



PATIENT PRESENTING CLINICAL SIGNS

Cali Ghaney Cali presented to us July 30th 2023 for increase in the loudness of her panting, and exercise intolerance. O's had reported that they could not take her for walks and her breathing was very loud and she was panting heavily. She also does this when excited and takes her a long time to calm down to normal breathing. She has been diagnosed with BOAS a couple years previously, but her symptoms had suddenly changed recently and worsened. There is no reported cough, other than the odd hack after an episode of heavy panting. No sneezing. No vomiting/diarrhea. She has also gained 2 kg in the last year. Weather has been hot and humid, but o's are keeping her indoors in the AC.

SPECIES Canine

BREED Pug

SEX Female spayed

Abnormal PE/Chem/CBC/UA Results: Severe respiratory stertor throughout exam, exacerbated by the exam/anxiety. She was heavy panting throughout. Unable to auscultate well that day due to referred noise, but there was a high pitched wheeze on expiration like air going through a small tube. Could not induce cough by palpation of trachea. Obese with BCS 5/5. Mild periodontal disease. Moderate stenotic nares. On mild sedation today - Able to hear the heart/lungs - no murmurs or arrhythmias, and no crackles/wheezes other than mild referred upper respiratory stertor on lung auscultation. On oral exam - larynx appeared normal and no evidence of laryngeal paralysis. Soft palate was markedly elongated. Tonsils normal. Thoracic rads taken to ensure no underlying cardiac/lung disease. Bloodwork CBC, chemistry, and T4 all WNL. Ddx - Suspect BOAS and obesity contributing to symptoms, as ruled out laryngeal paralysis and hypoT4 today. Wanting to rule out underlying cardiac/lung disease.

AGE RADIOGRAPHIC STUDY OF THE THORAX

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

INTERPRETED BY RADIOGRAPHIC FINDINGS

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The body condition score is 7-8/9.
The vertebral endplates T6/T7 present mild spondylosis formation.
The extrathoracic soft tissues present homogeneous without abnormalities.

HOSPITAL NAME

Woodridge
Veterinary Clinic

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

McCrea-Spence

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

DATE RADIOGRAPHIC DIAGNOSIS

8-2-23

- Obesity
- Spondylosis deformans T6/T7



PATIENT

Cali Ghaney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In combination with the described clinical signs, brachycephalic obstructive airway syndrome is considered to be of main clinical concern. Obesity can impair pulmonary function as well and weight management is considered beneficial.

SPECIES

Canine

No additional abnormalities of the thoracic structures are appreciated.

BREED

Pug

SEX

Female spayed

AGE

4 Years

INTERPRETED BY

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.

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.

HOSPITAL NAME

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Veterinary Clinic

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