



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Quincy Fillion Presented today for evaluation of acute ataxia and difficulty standing starting this morning. Owner reports that Quincy woke him up around 7:30 am- kept trying to stand up on owner's bed and would fall over. Seemed like he was dizzy/drunken, seemed to be having a hard time using his left hind leg and could not stay standing, kept falling over to the left. Seemed totally mentally appropriate and aware during this episode, which lasted for about 1-1.5 hours. Seemed significantly improved after about 1.5 hours and is now able to stand/walk, was able to go down the stairs on the way to the vet clinic. Owner says that Quincy has not been drinking anything today, which is very unusual for him. Was initially refusing food, but did finally eat with a good appetite at around 1 PM prior to coming to the clinic. No known access to drugs/toxins, no marijuana or CBD products accessible. Coughing/gagging has been getting worse (see previous report from January)- seems to happen mostly when he plays with his ball, so he is no longer able to play with the ball. Has tried Hydrocodone for cough which helped but made patient too drowsy so was discontinued.

SPECIES Canine

BREED Dachshund

SEX Neutered Male Abnormal PE/Chem/CBC/UA Results: New grade II/VI left apical systolic heart murmur appreciated today Bow-legged stance in hind end R>L, no ataxia, obvious lameness or circling noted, Quincy seemed uncomfortable on extension of right hind leg. No obvious neck or back pain. Firm attached lump in left thoracic inlet, difficult to tell how big lump is as Quincy is obese, but would guess 4-5 cm x 2-3 cm, clients feel this lump has been gotten bigger

AGE 13.5 Years

RADIOGRAPHIC STUDY OF THE THORAX AND LUMBAR SPINE

Radiographs of the thorax and lumbar spine in orthogonal imaging planes are provided for review.

INTERPRETED BY RADIOGRAPHIC FINDINGS

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

RADIOGRAPHIC FINDINGS **Thorax**
The body condition score is 7/9.

HOSPITAL NAME Nagel & Co. VS
The costal cartilages present moderate degenerative changes.
In the subcutaneous tissue dorsal to the thoracic spine, adjacent to the transponder, multiple small (< 4 mm) nodular mineralization are seen.

REFERRING VET Dr. Jordan Steedman
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.

INVOICE 23556
The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

DATE 7/20/23
The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.
The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.



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

Quincy Fillion

Lumbar Spine

SPECIES

Canine

The osseous and surrounding soft tissue structures of the lumbar spine are within normal limits – the intervertebral disc spaces have an even width.

RADIOGRAPHIC DIAGNOSIS

BREED

Dachshund

- Normal thorax, but incidental subcutaneous dystrophic mineralization
- Normal lumbar spine
- Obesity

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study presents no abnormalities, explaining the possible neurological deficits.

No abnormalities of the thorax are appreciated, explaining the history of cough. However, negative radiographs do not rule out possible underlying tracheitis / bronchitis.

AGE

13.5 Years

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.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

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
info@sonopath.com

HOSPITAL NAME

Nagel & Co. VS

REFERRING VET

Dr. Jordan Steedman

INVOICE

23556

DATE

7/20/23