



PATIENT PRESENTING CLINICAL SIGNS

Turtle Caming History: routine screening labs showed very low T4 (<0.4) and high ALP; this prompted ACTH stim and aus. P determined to have pituitary dependent hyperadrenocorticism by ACTH stim and bilaterally enlarged adrenal glands but also had two gastric masses and enlarged gastric area LN. This is a met check prior to laparotomy for biopsies of gastric masses

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: see history

RADIOGRAPHIC STUDY OF THE THORAX

BREED

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

SEX

Neutered Male The surrounding bony structures are within normal limits.

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.

AGE

12 Years

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.

INTERPRETED BY

The trachea presents the anticipated course and the luminal outline of the trachea is smooth. A moderate dorsoventral flattening of the caudal cervical segment of the trachea is visible.

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

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

Sierra Pet Clinic

RADIOGRAPHIC DIAGNOSIS

REFERRING VET

- Tracheal collapse
- No evidence of pulmonary metastatic disease

T. Sperka

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

The current radiographic study is negative for pulmonary metastatic disease.

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The clinical relevance of the tracheal collapse is unclear due to the lack of clinical signs such as cough or dyspnea.

DATE

9/22/21



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INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

HOSPITAL NAME

Sierra Pet Clinic

REFERRING VET

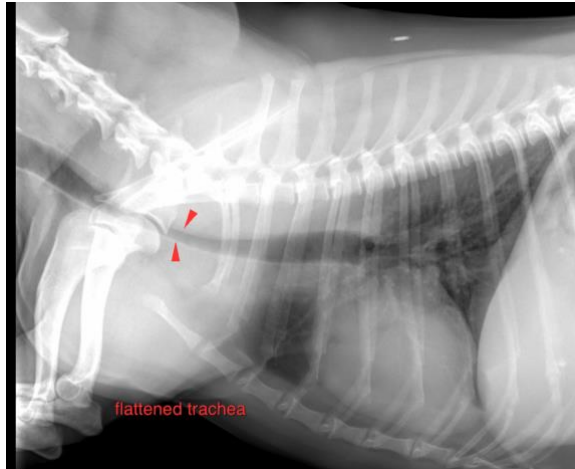
T. Sperka

INVOICE

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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