



PATIENT

Cora Livingston

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Female

AGE

5Y, 6M

WEIGHT

93lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Allison

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Leon Anderson, DVM

INVOICE

75283

DATE

6-3-26

PRESENTING CLINICAL SIGNS

Acute episodes of crying out in pain. Thought it was her back, didn't really get better on pain meds. Has been bothering her for a couple weeks now.

Abnormal PE/Chem/CBC/UA Results: Musculoskeletal: Mild discomfort at the thoracolumbar area on deep palpation. Swaying of the back very normal when walking, back is very loose and not tight. Great range of motion in the neck with no pain. Able to hop over and back down without pain or discomfort.

RADIOGRAPHIC STUDY OF THE THORAX, ABDOMEN AND ENTIRE SPINE

A complete set of radiographs of the thorax, abdomen and entire spine is provided for review.

RADIOGRAPHIC FINDINGS

Cervical spine

The radiographic study of the neck is significantly rotated. The osseous and surrounding soft tissue structures of the cervical spine reveal no abnormalities.

Thorax

The osseous and surrounding soft tissue structures of the thoracic spine present without pathological findings.

The surrounding bony structures are within normal limits.

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.

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

The osseous and surrounding soft tissue structures of the lumbar spine are unremarkable.

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.



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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 appearing cervical spine
- Normal thorax & thoracic spine
- Normal abdomen & lumbar spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals no abnormalities and an underlying cause for the presenting clinical signs cannot be specified. If clinical signs are indicative for underlying myelopathy, workup can be complemented by cross-sectional imaging of the spine.

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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