

PATIENT

Roxie Colaizzi

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

16 Years

WEIGHT

4.38 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dani Guillot

HOSPITAL NAME

Mountain West VS

REFERRING VET

Dr. Makayia Willard

INVOICE

36460

DATE

3/31/26

PRESENTING CLINICAL SIGNS

- Roxie presented for neck pain after falling off of the bed. Owner noticed coughing 2-3 days prior to presentation which is abnormal for Roxie as well. Physical exam showed harsh lung sounds and increased respiratory effort and rate. Chest radiographs were suspicious for pneumonia and owners chose to hospitalize for IV antibiotics, IV fluids, and maropitant. Roxie was previously diagnosed with diabetes mellitus and receives 3 units twice daily at home, but with anorexia in hospital has been receiving 1.5 units twice daily. In addition, radiographs showed an enlarged liver and sublumbar lymphadenopathy. Owner elected to do a CT of chest and abdomen (out for pathology review) and a transtracheal wash. A sterile trachea tube was placed, and sterile saline was flushed in with a sterile red rubber tube and sucked out. Some fluid was sent out for culture and the rest submitted for digital cytology.
- Abnormal PE/Chem/CBC/UA Results: High blood glucose, BUN, total protein, ALT, neutrophilia, and monocytosis

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the thorax and abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The ventral aspects of the right cranial lung lobe and the right middle lung lobe are consolidated with air-bronchograms. The lung parenchyma presents the expected architecture and attenuation behavior.

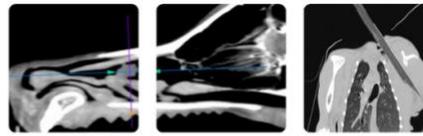
Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present irregular margins and a decreased volume. After contrast administration multiple well-defined, roundish parenchymal filling defects are seen throughout the renal cortex bilaterally.

The adrenal glands are within normal limits for size, shape and organ architecture.



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The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The hepatic volume is increased, the caudoventral hepatic margins are rounded and are protruding caudally beyond the costal arch. The gastric axis is deviated caudally. The hepatic parenchyma has a homogeneous attenuation and contrast enhancement pattern.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The hypogastric and aortic lymph nodes present the expected size and shape, unremarkable.

The anal sacs are moderately distended by fluid attenuating material and have a smooth and thin wall.

The bony and surrounding soft tissue structures reveal no abnormalities.

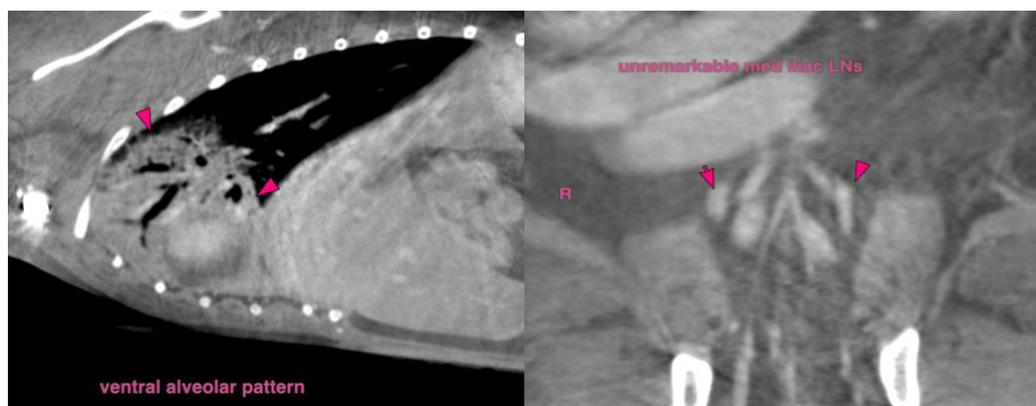
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Ventrally distributed alveolar lung pattern
- Hepatomegaly
- Chronic nephropathy with multiple simple renal cortical cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

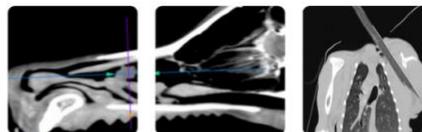
The ventrally distributed alveolar lung pattern is supporting the diagnosis of pneumonia.

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. Ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.



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



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can be of any further assistance please contact me.

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