



## PATIENT

Matilda Henry

## SPECIES

Canine

## BREED

Pitbull Mix

## SEX

Spayed Female

## AGE

8 Years

## WEIGHT

54 lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Vet Techs

## HOSPITAL NAME

Northshore Veterinary  
Hospital

## REFERRING VET

Dr. Brita Kiffney

## INVOICE

16363

## DATE

06/04/26

## PRESENTING CLINICAL SIGNS

Intermittent vomiting and non-regenerative anemia that has improved. Had a splenectomy a year ago  
Abnormal PE/Chem/CBC/UA Results: HCT is normal at 41 RBC count mildly low

## RADIOGRAPHIC STUDY OF THE THORAX

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

## RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

In the soft tissues at the right lateral aspect of T10/T11, a metal opaque air-gun pellet is seen.

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. In the VD view, a midline shift of the heart to the right is seen – due to dystelectasis of the right lung. In the VD view, the pulmonary artery of the left caudal lung lobe is prominent and presents an abrupt decreased diameter level with 8<sup>th</sup> left intercostal space.

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.

## RADIOGRAPHIC DIAGNOSIS

- Prominent pulmonary artery left caudal lung lobe with abrupt decreased diameter
- Air-gut pellet in right paraspinal region, level T10/T11
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The dilated pulmonary artery of the left caudal lung lobe can be indicative for pulmonary thromboembolism – check for preceding or ongoing hypercoagulable state (e.g. pancreatitis, renal disease, IMHA, parasitic infection, hyperadrenocorticism, other).



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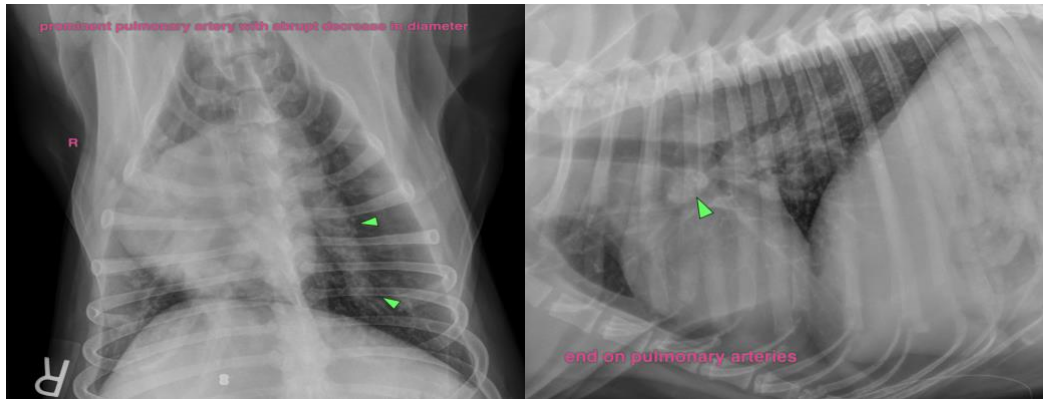
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)