

PATIENT

Winston Bressan

SPECIES

Canine

BREED

Shepherd Mix

SEX

Neutered

AGE

5Y, 6M

WEIGHT

110

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Kevin McClung

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Kim Allyn, DVM

INVOICE

75008

DATE

5-14-26

PRESENTING CLINICAL SIGNS

Started 2 days ago, has not been eating, no vomiting or diarrhea. Roger said they will find him standing in random places and staring at the wall. Today is barely drinking water.

Abnormal PE/Chem/CBC/UA Results: Mucus Membranes: Pale to white Capillary Refill Time: greater than 2 sec Behavior/Mentation: Very depressed, lethargic, minimally responsive, not as mobile as normal Circulatory System: Heart difficult to auscult, pulses very thready and not full, heart is big, round, nondescript on imaging, possible pericardial effusion, patient appears shocky Respiratory System: Wheezing and decreased auscultation of the chest, working hard to breathe, possible free fluid in the chest, maybe a little fluid around the front of the heart

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The vertebral endplates T5/T6 present mild ventral spondylosis formation.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is prominent and has a mild rounded shape. The margins of the cardiac silhouette are relatively well-delineated. 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. In the VD view, pleural fissure lines are appreciated between the right cranial/middle lung lobe and right middle/caudal lung lobe.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

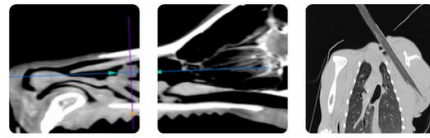
RADIOGRAPHIC DIAGNOSIS

- Mild cardiomegaly
- Possible mild pleural effusion
- Spondylosis deformans T5/T6

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings of the cardiac silhouette in combination with the clinical findings can be indicative for pericardial effusion with secondary mild pleural effusion.

The pleural fissure lines can be indicative for mild pleural effusion – no additional clinically relevant abnormalities are appreciated. Ultrasound can be performed to confirm pleural effusion and will allow tapping the pleural effusion fapping if applicable.



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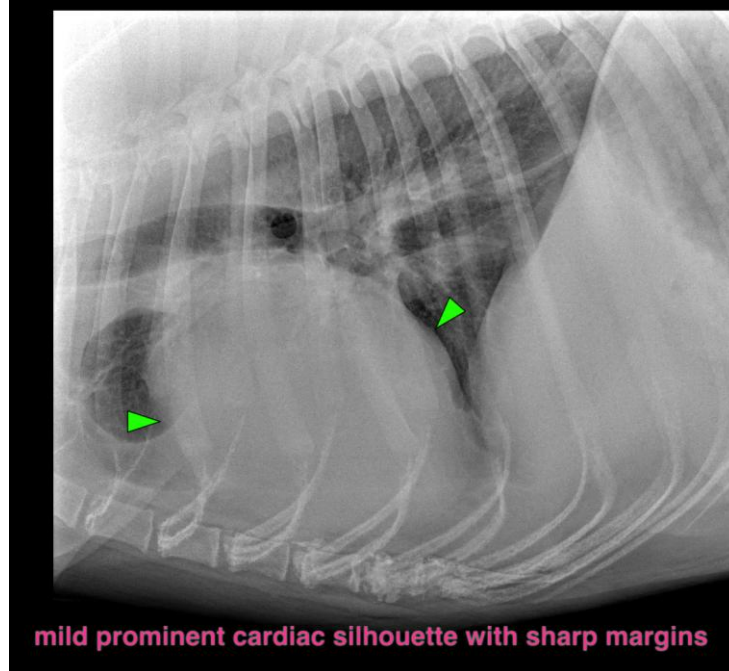
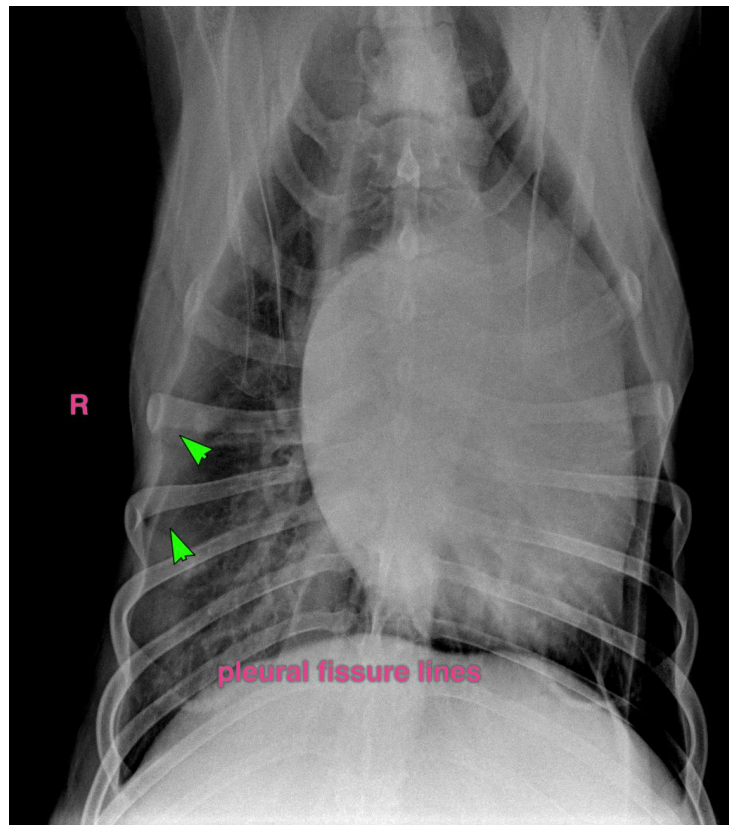
Kim Allyn, DVM

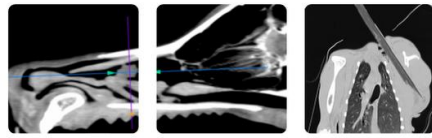
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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