



PATIENT PRESENTING CLINICAL SIGNS

Patient: Pirulin Fields
History: P had 2 episodes of vomiting at 2pm followed by shaking and gasping with some clear mucous from nose per owner, prior P was acting normal, e/d normal, no c/s/v/d. C/S/V/D: vomited twice today (2pm) Current Medications (dose and frequency): Last dose of clavamox (6am gave with food)
Abnormal PE/Chem/CBC/UA Results: Hydration: Adequate Mentation: BAR EENT: OU NS. AU clear, no debris. No cough on tracheal palpation. No active nasal discharge. Oral cavity: No dental tartar - recent dental Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen. Few mass removal sites with sutures intact. Few dermal masses all over. CV/Respiratory: No obvious murmur or abnormal lung sounds. Abd/GI: Mild tensing, no obvious masses, full abdomen Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 5/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs. Neurological: Alert and appropriate. No deficits noted.
Diagnostics & Testing: Thoracic radiographs and consultation = pending Treatment Plan: Cerenia injection (10mg/ml) 0.45ml SQ Declined Treatment By Owner: N/A Additional Comments: Discussed exam findings and chest radiographs (possible enlarged heart, possible collapsing trachea vs redundant membrane, enlarged liver), will call with radiology report, discussed P may have aspirated during vomiting, discussed continuing antibiotics - owner declined, owner elects cerenia injection only and monitoring, recheck/ER asap if worsening or no improvement, ER asap if vomiting persists despite cerenia injection, discussed AUS as next diagnostic step.

SPECIES

Canine

BREED

Yorkie

SEX

NM

AGE

13 Years, 11 Months

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

Multifocal spondylosis formation is seen along the caudal cervical spine, thoracic and cranial lumbar spine.

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The extrathoracic soft tissues present homogeneous without abnormalities.

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

Dr. Oldenhoff

Moderate dorsoventral flattening of the cervical tracheal segment is appreciated.

Dynamic dorsoventral flattening of the main-stem bronchi is appreciated.

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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.

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The hepatic volume is moderately increased the liver is protruding beyond the costal arch; the gastric axis is deviated caudally. The caudoventral hepatic margins are rounded.



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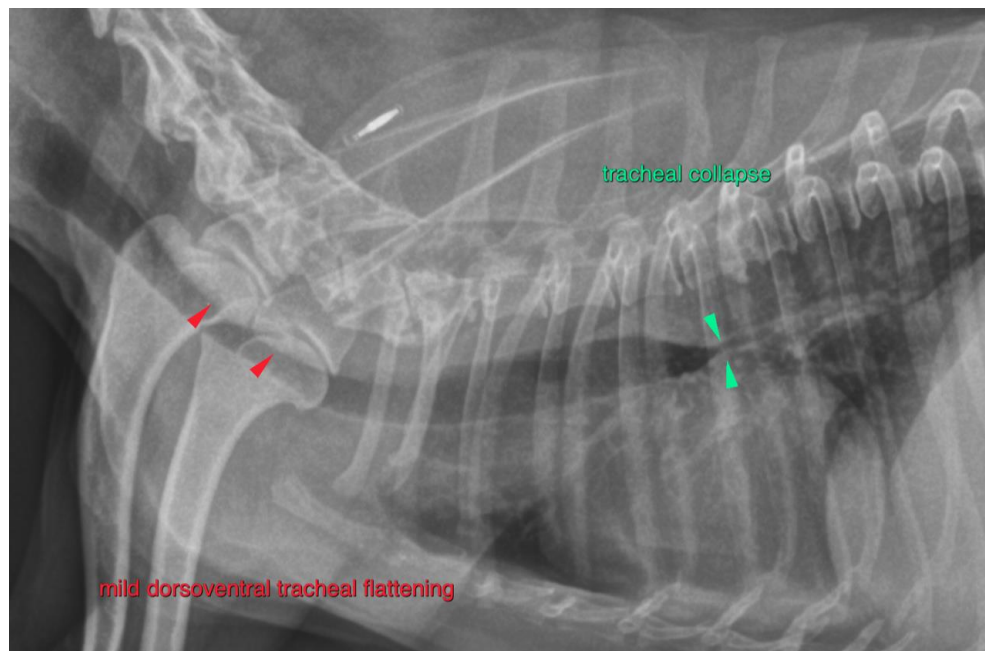
RADIOGRAPHIC DIAGNOSIS

- Suspect bronchial collapse
- Mild tracheal collapse
- Hepatomegaly
- Spondylosis deformans
- No evidence of pneumonia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the bronchial collapse and the mild tracheal collapse; due to the lack of respective clinical signs the clinical relevance is unclear.

Potentials for the hepatomegaly include metabolic hepatic disease/steroid induced hepatopathy, hepatitis or neoplastic infiltration. Ultrasound including FNA sampling can be used as minimally advanced diagnostic tests.





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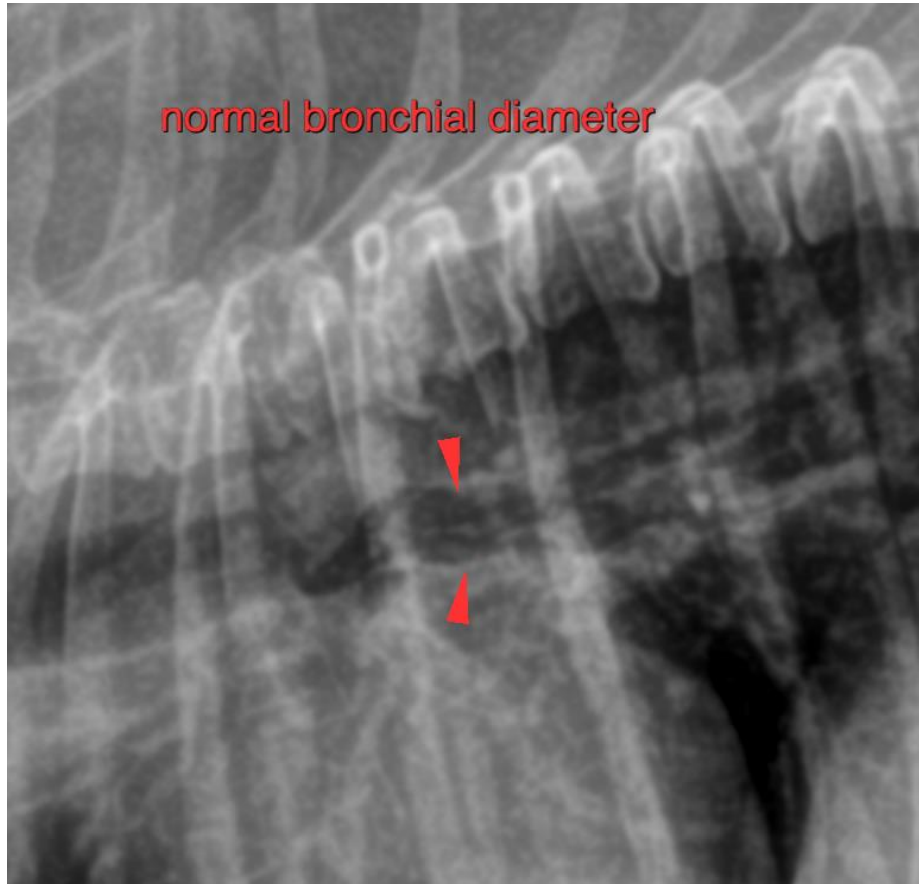
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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