



PATIENT

Hazelnut Crossen

SPECIES

Canine

BREED

Chihuahua Mix

SEX

FS

AGE

13Y

WEIGHT

12.2lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDD

IMAGING PERFORMED BY

Technician

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Brita Kiffney

INVOICE

74169

DATE

3-12-26

PRESENTING CLINICAL SIGNS

- Colleague referred for abdominal ultrasound " Month long history of decreased appetite. Has vomited a few times and had some face grimacing. As of last week as become pu/pd.
- Hx of vaginitis (AEC suspected it was a stump pyo, but ruled out subsequently), Hx of urinary incontinence. Tripod- missing Right front limb"

Abnormal PE/Chem/CBC/UA Results: CBC: Normal WBC and neutrophil count, however Bands and Toxic Changes to neutrophils identified. Chem: Alp- 245 (down from previous) , Cholesterol 404 USG: 1.012, remainder U/A unremarkable T4 Normal, Fecal WNL 4dx Negative

RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

An overview study of the thorax and abdomen is provided for review.

RADIOGRAPHIC FINDINGS

Thorax

Along the caudal thoracic spine, multifocal spondylosis formation is seen. The intervertebral disc spaces T11/T12 and T12/T13 are moderately narrowed.

The sternebra are fused.

One front limb is absent, but the scapula and respective humeral head.

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

Both coxofemoral joints 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 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.

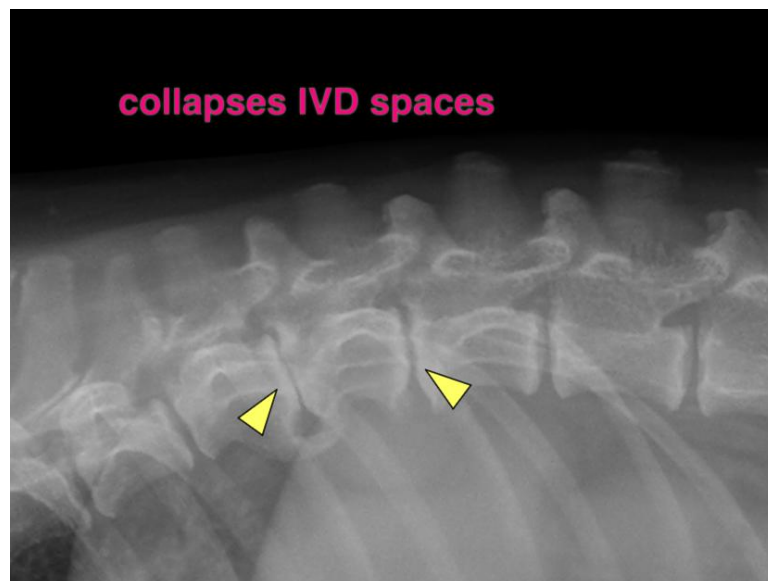
RADIOGRAPHIC DIAGNOSIS

- Discopathy T11/T12 and T12/T13
- Spondylosis deformans
- Fused sternebra
- Osteoarthritis coxofemoral joints
- History amputation one front limb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals no abnormalities that do explain the presenting clinical signs and laboratory changes.

The narrowed intervertebral disc spaces are indicative for discopathy that may or may not be associated with compressive myelopathy.





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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