



PATIENT

Kaesi Tregger

PRESENTING CLINICAL SIGNS

12yo FS Corgi presented for exercise intolerance and abnormal breathing of several weeks' duration. Still eating/drinking/normal personality at home, but needs to sit down a lot and owners note different quality of respiration. On exam, patient is QARH but notably dyspneic. MMs pink, CRT 2s, pulses WNL, cardiac auscultation WNL (normal rate/rhythm, no murmurs). No audible crackles or wheezes. Chest radiographs are abnormal but unable to determine if primarily neoplastic, infectious, or cardiac.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

BREED

Corgi

A complete set of radiographs of the thorax and abdomen is provided for review. Radiographs are provided in JPEG file format.

RADIOGRAPHIC FINDINGS

SEX

Female Spayed

The body condition score is 9/9.

Thorax

Along the thoracic & lumbar spine, multifocal moderate spondylosis formation is appreciated. At the caudal aspect of the shoulder joints, mild to moderate osteophyte new bone formation is appreciated. The periarticular bones of both elbow joints present moderate osteophyte new bone formation.

AGE

12 Years, 8 Months

The extrathoracic soft tissues present homogeneous without abnormalities.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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 is moderately widened by fat.

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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.

REFERRING VET

Heather Burrowes

The lung field is extending up to the caudal vertebral endplate of T10 – expiratory film. The lung parenchyma presents a generalized moderate unstructured reticular lung pattern, effacing the peripheral pulmonary vessels.

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

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Abdomen

Both stifle joints present advanced osteophyte new bone formation.

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

DATE

5-5-22

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

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.



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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.

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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.

BREED

Corgi

The stomach is in its anticipated position and a mineral opaque, irregular marginated body is seen in the stomach – suspect small piece of bone.

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.

RADIOGRAPHIC DIAGNOSIS

SEX

Female Spayed

- Obesity
- Generalized unstructured interstitial lung pattern
- Hepatomegaly
- Small mineralized gastric foreign body – possible piece of bone
- Degenerative osteoarthritis shoulder joints
- Degenerative osteoarthritis elbow joints
- Degenerative osteoarthritis stifle joints
- Spondylosis deformans

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The unstructured interstitial lung pattern is very likely a sequela to the nutritional status and age related changes of the lung parenchyma and is in addition accentuated by expiration.

Unfortunately, differentials for an unstructured interstitial pattern are not specific and include fibrosis (would expect crackles in auscultation), pneumonitis (inflammatory versus infectious), systemic disease (e.g. pancreatitis, IMHA, renal disease), neoplasia.

Obesity will also impair pulmonary function due to decreased expandability of the lung parenchyma.

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Potentials for the hepatomegaly include metabolic hepatic disease/steroid induced hepatopathy, hepatitis or neoplastic infiltration. Ultrasound including FNA sampling can be used as minimally advanced diagnostic tests.

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If not done so yet, recommend complementing workup by complete blood work including testing of the pituitary adrenal axis.

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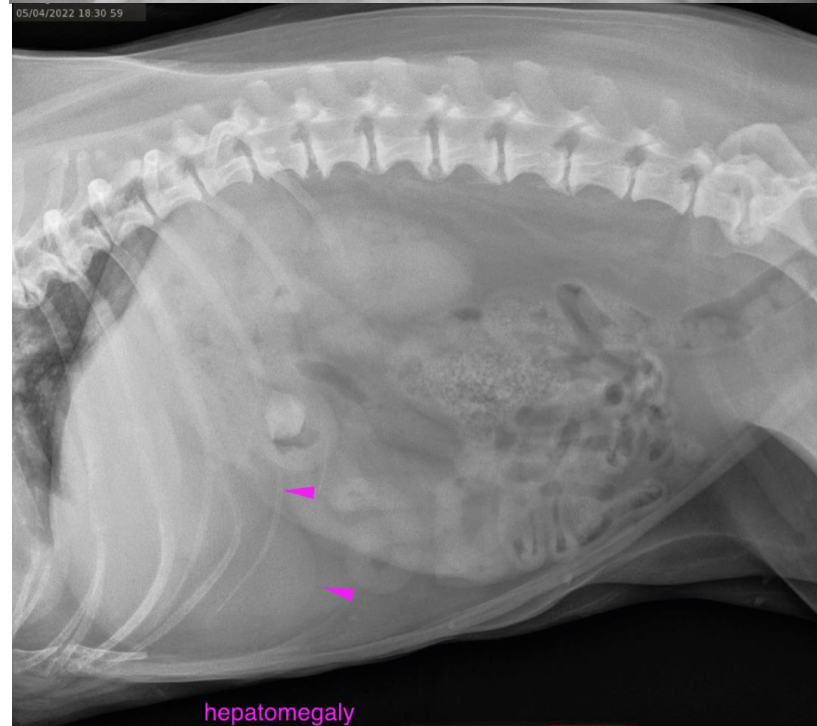
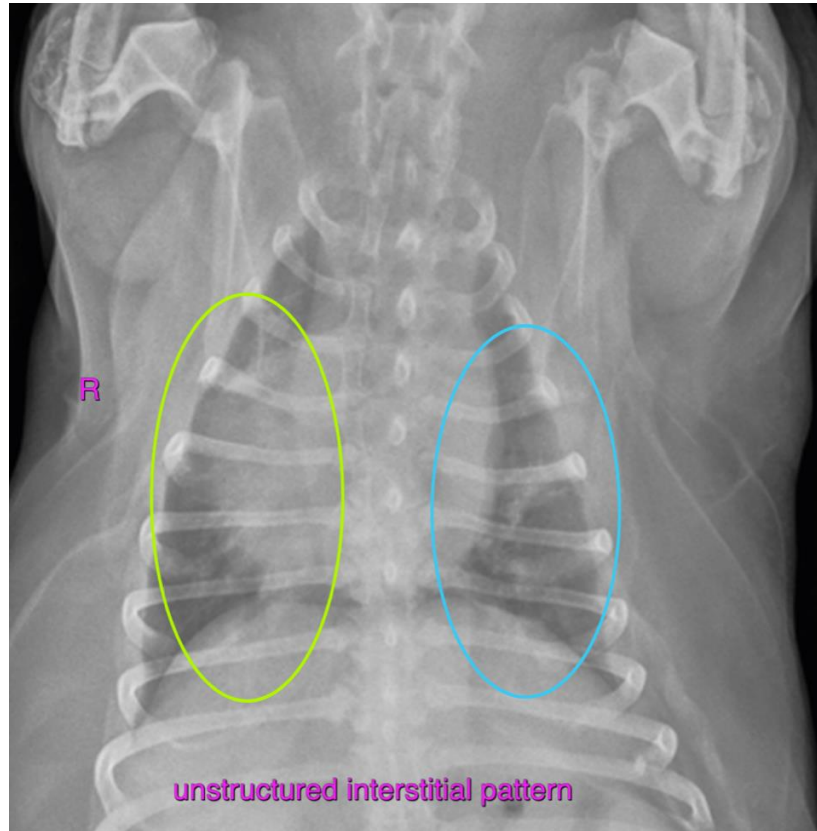
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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