



PATIENT PRESENTING CLINICAL SIGNS

Jack Evans P originally presented 7/6/22 for "acting weird" for several days, where he wouldn't get off the couch and was scared of their laminate flooring. P didn't want to get up and was licking at groin and mats on belly. Small amounts of urinary leakage noted as well. O took in for grooming and found severe dermatitis. Original DVM diagnosed a severe pyoderma and Rx] Cefpodoxime and Carprofen. On exam DVM did not find any significant sources of pain. Represented 7/11/22 for recheck: O noted that P has been laying in their laundry room since original appt and does not want to come into any other parts of the house or go outside. P will stand up and walk several steps then immediately sit back down on both hindlimbs. P urinating large amounts while laying down (O thinks urine has a rancid smell) and hadn't defecated in several days. 7/9/22 P vomited large amount of solid material, O unsure what it was and has seen no vomiting since. Will eat if food bowl is brought to him but otherwise won't. P growled at husband (very unlike P) when he went to pet him in the laundry room.

SPECIES Canine

BREED Great Pyrenees Mix

SEX Male

AGE 9 Months

Abnormal PE/Chem/CBC/UA Results: Normal TPR Skin: WNL M/S: P will walk several steps and then immediately sit with both hindlimbs tucked under in the clinic. No overt pain during spinal palpation, hip ROM, stifle ROM, etc. P very anxious. Sedated orthopedic exam - no tibial thrust present, no cranial drawer present, and negative for ortolani. P defecated large amounts under sedation as well. Unable to get urinalysis, UB empty. Concerned with large, gas dilated stomach on radiographs as well, but P had no V yesterday. Potentially just dilated due to severe panting??

RADIOGRAPHIC STUDY OF THE LUMBAR SPINE/PELVIS AND STIFLE JOINTS

A complete set of radiographs of the lumbar spine/pelvis and the stifle joints is provided for review.

RADIOGRAPHIC FINDINGS

The osseous and surrounding soft tissue structures of the lumbar spine and pelvis are within normal limits. Both coxofemoral joints present smooth osseous margins and congruent joint spaces.

The stomach is moderately distended by gas and contains a small amount of chymus.

Both stifle joints present smooth osseous margins and without evidence of intracapsular swelling.

RADIOGRAPHIC DIAGNOSIS

- Aerophagia
- Normal lumbar spine
- Normal pelvis
- Normal stifle joints

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gas distended stomach is considered as a sequela to stress, there are no signs for mechanical obstruction or altered position of the stomach.

No abnormalities of the lumbar spine, pelvis or stifle joints are appreciated, explaining the described clinical signs. Rule out underlying neurological disease (would expect persistent clinical sign) or neuromuscular disorder (e.g. Myasthenia gravis) as well.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

East Bend Animal
Hospital

REFERRING VET

Jessica Puccetti

INVOICE

52818

DATE

7-12-22



PATIENT

Jack Evans

SPECIES

Canine

BREED

Great Pyrenees Mix

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.

SEX

Male

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com

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