



## PATIENT

A1634941 NHS

## SPECIES

Canine

## BREED

Toy Poodle

## SEX

M

## AGE

5Y

## WEIGHT

7lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Dr. Andrea Popken

## HOSPITAL NAME

Nebraska Humane  
Society

## REFERRING VET

Dr. Andrea Popken

## INVOICE

72888

## DATE

12-8-25

## PRESENTING CLINICAL SIGNS

Reportedly "normal" prior to presentation deceased for cremation. On brief physical exam scleral hemorrhage was noted, therefore further evaluation was conducted. Was able to palpate depression in skull.

Abnormal PE/Chem/CBC/UA Results: Scleral hemorrhage OU, palpable depression in dorsal skull.

## RADIOGRAPHIC STUDY OF THE ENTIRE DOG

A complete set of radiographs of the entire dog are provided for review.

## RADIOGRAPHIC FINDINGS

### Skull & Neck

The dorsal aspect of the calvarium presents a depression fracture of the frontal and parietal bone with multiple osseous fragments that are deviated ventrally. A serrated fracture line is running through the right wall of the calvarium ventrally – involving the right parietal and temporal bone.

Along the dorsal aspect of the calvarium, a diffuse subcutaneous soft tissue swelling is appreciated.

The remainder of the osseous and soft tissue structures of the skull are within normal limits.

The esophagus is generalized mildly distended by gas. No additional abnormalities are appreciated along the neck.

### 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 lung presents a generalized decreased volume and has a moderate ground glass opacity, effacing the pulmonary vasculature – considered as a post mortal finding.

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 moderately distended by gas.

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.

### Front & Hind limbs

The osseous and soft tissue structures of the front and hind limbs reveal no abnormalities.

## RADIOGRAPHIC DIAGNOSIS

- Acute traumatic depression fracture dorsal aspect of the calvarium and fracture line in right lateral aspect of the calvarium
- Secondary subcutaneous soft tissue swelling dorsal aspect of skull
- Normal neck
- Normal thorax – but post mortal changes
- Normal abdomen
- Normal front- and hind limbs

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals a depression fracture of the calvarium and fracture line in the right lateral aspect of the calvarium – indicative for localized blunt force traumata to dorsal aspect of the calvarium.

No additional abnormalities are appreciated – but the post-mortal changes of the lung



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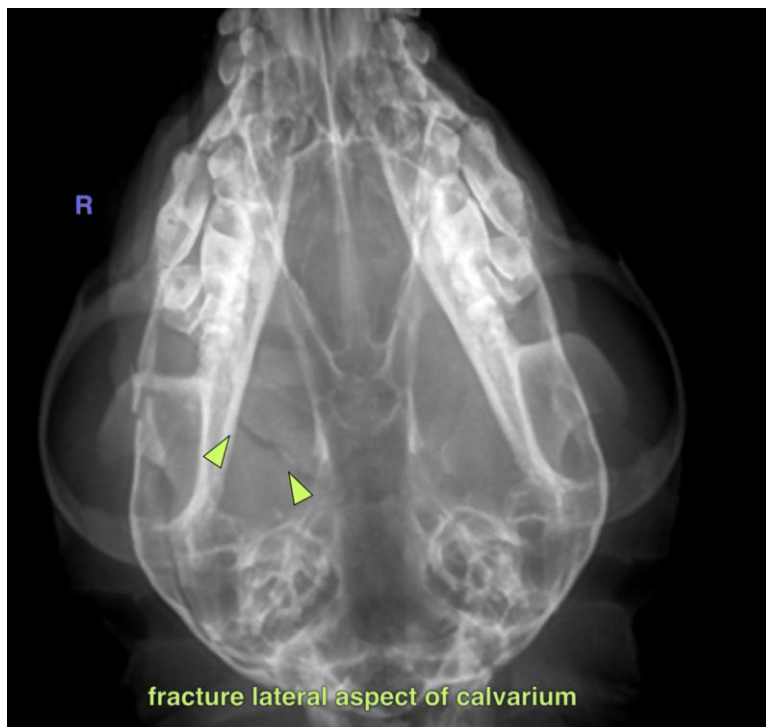
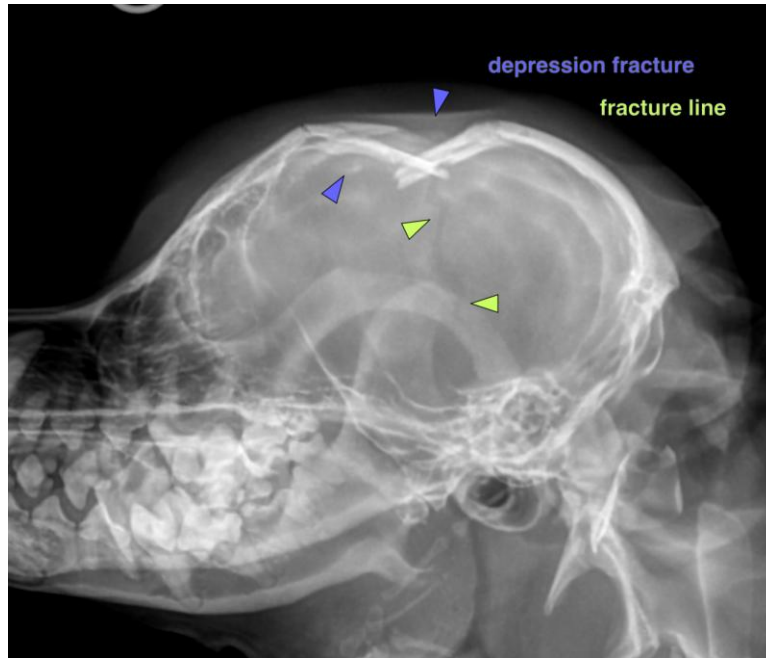
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)