



PATIENT

Chique Piotrowicz-Henriques

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

14.5Y

WEIGHT

13.7lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Jen Amidon

HOSPITAL NAME

The Pet Hospital of
Stratford

REFERRING VET

Dr. Robert Bashkin

INVOICE

72617

DATE

11-13-25

PRESENTING CLINICAL SIGNS

Pt presented for sneezing blood that o noted yesterday. O doesn't think she got into anything. Pt e/d/u/d normally, hasn't been to a vet in over 10yrs. On PE: pale MM, blood coming from just left nostril, and possible petechia on ventral abd, When getting blood sample, pt not clotting, added coag panel to bw.

Abnormal PE/Chem/CBC/UA Results: bw/ua/coag panel pending

RADIOGRAPHIC STUDY OF THE SKULL AND ABDOMEN

Radiographs of the skull and abdomen in orthogonal image planes are provided for review.

RADIOGRAPHIC FINDINGS

Skull

The laterolaterale and dorsoventral view of the skull are rotated.

The mandible is superimposed on the nasal cavity. The nasal cavity presents the expected striation of the nasal conchal structures.

The temporomandibular joints are in situ.

The osseous and surrounding soft tissue structures of the skull reveal no abnormalities.

Abdomen

The surrounding bony structures are within normal limits.

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.

The liver is appropriate in position, size and presents uniform opacity.

The spleen is moderately prominent and has rounded margins. Superimposed on the caudal extremity of the spleen, a well-defined, but irregular mineralization is appreciated.

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

- Splenomegaly with focal dystrophic mineralization versus small nodular fat necrosis in hilar region of the spleen
- Normal skull



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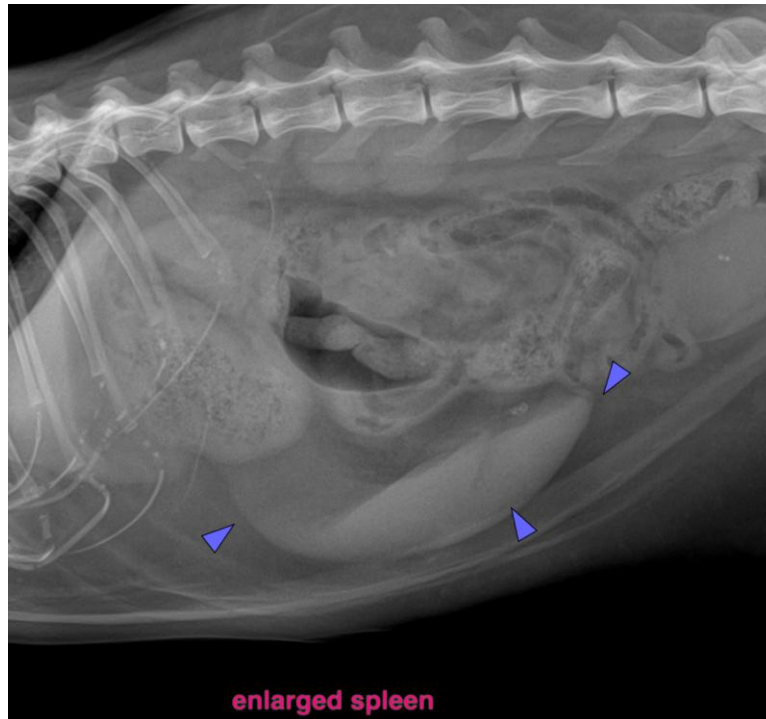
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential causes for splenomegaly include extramedullary hematopoiesis, neoplasia (especially lymphoma), lymphoid or myeloid hyperplasia and infectious diseases. Ultrasound guided FNA sampling of the spleen can be used for specification.

The skull reveals no overt abnormalities, if there is strong suspicion for an intranasal pathology, a CT study of the skull can be used as advanced image modality.



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.

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