



PATIENT

JAIME SUMOSKI

PRESENTING CLINICAL SIGNS

Pet presents for follow-up exam. O reports urinary incontinence and vomiting. Here at hospital, pet exhibiting stranguria, frequently postures and produces small amounts of dark yellow urine. P is currently taking amoxicillin, began 12/8/21.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Pet is QAR (nervous). OU: lenticular sclerosis. AU: clear. Mild dental tartar. Grade III/VI heart murmur, normal BV sounds, no crackles or wheezes present. Abdomen seems sl distended, no fluid wave palpated. Bladder was large, full but soft on palpation. Skin: WNL. No peripheral lymphadenopathy. BW from 12/08/21 CBC Neutrophilia 15,200, mild toxic changes, Band Neutrophilia (380) - r/o infectious (UTI) Chem: Globs 3.7 - UTI Alk PHos 192 - non-specific K+ 2.5 - anorexia, v/d, cushings T4 0.9 UA 3+ protein, >50 WBC's, 21-50 RBC's, 10-25 cocci

BREED

Rhodesian Mix

RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

SEX

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

SF

RADIOGRAPHIC FINDINGS

Thorax

AGE

The surrounding bony structures are within normal limits.

17 Years

The extrathoracic soft tissues present homogeneous without abnormalities.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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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.

REFERRING VET

Dr. Rivera

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

INVOICE

49028

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

Abdomen

DATE

12-14-21

The intervertebral disc space L5/L6 is moderately narrowed and the respective vertebral endplates present moderate spondylosis formation.

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



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The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

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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 markedly distended, and the urinary bladder neck appears prominent.. Superimposed on the urinary bladder, a well-defined concave shaped body measuring approximately 4.6 x 2.9 x 2.6 cm in size is visible; the mineralized body is in an eccentric dorsal position.

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The stomach is in its anticipated position and contains a mild to moderate amount of gas and foamy material. In the region of the proximal duodenum, a small linear, mineral opaque body is seen, measuring 2.4 cm in length.

SEX

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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.

AGE

17 Years

RADIOGRAPHIC DIAGNOSIS

INTERPRETED BY

- Markedly distended urinary bladder
- Cystolithiasis
- Suspect small linear foreign body in duodenum without signs for gastrointestinal mechanical obstruction
- Discopathy L5/L6
- Spondylosis deformans
- Structural normal thorax, no evidence of pulmonary metastatic disease

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The markedly distended urinary bladder is a sequela to the history of stranguria, no specific underlying cause is appreciated by radiography but the cystolithiasis – no radiopaque calculi are seen in the region of the urinary bladder neck/course of the urethra. The prominent urinary bladder neck can indicate intramural mass; complementing workup by an abdominal ultrasound examination would be ideal to screen for any proliferative lesions in the bladder neck/urethra (e.g. transitional cell carcinoma).

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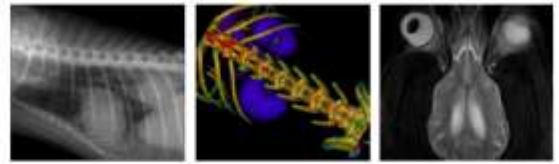
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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