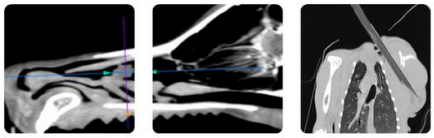

PATIENT

Buddie Gould

SPECIES

Canine

BREED

Staffordshire Terrier

SEX

MN

AGE

12

WEIGHT

50

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Brittany LaBelle

HOSPITAL NAME

Shadowridge Veterinary Hospital

REFERRING VET

Dr. Brittany LaBelle

INVOICE

72519

DATE

11-6-25

PRESENTING CLINICAL SIGNS

Primary concerns are the significant weight loss, hyporexia, polydipsia, and gastrointestinal signs (vomiting, loose/dark stools) in a senior dog. The constellation of signs is highly suspicious for an underlying systemic disease process. Differential diagnoses include neoplasia, metabolic disease (e.g., chronic kidney disease, liver disease), or an endocrinopathy. The lameness appears secondary to the paw lesion. on Clavamox & Clindamycin
Abnormal PE/Chem/CBC/UA Results: CBC, Chem and thyroid NSF.

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

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

RADIOGRAPHIC FINDINGS

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 vertebral endplates T13/L1 and L5/L6 present mild spondylosis formation.

The periarticular bones of one stifle joint present moderate osteophyte new bone formation.

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

The serosal detail is mildly decreased, and the ventral peritoneal fat presents mild soft tissue striation.

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.

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.

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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.

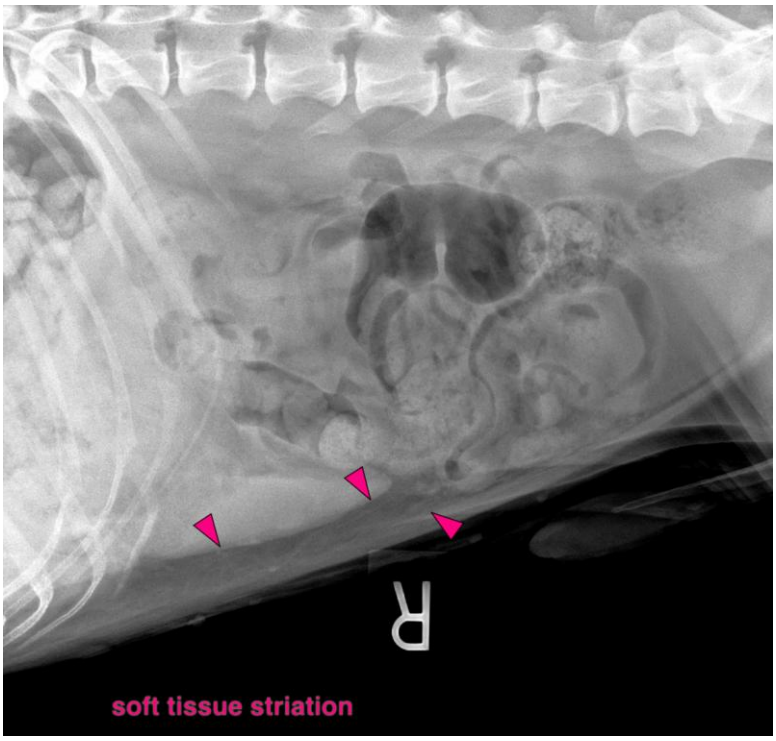
The colon is seen in the expected position and presents with appropriate content.

RADIOGRAPHIC DIAGNOSIS

- Suspect mild peritoneal effusion/peritonitis versus wet fur artefact
- Osteoarthrosis one stifle joint – suspect right
- Spondylosis deformans
- Normal thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals no specific abnormalities and an underlying cause for the weight loss cannot be specified. The fine soft tissue striation of the peritoneal fat can be indicative for mild peritoneal effusion/peritonitis or is caused by wet fur artefact along the ventral abdomen. Complementing workup by an abdominal ultrasound examination may be beneficial to rule in/out peritoneal effusion and will allow evaluation of the architecture of the abdominal parenchymal organs.



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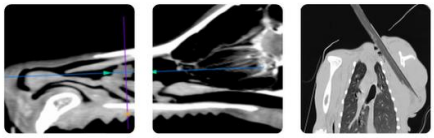

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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