



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Jojo Woolard
SPECIES Canine
BREED English Bulldog
SEX Spayed Female
AGE 11 Years

History: Bilateral lameness, likely cruciate related, dental disease, chronic signs of difficulty getting up and down, intermittent pelvic lameness, hx of dyspnea/coughing at home, but not seen in-clinic, otitis. No murmur detected. However, another veterinarian started pt on enalapril and furosemide for presumed congestive heart failure. Pt improved because of or in spite of medications, when meds were stopped signs recurred but not immediately, signs again resolved with reinstatement of meds.

Abnormal PE/Chem/CBC/UA Results: CBC is wnl. Chems show hypochloremia, hypercarbia, hyperglobulinemia, hypoalbuminemia, UA shows isosthenuria, proteinuria (UPC pending), urine culture screen is negative for growth.

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

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

RADIOGRAPHIC FINDINGS

Thorax

The thorax presents a breed specific barrel-chested conformation.

T10 presents as hemivertebra, and the respective endplates present moderate spondylosis formation. Both elbow joints present moderate osteophyte new bone formation.

INTERPRETED BY

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

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.

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The cranial mediastinum is moderately widened by fat. The lung parenchyma presents a generalized increased radiopacity in the lateral projection – due to thoracic conformation – not appreciated in the VD view.

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A right sided bending of the intrathoracic segment of the trachea is seen – considered as normal variation in brachycephalic breeds.

Mild increased visibility of the bronchial walls is noted.

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In the lateral projection, a roundish radiopacity is superimposed in the 6th ribs – not appreciated in the VD view. The remainder of the lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

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

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PATIENT

Abdomen

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The surrounding bony structures are within normal limits.

SPECIES

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

Canine

The serosal detail is maintained throughout the peritoneal and retroperitoneal space. In the right cranial abdomen, a thin, metal opaque linear body, measuring 1.9 cm in length.

BREED

English Bulldog

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

In the VD view, nodular enlargement of the cranial extremity of the spleen is appreciated, measuring 4.4 cm in diameter.

SEX

Spayed Female

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.

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

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.

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The colon is seen in the expected position and presents with appropriate content.

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RADIOGRAPHIC DIAGNOSIS

- Splenic mass
- Possible pulmonary nodule versus summation artefact
- Mild bronchial lung pattern
- Small migrating foreign body (thin wire) right cranial abdomen - incidental
- Hemivertebra T10
- Degenerative osteoarthritis elbow joints bilaterally
- Spondylosis deformans

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The radiographic study is highly suggestive for splenic mass and differentials include neoplasia (e.g. hemangiosarcoma, round cell tumor), nodular hyperplasia, hematoma. An abdominal ultrasound examination can be used to confirm the diagnosis.

The nodular soft tissue opacity seen in the lateral view can present a solitary pulmonary nodule (e.g. granuloma, round pneumonia/mucus impaction, fibrosis, cyst, metastasis) or is caused by summation ± cutaneous nodule. A CT study can be used to rule int/out pulmonary nodule and can be used for

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PATIENT assessment of the abdomen as well. Follow up radiographs if the thorax in three imaging plains might be considered alternatively.

Jojo Woolard

The mild bronchial pattern is suggestive for bronchitis and primary inflammatory non-infectious origin (e.g., lymphocytic plasmocytic, eosinophilic, mixed) is considered more likely than infectious origin.

SPECIES

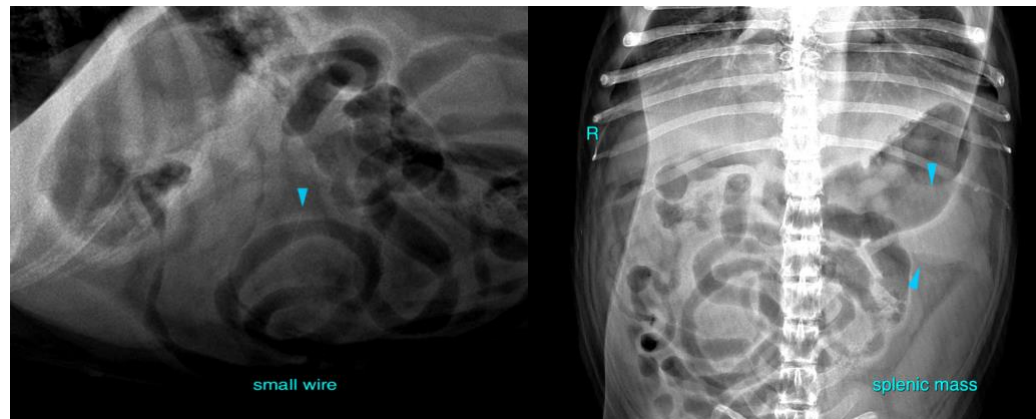
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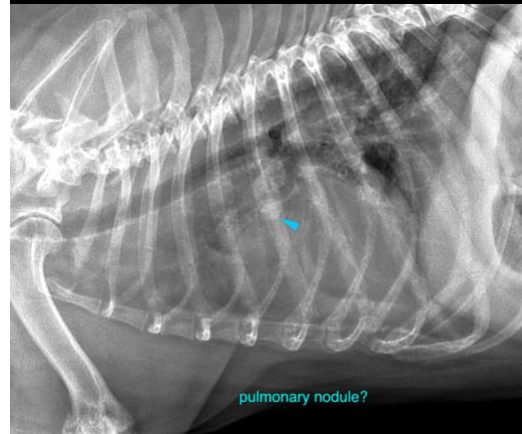


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

INVOICE

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