



PATIENT

Ksyusha Solovey

SPECIES

Canine

BREED

Schnauzer, Miniature

SEX

Female Spayed

AGE

11.5Y

WEIGHT

16.1lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Abina Glennon

HOSPITAL NAME

New Bridge Veterinary
Practice

REFERRING VET

Dr. Abina Glennon

INVOICE

75241

DATE

6-1-26

PRESENTING CLINICAL SIGNS

Gained 2 lbs
abdominal respiration and distended abdomen
Reference Previous report #41612 from 8/22/2020

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

An overview study including the thorax and abdomen in orthogonal image planes is provided for review.

RADIOGRAPHIC FINDINGS

Thorax

The osseous structures present a generalized decreased radiopacity.

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.

An ill-defined soft tissue opacification is seen along the region of the caudal part of the left caudal lung lobe in both imaging planes. The volume of the cranial part of the left cranial lung lobe is increased. 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

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 hepatic volume is increased, the caudoventral hepatic margins are rounded and are protruding caudally – accentuated in the right cranial abdominal quadrant – beyond the costal arch. The hepatic parenchyma has a homogeneous soft tissue 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.



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

RADIOGRAPHIC DIAGNOSIS

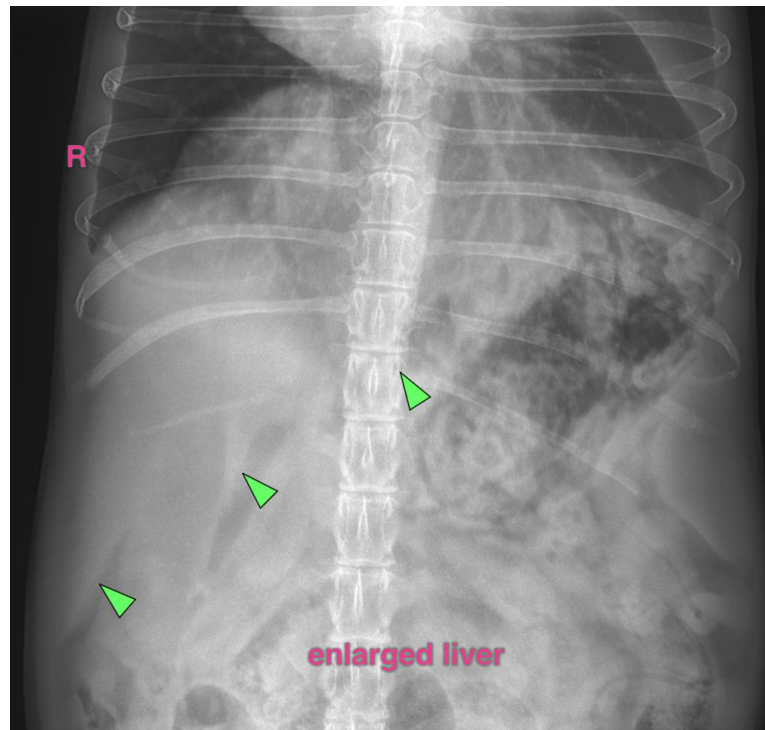
- Hepatomegaly
- Consolidation caudal part left cranial lung lobe with regressive volume in comparison to the previous radiographic study
- Generalized osteopenia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potentials for the hepatomegaly include metabolic hepatic disease/steroid induced hepatopathy ± hepatitis or less likely diffuse neoplastic infiltration. Ultrasound can be used for specification and will allow FNA sampling as advanced minimally invasive diagnostic tool.

The consolidation of the caudal part of the left cranial lung lobe is likely a sequela to chronic pneumonia, chronic infarction or chronic lung lobe torsion. If clinically relevant, workup can be complemented by an ultrasound examination along with FNA sampling or CT study of the thorax for specification.

The osteopenia can be a sequela to age related changes, hyperparathyroidism, hyperadrenocorticism, renal disease. If not done so yet, recommend complete blood work ± testing of the pituitary adrenal axis.





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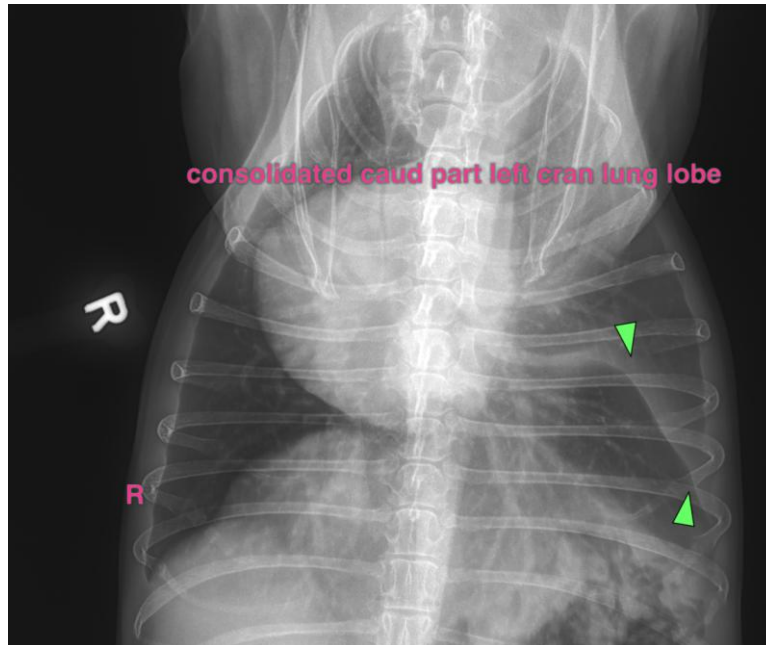
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com