



PATIENT

Margaret Thatcher Reyes

PRESENTING CLINICAL SIGNS

Patient presented for sudden increase in drinking last night as well as abdominal distension. Pet was drooling excessively last night but still eating normally. No diarrhea present. No major medical history

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Stenotic nares, panting, painful on palpation of left abdomen Mild tachycardia, HR was 170 upon presentation Dehydration on bloodwork with mild increase in ALT 160 (10-118) Urinalysis pending

BREED

English Bulldog

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

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

RADIOGRAPHIC FINDINGS

The body condition score is 7-8/9.

SEX

FS

Thorax

The caudal segment of the thoracic spine presents with multiple hemivertebra. Multifocal spondylosis formation is seen along the thoracic spine.

The extrathoracic soft tissues present homogeneous without abnormalities.

AGE

10 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Mild right sided bending of the intrathoracic segment of the trachea is seen – considered as a sequela to positioning and normal variant in brachycephalic breeds.

Generalized mild peribronchial cuffing is appreciated.

HOSPITAL NAME

Boca Park Animal Hospital

The lung parenchyma presents the expected architecture and generalized mild increased radiopacity; 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.

REFERRING VET

Dr. Corinna Gorgon

Abdomen

The vertebral endplates of the lumbosacral junction present moderate spondylosis formation. The pictured parts of one stifle joint present moderate osteophyte new bone formation.

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

INVOICE

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

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

DATE

7-27-22

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.

The stomach is in its anticipated position and mildly distended by gas, a small elongated soft tissue opaque body is seen in the ventral aspect of the stomach on the left lateral view.

SPECIES

Canine

The small intestinal loops are of even diameter and generalized mildly distended by gas.

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

RADIOGRAPHIC DIAGNOSIS

BREED

English Bulldog

- Obesity
- Mild gas pattern gastrointestinal tract
- Bronchial lung pattern
- Degenerative osteoarthritis one stifle joint
- Hemivertebra thoracic spine
- Spondylosis deformans

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

10 Years

The gas pattern of the gastrointestinal tract is not specific and might indicate gastritis/gastroenteritis or are related to stress and aerophagia. The small soft tissue body in the stomach can present small foreign body or dog treat. There are no signs for gastrointestinal mechanical obstruction.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The bronchial lung pattern is suggestive for chronic bronchitis and primary inflammatory non-infectious is considered likely.

Recommend reevaluating the patient if clinical signs deteriorate again.

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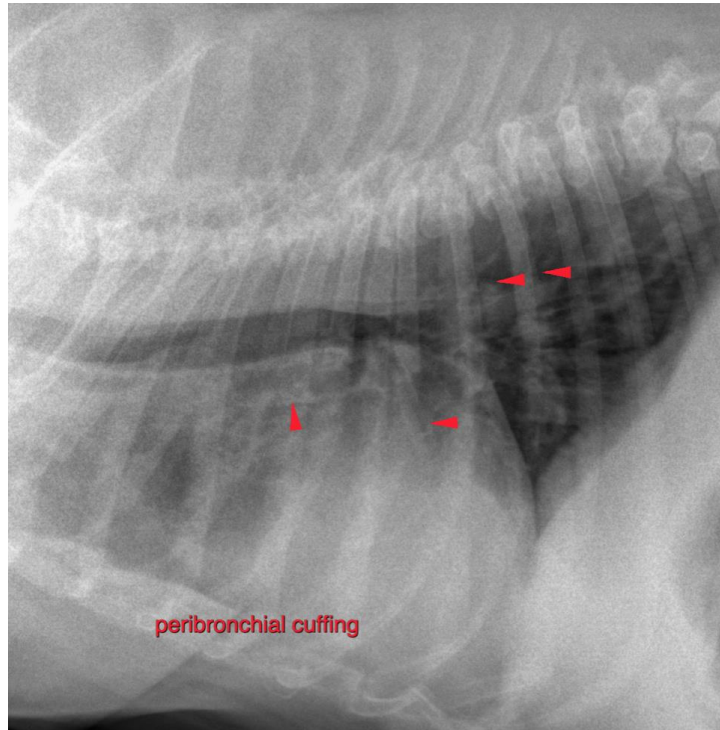
Dr. Corinna Gorgon

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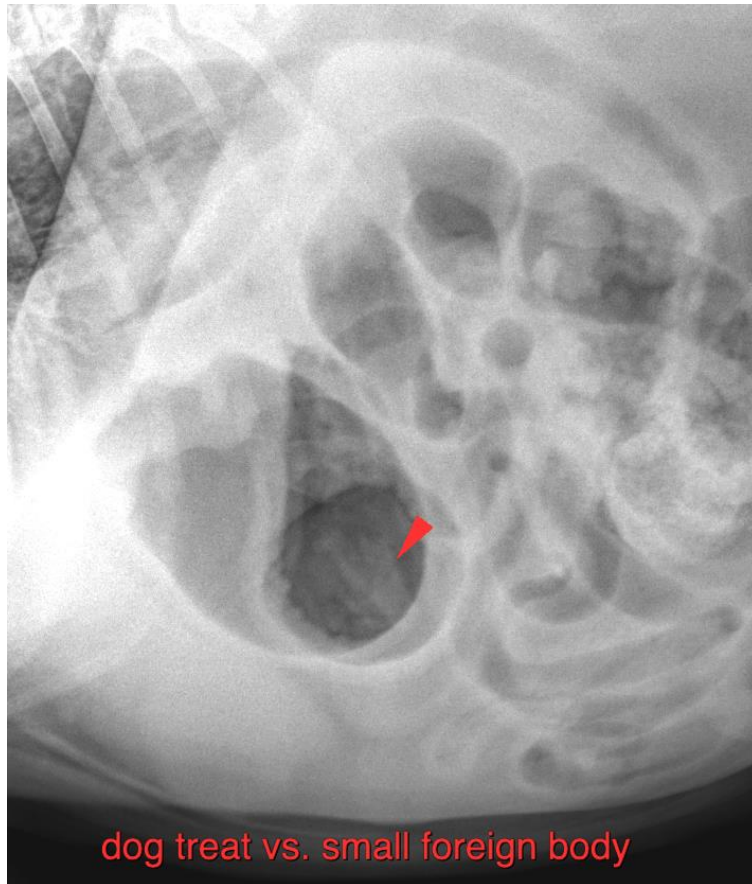
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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