PETRAYS
Veterinary Telemedicine Consultants

SAMPLE REPORT

Requesting Veterinarian Dr. Jane Doe
Requesting Facility Town Animal Hospital
123 Main St.
Dover, NH 03820
Phone 603-555-1234
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Report Date 02/08/09 6:23 am
Received Date 02/08/09 6:15 am
Request Date 02/08/09 6:10 am
Report # 3669523

Patient Jones, Jake **Owner** Cindy **Study** Plain Film: Thorax

Sex Male, Neutered **Age** 8y **Weight** 51.00 lbs. **Species** Canine **Breed** Portugese Water Dog **Patient ID** 3105

History: Patient presented with a progressive productive cough and episodes of vomiting. He is lifeless and lethargic; does not want to stand. He has mucopurulent discharge from both nostrils - it is dried up and not running. There was some weight loss in the last few days. Lung auscultation: crackles with deep breaths that lead to coughing. Lungs sound clear with the shallow breathing and when he breathes deeply the crackles seem to come from the dorsal area of the lung field. Vitals = T 39.5 degrees C, HR 130 bpm, RR 60-70 and shallow, Crt muddy pink dry and 2s.

Findings

Four images of the thorax are available. The cardiac silhouette and pulmonary vasculature are normal. There is complete gas distension of the thoracic esophagus consistent with megaesophagus. There is an alveolar infiltrate noted in the ventral aspect of the left cranial lung lobe seen on the right lateral view. There is also alveolar infiltrate noted in the right cranial and middle lung lobes as well. These infiltrates are partially obscuring the cardiac silhouette.

Conclusions

Megaesophagus. Alveolar infiltrate in the lung consistent with aspiration pneumonia. The underlying cause of the megaesophagus is not known but etiologies such as endocrinopathies or myasthenia gravis may be considered.

Anne Bahr, DVM, MS, Diplomate ACVR
If you have any questions, please email me at
info@petrays.com or call 1-888-4PETRAYS