



PATIENT

Snowflake Reiz

SPECIES

Canine

BREED

Coton de Tulear

SEX

SF

AGE

5Y

WEIGHT

10.6lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Iyana

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Courtney

INVOICE

72731

DATE

11-24-25

PRESENTING CLINICAL SIGNS

History: P is presenting nasal D/C, occasionally vomits and faints when just sitting calmly all after GI SX 2 years go after P ate something that she wasn't supposed to.

Abnormal PE/Chem/CBC/UA Results: Assessment: Tonsillitis vs normal. Inflamed arytenoids vs normal. No Lar Par noted. Chronic, improving nasal D/C: Chronic infection (Sinuses vs pulmonary vs open) vs FB vs open. Recurrent vomiting: Chronic pancreatitis vs adhesions from FB surgery leading to on/off obstructions vs open. Occ raspy or more forceful breath and severe stertor/stridor while sleeping: Lar Par vs collapsing trachea vs chronic tracheitis vs related to upper airway congestion vs open.

RADIOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN

A complete set of radiographs of the skull, thorax and abdomen are provided for review.

RADIOGRAPHIC FINDINGS

Skull

The osseous and surrounding soft tissue structures of the skull reveal no abnormalities. The nasopharynx and larynx are aerated and present the expected anatomy.

Thorax

The surrounding bony structures are within normal limits.

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

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 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.



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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

- Normal skull
- Normal thorax
- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals no abnormalities and an underlying cause for the presenting clinical signs cannot be specified. Be aware that evaluation of the nasal cavity is limited in the lateral and rostrocaudal projection of the skull.

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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