



PATIENT

Charlie Hasty

SPECIES

Canine

BREED

Bichon Frise

SEX

MN

AGE

13Y, 9M

WEIGHT

12.2lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson Animal Clinic

REFERRING VET

Richard Hovis

INVOICE

73193

DATE

1-6-26

PRESENTING CLINICAL SIGNS

Galloping heart rhythm yesterday during examination. BP was 170 mmHg systolic and HR was 144 bpm.

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

An overview study of the thorax and abdomen in three image planes is provided for review.

RADIOGRAPHIC FINDINGS

Thorax

The costal cartilages present moderate degenerative changes.

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.

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.

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.

Abdomen

Both coxofemoral joints present moderate osteophyte new bone formation. The acetabular groove bilaterally is shallow and craniolateral subluxation of both femoral heads is seen.

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

The serosal detail is maintained throughout the peritoneal and retroperitoneal space. Level with L4/L5, in the right aspect of the retroperitoneal space, a rectangular shaped irregular mineralization is appreciated.

The hepatic volume is increased, the caudoventral hepatic margins are rounded and are protruding caudally beyond the costal arch. The gastric axis is deviated caudally. The hepatic parenchyma has a homogeneous soft tissue opacity, but a small punctuate mineralization superimposed on the caudoventral margins of the liver.

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.

Both kidneys are seen and present with normal size, shape, delineation and opacity. A small amount of mineral opaque material is seen in the image plane of the right renal pelvis. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

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



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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

- Cystolithiasis without signs of mechanical obstruction
- Retroperitoneal dystrophic mineralization versus ureterolithiasis
- Hepatomegaly
- Normal thorax

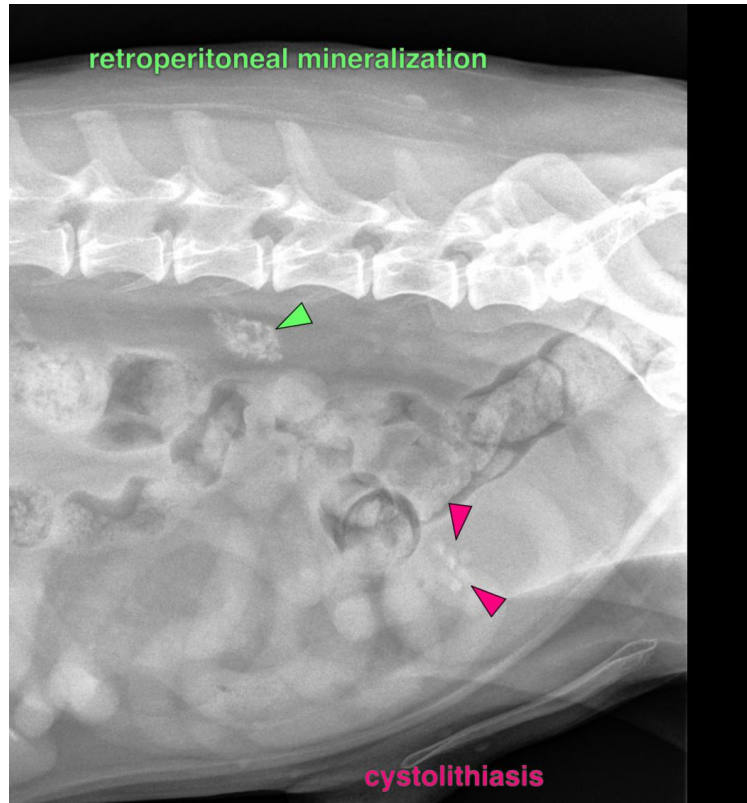
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated right sided retroperitoneal mineralization can present dystrophic soft tissue mineralization (e.g. preceding trauma, fat necrosis, granuloma or less likely neoplastic origin) versus material in the right ureter (less likely).

Potentials for the hepatomegaly include metabolic hepatic disease/steroid induced hepatopathy ± hepatitis or less likely diffuse neoplastic infiltration.

Ultrasound can be used for specification – including evaluation of the retroperitoneal space – as advanced minimally invasive diagnostic tool.

An underlying cause for the described arrhythmia cannot be specified.





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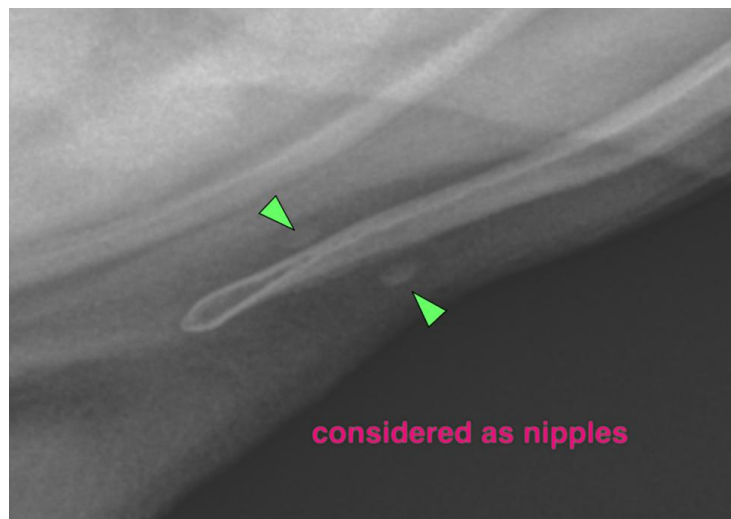
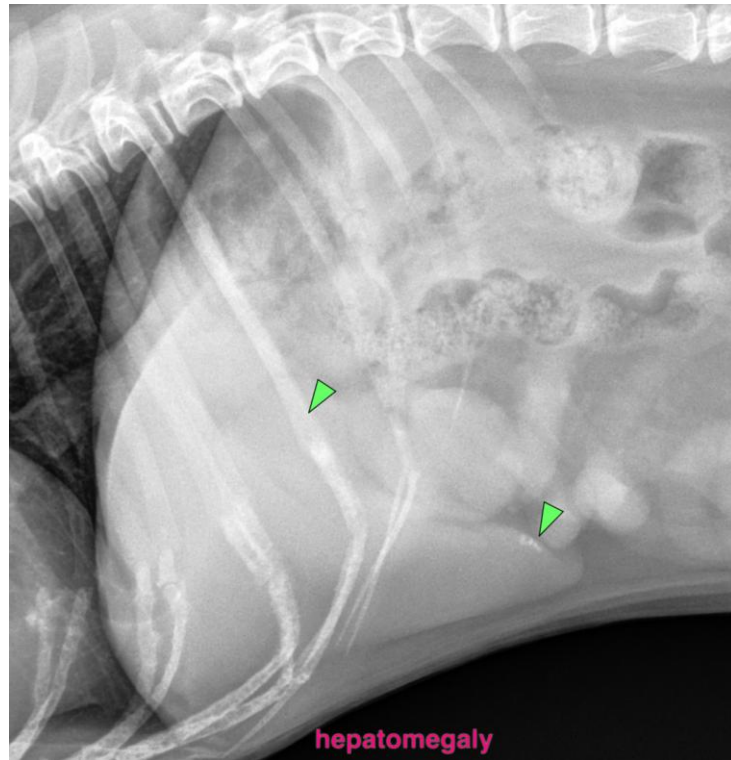
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com