

**PATIENT**

Cody Setka

**PRESENTING CLINICAL SIGNS**

O has been hearing a horn like sound coming from the P. Not a cough related sound more like hackling.

Abnormal PE/Chem/CBC/UA Results: Radiographs- send for review Diag/CBC/CPL/T4-lipemic, recommended fasting and bring for redraw- O will bring tomorrow

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN**

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

**BREED**

Pug Mix

**RADIOGRAPHIC FINDINGS**

The body condition score is 8/9.

**SEX**

Thorax

MN

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

**AGE**

12 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

The trachea is normal in diameter and presents the anticipated course. A small soft tissue membrane is bulging into the tracheal lumen of the cervical tracheal segment.

**HOSPITAL NAME**

Animal Paradise  
Hospital

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.

**REFERRING VET**

Dr. Mostafa Elshafie

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

Abdomen

**INVOICE**

49358

The vertebral endplates of the lumbosacral junction present mild spondylosis formation. Both coxofemoral joints present moderate osteophyte new bone formation.

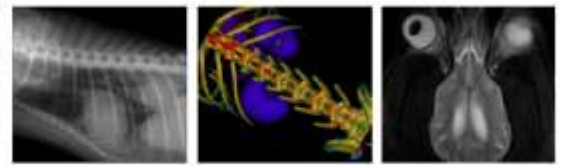
No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

**DATE**

1-5-22

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The hepatic volume is mild to moderately increased and the caudoventral margins are rounded and protruding beyond the costal arch.



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The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and opacity.

**SPECIES**

Canine

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

**BREED**

Pug Mix

The stomach is in its anticipated position and presents normal content.

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

The colon is seen in the expected position and presents with appropriate content.

**RADIOGRAPHIC DIAGNOSIS**

**SEX**

MN

- Obesity
- Hepatomegaly
- Degenerative osteoarthritis coxofemoral joints bilaterally
- Mild redundant tracheal membrane
- Spondylosis deformans

**AGE**

12 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

No abnormalities of the thorax are noted explaining the presenting clinical signs. Rule out reverse sneezing ± upper airway disease as source for the clinical sign.

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**REFERRING VET**

Dr. Mostafa Elshafie

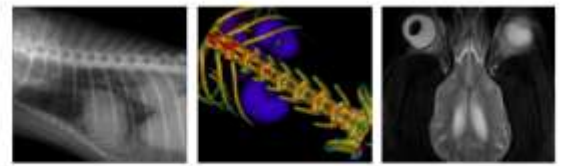
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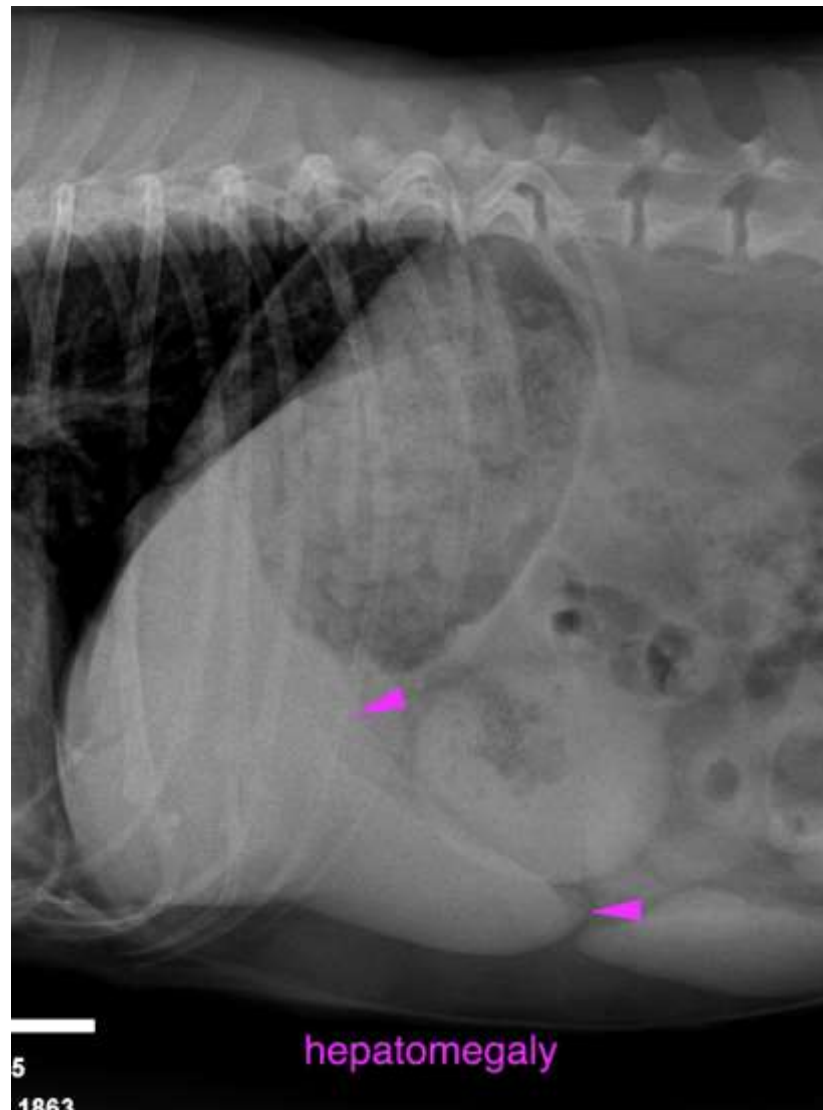
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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