



**PATIENT PRESENTING CLINICAL SIGNS**

**Bear Bell** Diagnosed with pemphigous foliaceous 8/18/22 and responded to prednisone but recurred when pred was tapered, wet back up on pred to 20 mg bid, nasal discharge from right nostril started 10/20/2022 purulent. epostaxis on 10/28 from the right nostril. Doxycycline was started 5/11/2022 at 150 to 200 mg po bid and is ongoing. Baytril started 10/20/2022

**SPECIES** Abnormal PE/Chem/CBC/UA Results: regenerative anemia hct 20%, inflammatory leukocytosis PT wnl aPTT wnl.

**Canine**

**RADIOGRAPHIC FINDINGS**

**BREED** Skull

**Mix** The nasal cavity is aerated and presents the expected pattern of the turbinates and conchal structures bilaterally. In the rostrocaudal projections, there is a convex shaped soft tissue opacity, superimposing on the nasopharynx.

**SEX** Thorax

**Male Neutered** The vertebral endplates T5/T6 present mild spondylosis formation. The intervertebral disc space T12/t13 is moderately narrowed.

**AGE** The extrathoracic soft tissues present homogeneous without abnormalities.

**11 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. The luminal outline of the trachea is smooth.

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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**

Kimberly Barron

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 moderate spondylosis formation.

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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.

**DATE**

10-31-22

The hepatic volume is moderately increased and the caudoventral hepatic margins are rounded. The gastric axis is deviated caudally.

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.



**PATIENT**

Bear Bell

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.

**SPECIES**

Canine

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.

**BREED**

Mix

**RADIOGRAPHIC DIAGNOSIS**

- Possible soft tissue opacification of the nasopharynx
- Hepatomegaly
- Discopathy T12/T13
- Spondylosis deformans
- Normal abdomen
- No evidence of pulmonary metastatic disease

**SEX**

Male Neutered

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

11 Years

The convex shaped soft tissue opacification of the nasopharynx in the rostrocaudal projection of the skull can be caused by superimposition with the tongue, however a soft tissue mass in the region of the nasopharynx cannot be ruled out entirely. Consider either endoscopic evaluation of the nose and nasopharynx ± a CT study of the skull to rule in/out upper airway pathology entirely.

**INTERPRETED BY**

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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.

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**PATIENT**

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**SPECIES**

Canine

**BREED**

Mix

**SEX**

Male Neutered

**AGE**

11 Years

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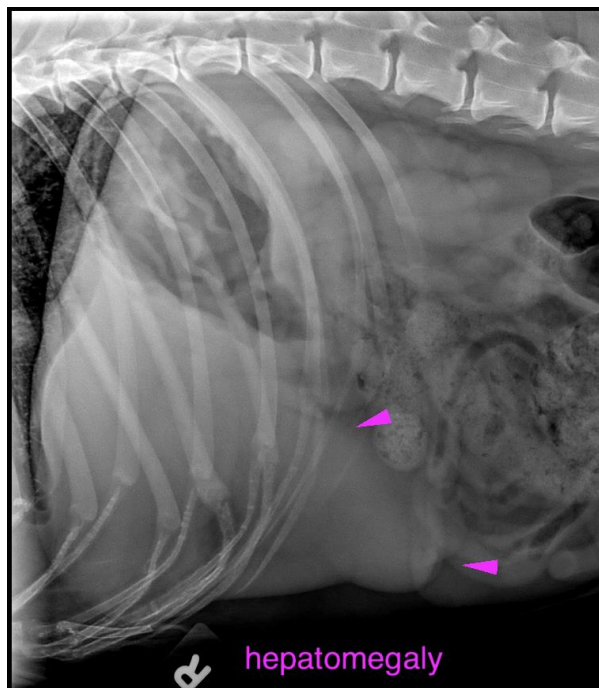
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**PATIENT**

Bear Bell

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.

**SPECIES**

Canine

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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**BREED**

Mix

**SEX**

Male Neutered

**AGE**

11 Years

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