



PATIENT PRESENTING CLINICAL SIGNS

Princess Mulero
Cartagena
O has noticed increase on intolerance to exercise and respiratory difficulties, coughing. Last week p started vomiting and bloody diarrhea. One of the vomits contained blood or red mucus membranes, o could not differentiate. Today when o was walking p, p fell on her side and could not stand or walk. P does not have vaccines or preventives.

SPECIES Abnormal pe/chem/cbc/ua results: on today's pe p was obtunded, ataxic, had stenotic ear canal with severe exudate and horizontal nystagmus. Both eyes full of dried secretions. Cbc/chem: mild anemia with neutrophilia. Heart murmur iv/vi fecal: hookworms severe inflammation of ii digit with purulent discharge.
Canine

BREED RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Schnauzer
A complete set of radiographs of the thorax & abdomen is provided for review.

RADIOGRAPHIC FINDINGS

SEX Thorax

Female Spayed
The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

AGE The caudal contour of the cardiac silhouette is steep and the caudal cardiac waist is lost. In the VD view of the thorax, mild abaxial splaying the main-stem bronchi is noted. The left ventricle is elongated in the VD view. The pulmonary vasculature is within normal limits.
14 Years

INTERPRETED BY 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.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDF
The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

HOSPITAL NAME Level with the 9th intercostal space, a nodular soft tissue opacity of the lung field is noted – it can be seen in the medial aspect of the left caudal lung lobe in the VD projection. In the VD view, the prominent nipples are appreciated as nodular soft tissue opacities superimposed on the lung parenchyma.
Alejandrino Animal Hospital

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

REFERRING VET Abdomen

Dra. Lazcano
The intervertebral disc space T13/L1 is collapsed and the respective vertebral endplates present moderate spondylosis formation. A nodular soft tissue opacity is seen level with the caudal mammary complexes in the lateral projection.

INVOICE 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.

DATE The hepatic volume is increased, the liver is protruding caudally beyond the costal arch and the caudoventral hepatic margins are rounded.

7-12-23
The splenic head is in the anticipated position and within normal limits for size and opacity.



PATIENT Princess Mulero Cartagena
 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 empty.

SPECIES
 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.

Canine
 The colon is seen in the expected position and contains a small amount of gas.

RADIOGRAPHIC DIAGNOSIS

- BREED** Schnauzer
SEX Female Spayed
- Left sided cardiomegaly without signs of decompensation
 - Solitary pulmonary soft tissue nodule – likely left caudal lung lobe
 - Possible soft tissue nodule caudal mammary complexes
 - Empty gastrointestinal tract
 - Hepatomegaly
 - Chronic discopathy T13/L1
 - Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE 14 Years
 The left sided cardiomegaly is most likely a sequela to underlying mitral valve disease and left cardiac volume overload. At this point there are no signs of decompensation. A cardiac echo can be used for further assessment of cardiac chamber size and function.

INTERPRETED BY Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI
 The solitary pulmonary nodule is not specific and potentials include granuloma, cyst, round pneumonia, abscess or neoplasia.

Check the mammary complexes for possible nodular lesions.

The empty gastrointestinal tract can be a sequela to hyporexia – e.g. secondary to pancreatitis, gastroenteritis, systemic disease, other.

HOSPITAL NAME Alejandrino Animal Hospital
 The acute presenting clinical signs might represent geriatric vestibular disease/ischemic myelopathy – pancreatitis can be associated with a procoagulatory state. Consider complementing workup by complete blood work including cpl.

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Dr. med. vet. DipECVDI

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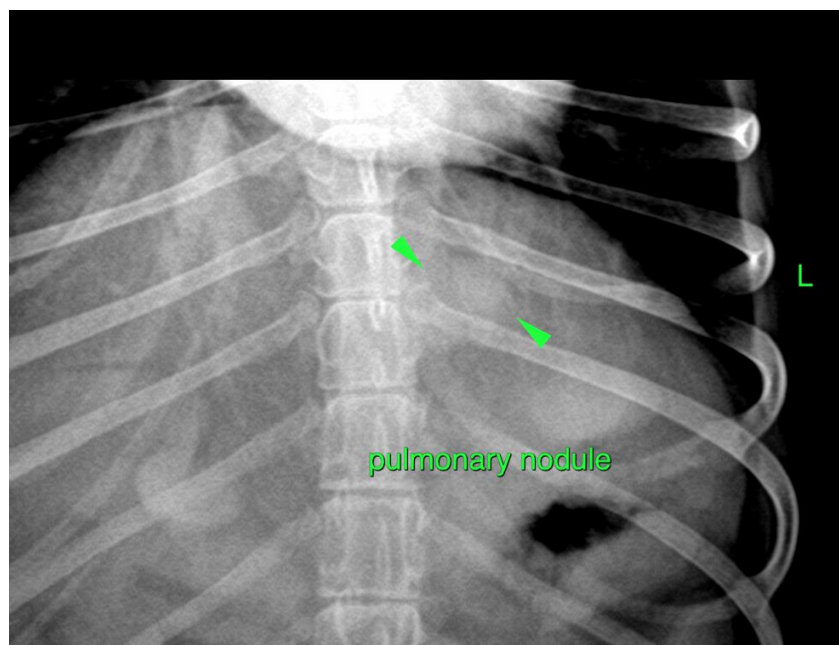
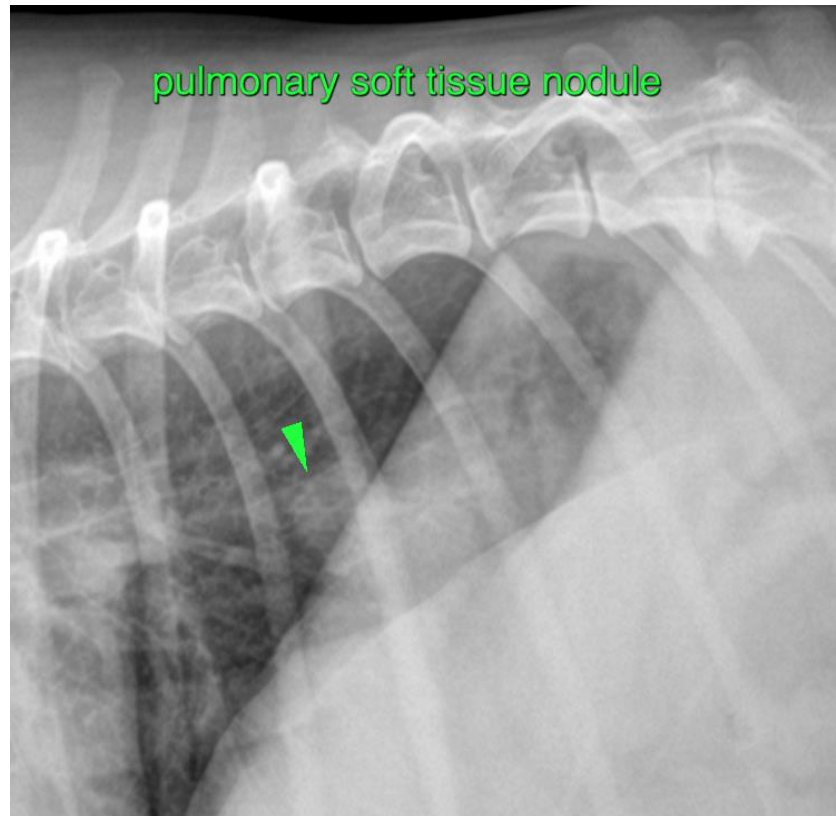
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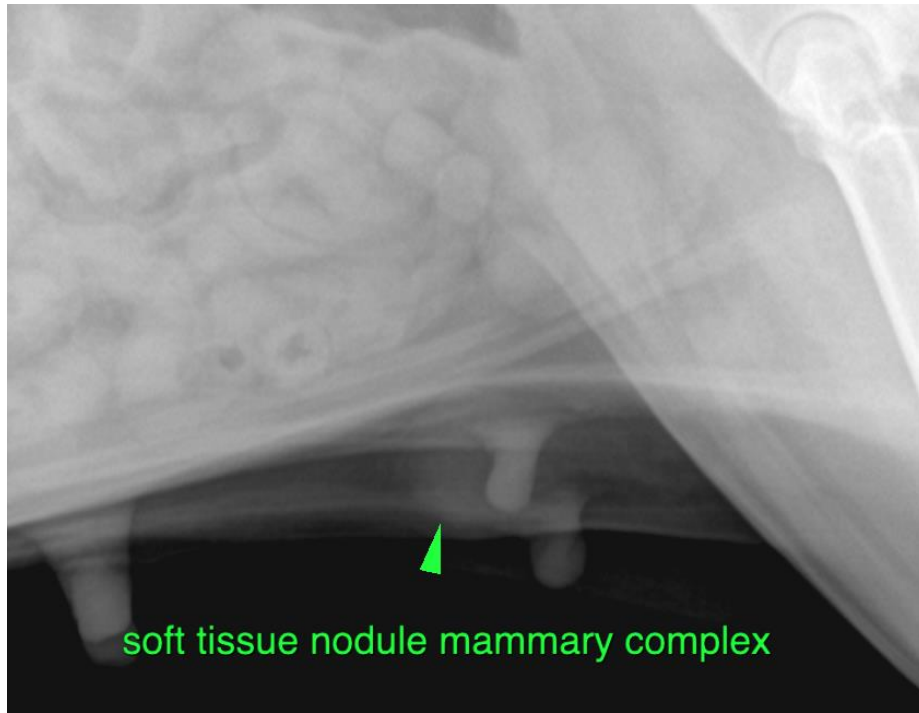
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com