



PATIENT

Ellie Eiswerth

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

16Y

WEIGHT

9.8lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Brooke Hollenbach,
CVT

HOSPITAL NAME

Williamsport West
Veterinary Hospital

REFERRING VET

David Daverio, VMD

INVOICE

72762

DATE

11-25-25

PRESENTING CLINICAL SIGNS

grade 3 /5 left systolic murmur B2 to C designation Cough but no fluid ausculted in lungs

RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax in three imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

The vertebral endplates C7/T1 present moderate spondylosis formation.

The extrathoracic soft tissues present homogeneous without abnormalities.

The caudal contour of the cardiac silhouette is steep, and the caudal cardiac waist is lost. A wedge shaped soft tissue opacity is seen level with the left atrium. 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.

A generalized mild increased visibility of the bronchial walls is appreciated.

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels. A solitary mineral opaque pulmonary nodule superimposed on the proximal segment of the 10th left rib/dorsal aspect of the left caudal lung lobe measuring 4 mm in diameter.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

Protruding from the cranioventral abdominal wall, a convex shaped fat opaque mass is seen.

RADIOGRAPHIC DIAGNOSIS

- Left sided cardiomegaly without signs of decompensation
- Pulmonary osteoma versus osteoma of the 10th left rib, less likely solitary pulmonary soft tissue nodule
- Bronchial lung pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left sided cardiomegaly is fitting the history of mitral valve disease stage B2.

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) are likely. If there was an acute onset of cough, the odds for underlying infectious bronchitis are increased. A fecal exam can be used to screen for lung worm infection. Bronchoscopy including BAL would be ideal as advanced diagnostic tool, empirical management can be considered alternatively.



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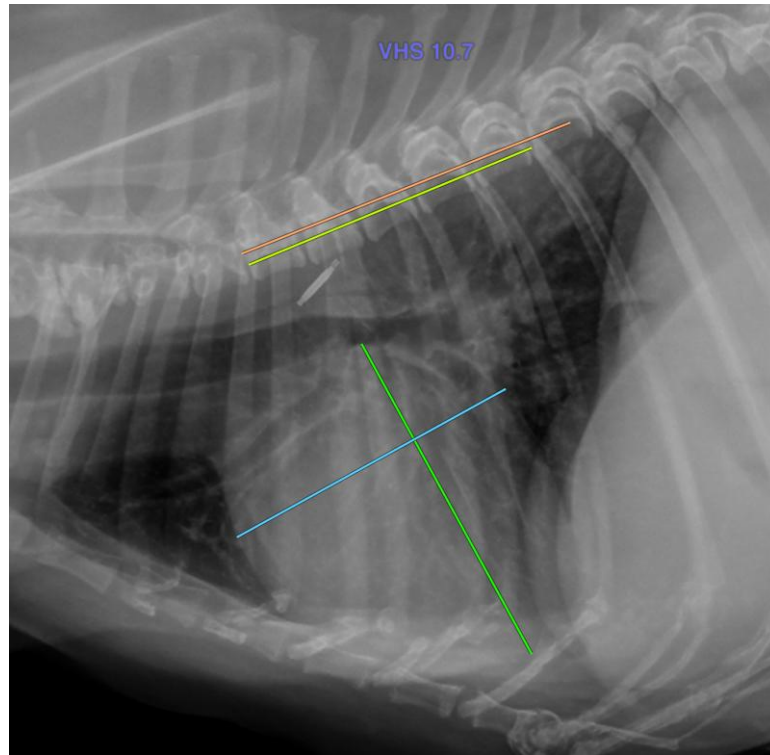
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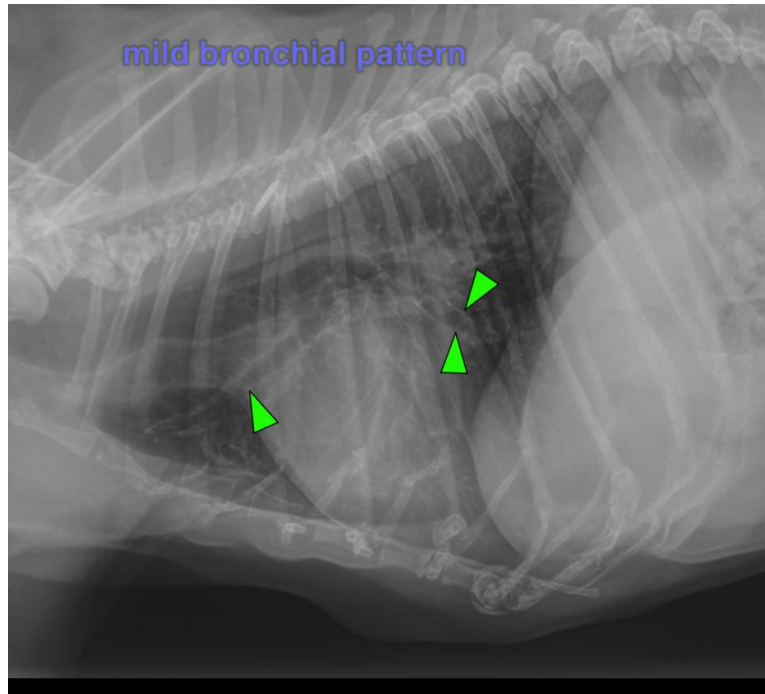
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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