



**PATIENT**

Kimber Rose

**PRESENTING CLINICAL SIGNS**

Kimber was hit by a car yesterday, ran off, and was not found again until this morning. He appears to be uninjured other than an very open, very contaminated, very displaced, transverse radialulnar fracture of the right thoracic limb. A small chemistry and PCV/TP were normal.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: PE: Right front limb with distal radial ulnar fracture, very contaminated, several inches of bone sticking out and covered with dirt. Other than that was healthy PAP: Looked great

**BREED**

Heeler Mix

**RADIOGRAPHIC STUDY OF THE THORAX, ABDOMEN AND LEFT FRONT LIMB**

A complete set of radiographs of the thorax, abdomen and right antebrachium is provided for review.

**RADIOGRAPHIC FINDINGS**

**SEX**

Male

Thorax

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

**AGE**

1 Year, 7 Months

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The lung lobes are mildly retracted from the thoracic wall and a small amount of free pleural gas is appreciated.

**HOSPITAL NAME**

Elizabeth Animal  
Hospital

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.

**REFERRING VET**

Leon Anderson, DVM

Abdomen

The surrounding bony structures are within normal limits.

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

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The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

**DATE**

5-9-22

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



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lower urinary tract.

Kimber Rose

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.

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The colon is seen in the expected position and presents with appropriate content.

Left antebrachium

**BREED**

Heeler Mix

In the distal diaphysis of the right radius and ulna, a mild serrated transverse fracture line is seen with moderate lateral, cranial, lateral and proximal displacement of the distal fragments. An irregular fissure line is extending proximally and laterally within the proximal segment of the right radius, demarcating a triangular shaped osseous fragment. A moderate circumferential soft tissue swelling is seen level with the fracture with multiple gas inclusions.

**SEX**

Male

**RADIOGRAPHIC DIAGNOSIS**

- Mild pneumothorax
- Acute traumatic open transverse moderately displaced fracture distal diaphysis of the right radius & ulna
- Normal abdomen

**AGE**

1 Year, 7 Months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The main finding is the mild pneumothorax – secondary to traumatic insult and likely already in regression. Prior to general anesthesia, follow up radiograph would be beneficial to screen if pneumothorax is regressive.

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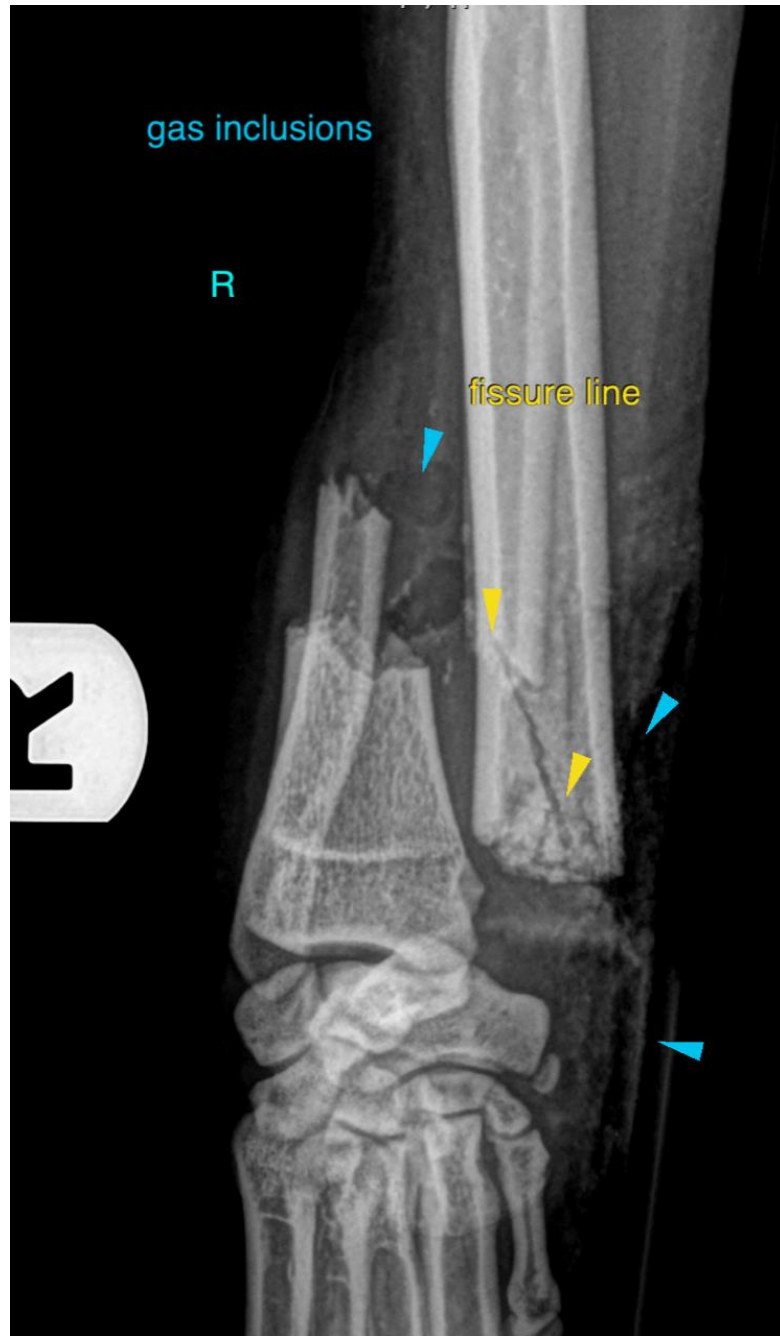
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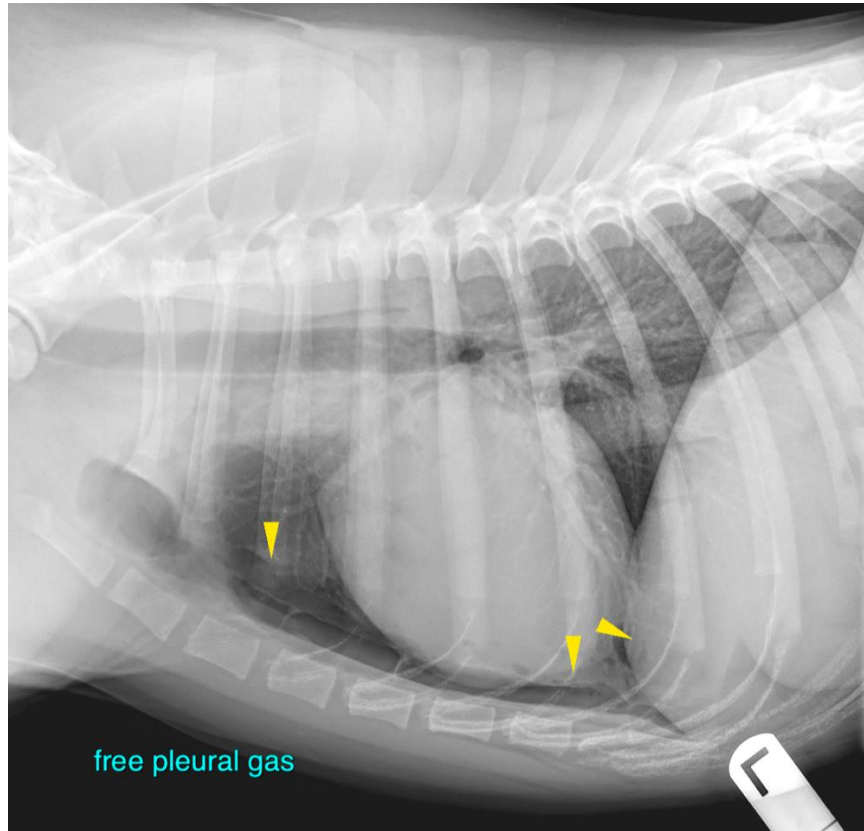
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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