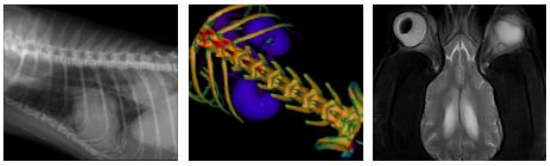


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lucy Canty

SPECIES

K9

BREED

Mixed

SEX

Female Spayed

AGE

15

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

DTLAvets

REFERRING VET

Dr. Montoya

INVOICE

54588

DATE

10-12-22

PRESENTING CLINICAL SIGNS

P has been coughing for the last two days, progressively becoming worse. No previous history of a heart murmur or heart disease.
Abnormal PE/Chem/CBC/UA Results: Grade III systolic murmur CBC: Lym 0.99 (1.05-5.10), PLT: 613 (148-484), otherwise wnl Chemistry panel: BUN 32 (7-27), ALP 216 (23-212), K 6.2 (3.5-5.8)

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

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

RADIOGRAPHIC FINDINGS

The body condition score is 7-8/9.

Thorax

The vertebral endplates C7/T1 present moderate spondylosis formation. The costal cartilages present moderate degenerative changes. The periarticular bones of the left elbow joint present advanced osteophyte new bone formation.

In the subcutaneous tissue at the caudoventral thoracic wall, a well-defined, ovoid shaped, uninform fat opaque mass, measuring 8 x 4.5 cm in size is appreciated.

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.

Mild increased visibility of the bronchial walls is appreciated.

The lung parenchyma presents the expected architecture and opacity. Level with the 7th intercostal space, in the left lateral projection, a thin wall, roundish gas containing lesion is superimposed on the diaphragm/caudal vena cava; 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.

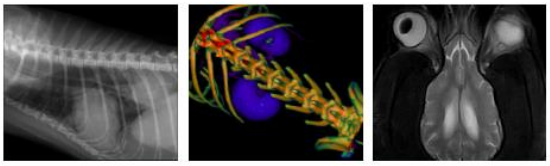
Abdomen

The vertebral endplates L7/S1 present advanced spondylosis formation.

Multiple subcutaneous masses are seen along the ventral abdominal wall. In the subcutaneous fat of the caudal lumbar spine, two well-defined nodular mineralized lesions are appreciated, measuring up to 9 mm in diameter.

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

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



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lucy Canty

SPECIES

K9

BREED

Mixed

SEX

Female Spayed

AGE

15

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

DTLAvets

REFERRING VET

Dr. Montoya

INVOICE

54588

DATE

10-12-22

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. 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.

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

- Obesity
- Mild bronchial lung pattern
- Suspect bulla right caudal lung lobe
- Hepatomegaly
- Advanced degenerative osteoarthrosis left elbow joint
- Multiple subcutaneous lipomas
- Subcutaneous nodular dystrophic mineralization dorsal to caudal lumbar spine
- Spondylosis deformans

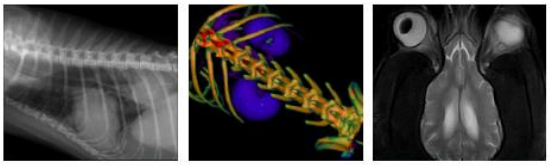
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bronchial lung pattern is suggestive for bronchitis and primary inflammatory non-infectious causes – such as lymphocytic plasmocytic, eosinophilic, mixed – and infectious causes (e.g. viral, bacterial, parasitic, canine infectious respiratory disease complex) need to be considered. The acute onset of clinical signs, is increasing the odds for infectious origin of bronchitis
. Bronchoscopy including BAL can be used as advanced diagnostic tool, empirical management can be considered alternatively.

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.

SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lucy Canty

SPECIES

K9

BREED

Mixed

SEX

Female Spayed

AGE

15

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

DTLAvets

REFERRING VET

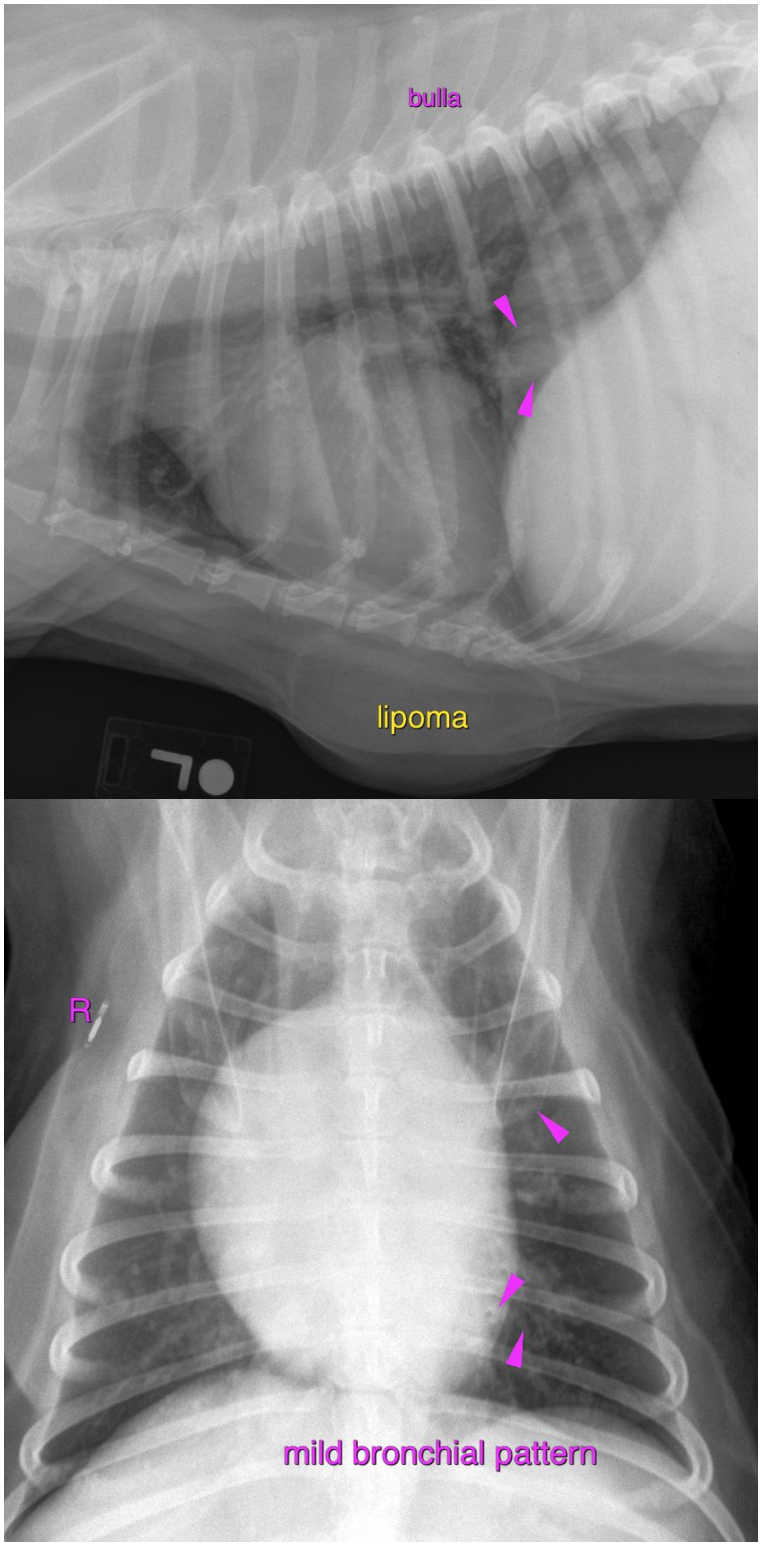
Dr. Montoya

INVOICE

54588

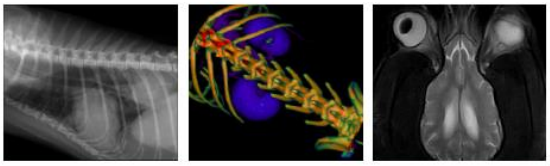
DATE

10-12-22



SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lucy Canty

SPECIES

K9

BREED

Mixed

SEX

Female Spayed

AGE

15

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

DTLAvets

REFERRING VET

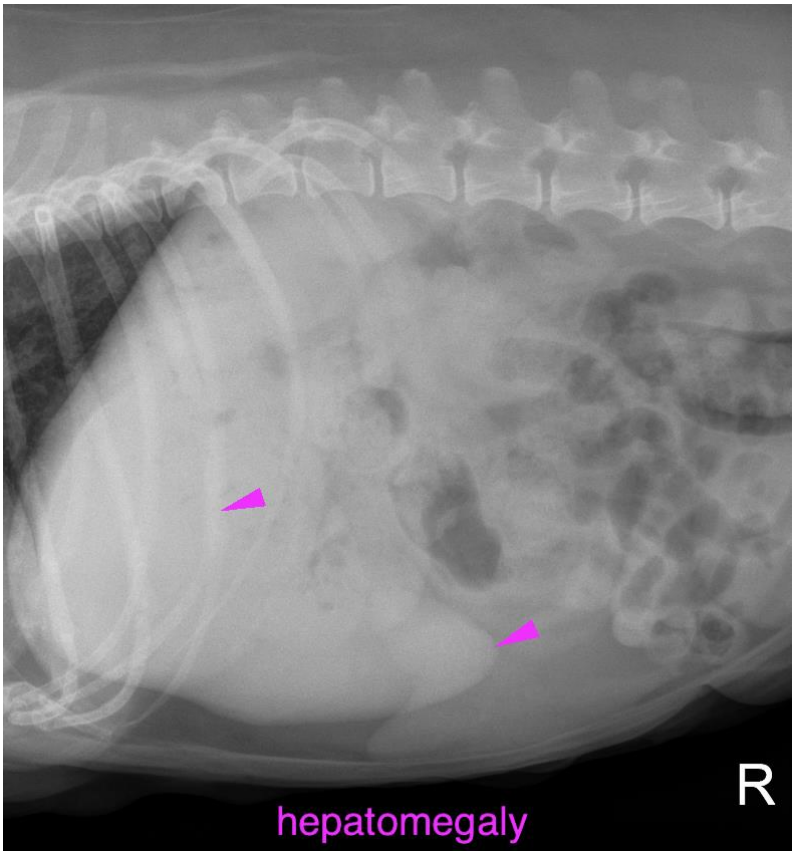
Dr. Montoya

INVOICE

54588

DATE

10-12-22



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