



PATIENT

Elliot Chavez

SPECIES

Canine

BREED

Shiba Inu

SEX

Male Neutered

AGE

1Y, 5M

WEIGHT

30.8lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Jennifer and Jessica

HOSPITAL NAME

Northvale Veterinary
Clinic

REFERRING VET

Dr. Stefanie Simon

INVOICE

74496

DATE

4-7-26

PRESENTING CLINICAL SIGNS

- Severe PU/PD for past few weeks and dribbling urine after urination. All else WNL.

Abnormal PE/Chem/CBC/UA Results: UA: 2+ struvite crystalluria, USG 1.052, pH 7.0. Creat 1.5 (high normal), SDMA 9 (normal), BUN 25 (normal).

RADIOGRAPHIC STUDY OF THE ABDOMEN

Radiographs of the abdomen in three imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

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.

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

- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals no abnormalities. Workup can be complemented by an abdominal ultrasound examination that will allow evaluation of the bladder wall and possibly the position of the ureterovesical junction.

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.

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