



PATIENT

Zeus Garcia

SPECIES

Canine

BREED

Boxer

SEX

M

AGE

6

WEIGHT

28.7kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

SG

HOSPITAL NAME

Green Dog Dental and
Wellness

REFERRING VET

Lau

INVOICE

75245

DATE

6-1-26

PRESENTING CLINICAL SIGNS

Signs began 2 days ago with slow walking and reduced energy

Normally very energetic and active

Progressive decline: difficulty jumping on/off bed

Complete food aversion started this morning

Increased water consumption over last 2 days

Last bowel movement 2 days ago (normal consistency, no vomiting)

Urination pattern changed (no longer lifting leg)

Diet: Home-cooked meat, rice, vegetables, salmon

Given mushrooms 3-4 days ago (first time)

Possible exposure to stagnant water from construction containers in backyard

No medications

No recent veterinary care since puppy vaccinations (>6 years)

Exercise routine: Morning walks in small mountains, afternoon walks on flat terrain

No contact with other dogs, no dog parks or kennels

Abnormal PE/Chem/CBC/UA Results: Marked leukocytosis (increased neutrophils), mild increase in monocytes, mild to moderate azotemia (elevated creatinine and BUN), marginal decrease in glucose, mildly elevated ALT and ALP, elevated amylase, marginally decreased potassium and chloride USG 1.036, suspect rod bacteria POCUS : Pericardial effusion noted around heart on both left and right sides of chest; mild to moderate amounts of free fluid surrounding bladder and intestines in abdomen; pleural effusion; mass effect with defined margins on right side of chest over either right atrium or right ventricle - PERICARDIOCENTESIS performed, 75ml PCE fluid withdrawn SNAP 4DX: Negative for tested microorganisms Pending leptos panel and UA culture results

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

Along the thoracic spine, multifocal spondylosis formation is seen.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is generalized prominent and the margins are well-defined. 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 lung lobes are retracted from the thoracic wall in the lateral views.

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

RADIOGRAPHIC DIAGNOSIS

- Generalized mild cardiomegaly
- Well defined cardiac margins



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- Suspect small volume of pleural effusion
- Spondylosis deformans
- Normal lower airways

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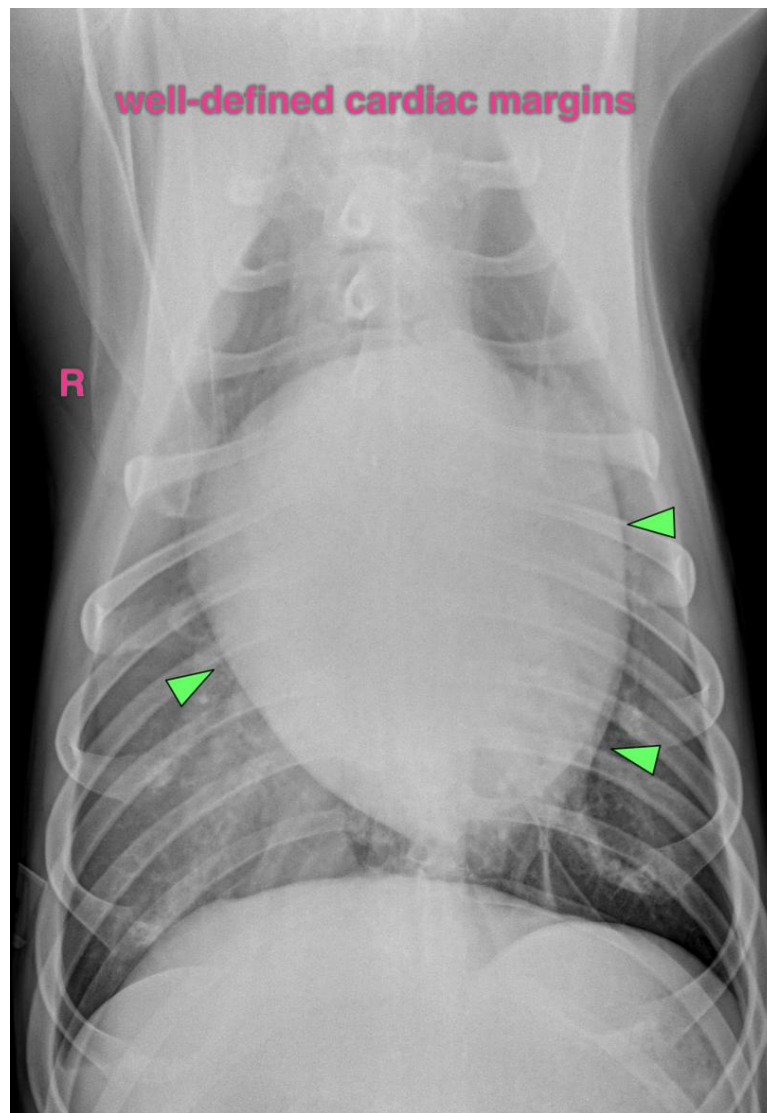
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prominent cardiac silhouette along with the well-defined margins – lacking physiological motion blurring – are fitting the history of pericardial effusion. An underlying cause for the pericardial effusion cannot be specified.

The supposed mild pleural effusion can be a sequela to cardiac tamponade.





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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