities; no conscious proprioception deficits, normal placing front and rear legs Lab : Blood work is dated 5/3/22. CBC - PCV = 39.3%, WBC = 12410, neutrophils = 8780, lymphocytes = 2870, monocytes = 600. Platelets = 478,000. Chemistry - BUN = 40.9, Creat = 0.9, Phos = 8.1, TBIL = 0.6, Na = 155, K = 5.4, Cl = 121, all else normal. Urinalysis - not provided. The BAL cytology result shows neutrophilic inflammation with bacterial infection. There are intracellular and extracellular coccobacilli bacteria. Two organisms are grown, Pseudomonas aeruginosa, light growth and Stenotrophomonas maltophilia, moderate growth, both sensitive to marbofloxacin. Bronchoscopy Findings: The lower respiratory tract is imaged using a 2.7 mm rigid endoscope and a 7.8 Fr video ureteroscope. The scopes are cleanly passed through the larynx into the trachea. Tracheal mucosa is smooth and light pink. Tracheal discharge is not present. The dorsal tracheal membrane is broad and sags into the tracheal lumen. Tracheal cartilages are ovoid. There is grade 3 tracheal collapse (50-75% lumen reduction). The carina and bronchial bifurcations are rounded. Mainstem bronchi are open and clean. There is generalized severe bronchial collapse, especially in distal bronchi. There is no significant bronchial discharge. A bronchial foreign body is not found. Bronchoalveolar lavage is performed in the right middle, accessory and left caudal lung lobes using the ureteroscope operating channel and a suction trap. Material is prepared for cytology and culture. The larynx is carefully examined under light sedation. Normal abduction of arytenoid cartilages is observed during inspiration. Laryngopharyngeal structures are normal.

COMPUTED TOMOGRAPHY OF THE CERVICAL, THORACIC AND LUMBAR SPINE

A high resolution pre- and post-contrast CT study of the entire spine is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent. Retained roots of triadan 308 and 408 are seen within their alveolar crest and the periodontal space is moderately widened. Generalized mild to moderate horizontal bone loss is seen in all jaw quadrants.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.



PATIENT

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Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

The right tympanic bulla is filled with non-contrast enhancing soft tissue material; the osseous lining is smooth and thin. The external ear canals are within normal limits.

SPECIES

Canine

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

BREED

Yorkie

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

An intervertebral disc spaces C6/C7 and C7/T1 are moderately narrowed, and a vacuum phenomenon is seen in the respective intervertebral disc spaces.

SEX

SF

The cervical segment of the trachea is dorsoventrally flattened and widened by the endotracheal tube.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

AGE

12 Years

Both shoulder joints present mild to moderate osteophyte new bone formation and a moderate intracapsular swelling of both shoulder joints is seen.

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The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

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The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

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Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Abdomen

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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

The adrenal glands are within normal limits for size, shape and organ architecture.

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Both kidneys present with multiple, well-defined, variable sized parenchymal filling defects – measuring up to 4.5 cm in size.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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.



PATIENT An innumerable amount of mineral attenuating calculi are seen in the gallbladder.

Jynx Evertsen The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

SPECIES The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Canine Level with the intervertebral disc space L1/L2, heterogeneous mineralized material is protruding into the vertebral canal, occupying approximately 80% of the cross-sectional area of the vertebral canal at the same level. The dural tube, is compressed and deviated to the right and dorsally.

BREED Rotational deviation is seen between L2 and L3.

Yorkie The intervertebral disc L4/L5 is mildly protruding into the vertebral canal, distorting the ventral epidural space.

SEX L7 presents an elongated right transverse process, in contact with the right iliac wing.

SF Both stifle joints present marked osteophyte new bone formation and the femoral trochlea groove bilaterally is shallow, R>L.

AGE **COMPUTED TOMOGRAPHIC DIAGNOSIS**

12 Years

- Marked intervertebral disc protrusion L1/L2 with compressive myelopathy
- Advanced degenerative osteoarthritis stifle joints bilaterally and shallow femoral trochlear groove
- Hepatomegaly
- History of tracheal collapse
- Degenerative osteoarthritis shoulder joints bilaterally with articular swelling
- Retained roots triadan 308&408 with periodontal disease
- Generalized mild periodontal disease
- Multiple absent teeth
- Right sided otitis media
- Mild intervertebral disc protrusion L4/L5
- Cholecystolithiasis without evidence of obstruction
- Renal cysts bilaterally
- Chronic discopathy C6/C7 and C7/T1 with spondylosis formation
- Asymmetric lumbosacral transitional vertebra (type III)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding along the spine is the marked protrusion of the intervertebral disc L1/L2 – as there are no neurological deficits, chronic protrusion is considered likely and conservative management is considered as the therapy of choice.

The degenerative joint disease of the stifle joints can be associated with patellar luxation and cranial cruciate ligament pathology might have triggered progression of degenerative joint disease.

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used



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as minimally invasive methods for further workup.

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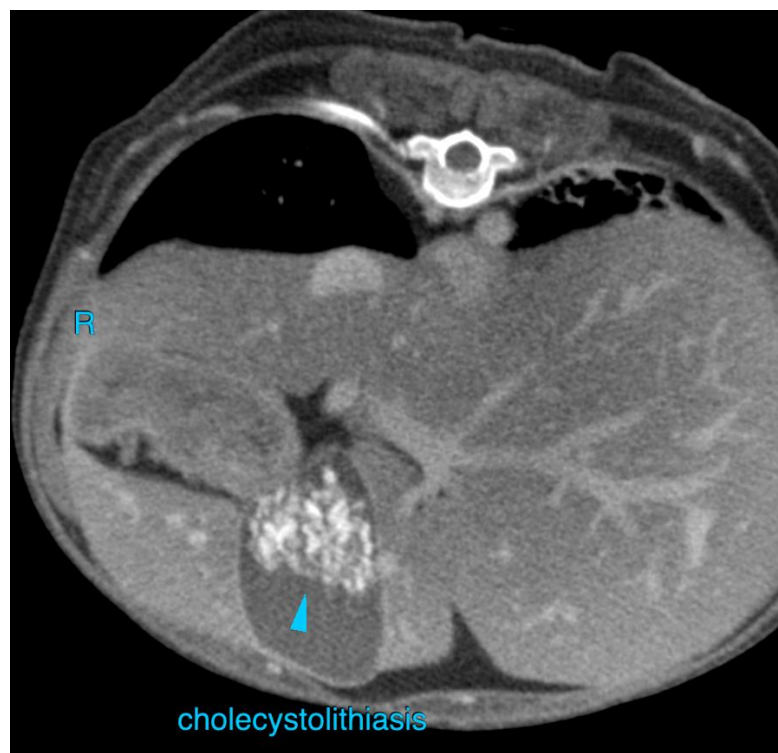
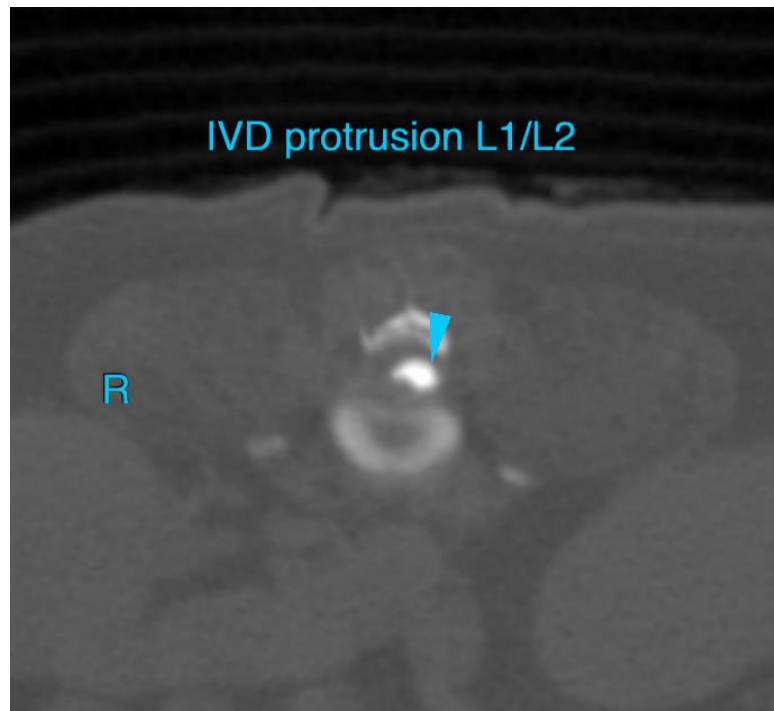
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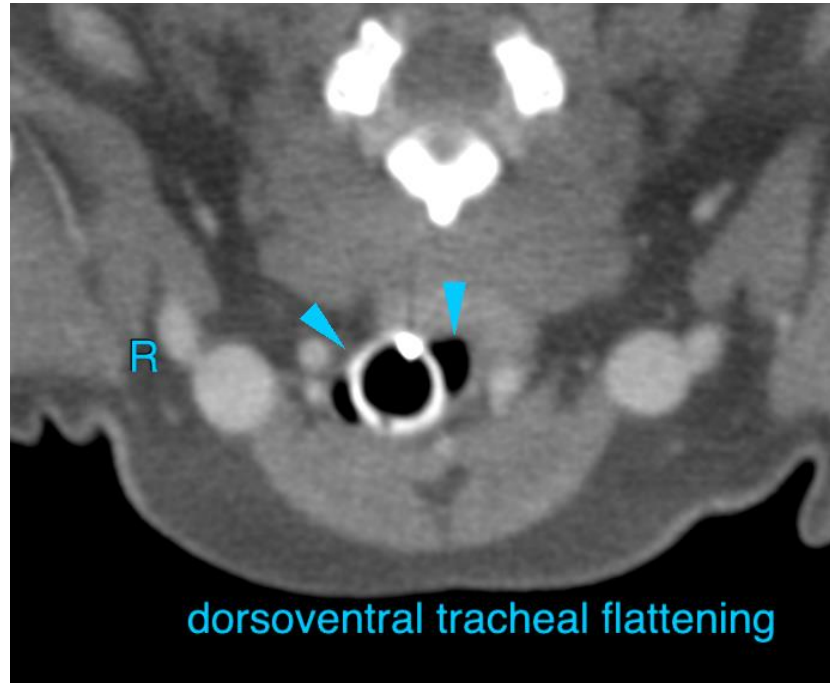
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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