



PATIENT

Fifi Pozo

SPECIES

Canine

BREED

Maltese

SEX

Female

AGE

2 Years

WEIGHT

22 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Ralph

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Azer

INVOICE

36568

DATE

4/11/26

PRESENTING CLINICAL SIGNS

History: Pt presented to ER on 4/5/26 for painful behavior and abnormal yelping at home after daycare. Was also limping on the right hind leg. Was given prednisone 10mg, 1/2 a pill on a tapering dose. Pt is still exhibiting painful behavior. On palpation, is exhibiting pain on spinal flexion in the thoracic area. Right patella luxation grade 2

RADIOGRAPHIC STUDY OF THE THORAX, ABDOMEN, PELVIS AND STIFLE JOINTS

A complete set of radiographs of the thorax, abdomen – including the spine – pelvis and stifle joints is 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

Convex shaped mineral opaque material is superimposed in the ventral aspect of the neuroforamen L1/L2.

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.

Pelvis & Stifle Joints

The osseous and surrounding soft tissue structures of the pelvis are within normal limits. Both coxofemoral joints present smooth osseous margins and congruent joint spaces.

Both stifle joints present smooth margins of the periarticular. The patella of the right stifle joint is located medial to the medial femoral condyle. The right stifle joint presents a very mild intracapsular soft tissue swelling.

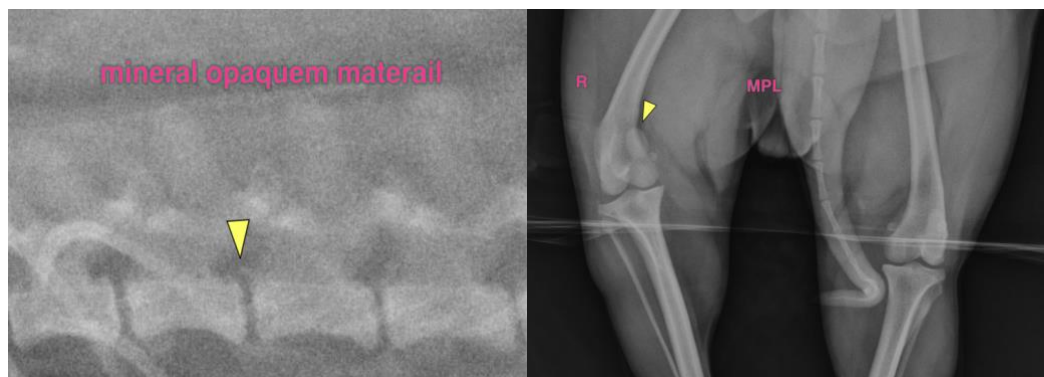
RADIOGRAPHIC DIAGNOSIS

- Right sided medial patellar luxation and accompanying mild articular swelling
- Mineral opaque material superimposed on neuroforamen L1/L2
- Normal thorax and thoracic spine
- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The medial patellar luxation is a possible source for (intermittent) right hind limb lameness.

The mineral opaque material superimposed on the neuroforamen L1/L2 can present lateral spondylosis formation versus mineralized disc material protruding into the vertebral canal.





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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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com