



**PATIENT PRESENTING CLINICAL SIGNS**

**Buddy Benson**  
Reason for Visit: LACK OF APPETITE/VOMITING History: p presents for on going lack of appetite, that has recently been getting worse. o states p went 4 days without eating and ha been vomiting white foam intermittently x 3 weeks. p is not experiencing any lethargy C/S/V/D: (Owner describes REGURGITATION occuring q 12-24 hours)

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

NM

Abnormal PE/Chem/CBC/UA Results: Hydration: Adequate Mentation: BAR EENT: Immature cataracts OU (right worse than left), menace intact OU but pupil OD slightly more dilated than OS. AU mild cerumenous debris. No cough on tracheal palpation. Oral cavity: Mild tartar Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful, no fluid wave, no palpable masses or organomegaly. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 7/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs. Neurological: Alert and appropriate. No deficits noted. Diagnostic Testing: Three-view thoracic radiographs--consult pending; no megaesophagus seen on in-house review CBC/chem/T4/UA (T4 is 8 hours post-pill): elevated Alkp-508U/L (23-202)

**RADIOGRAPHIC STUDY OF THE THORAX**

Radiographs of the thorax in three imaging planes are provided for review.

**AGE**

16 Years, 2 Months

**RADIOGRAPHIC FINDINGS**

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The vertebral endplates along the caudal cervical spine present moderate spondylosis formation. The intervertebral disc space T9/T10 is significantly narrowed.

The periarticular bones of both stifle joints present mild osteophyte new bone formation.

The extrathoracic soft tissues present homogeneous without abnormalities.

**HOSPITAL NAME**

DPC Veterinary Hospital

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.

**REFERRING VET**

Ward

Mild narrowing of the trachea cranial to the cranial thoracic aperture is appreciated.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

**INVOICE**

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The lung parenchyma presents the expected architecture and generalized mild increased radiopacity, caused by an unstructured reticular pattern; 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.

**DATE**

7-7-22



**PATIENT**

Buddy Benson

**RADIOGRAPHIC DIAGNOSIS**

- Mild to moderate unstructured interstitial lung pattern
- Discopathy T9/T10
- Multifocal discopathy caudal cervical spine with moderate spondylosis formation
- Mild degenerative osteoarthritis shoulder joints bilaterally
- Mild tracheal collapse

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study of the thorax presents without specific abnormalities, but age related degenerative changes of the skeletal structures. The unstructured interstitial lung pattern is very likely secondary to age related changes of the lung parenchyma.

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Hospital

**REFERRING VET**

Ward



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.

**DATE**

7-7-22

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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