



**PATIENT PRESENTING CLINICAL SIGNS**

Carlota Bush My colleagues summary of Carlota: New patient from Mexico (client spends half the year there). Was treated at one point with 4 weeks of doxycycline due to positive 4dx for anaplasma and ehrlichia. fecal two weeks ago: hookworm ELISA positive. . Started tx for hooks with Panacur, ran canine heartworm panel and baseline cbc/chem 10. 7/24 pt came for a recheck because she was lethargic. O reported she has always drank a lot of water but she was increasingly PD and also noticeably PU (new). UPC is 4.9 and there are hyaline casts. Concern for protein losing nephropathy but I don't know why (other infx disease, neoplasia, AKI, etc). We tested lepto PCR- NEG  
**SPECIES** Canine  
 Abnormal PE/Chem/CBC/UA Results: low albumin without anemia UPC 4.9 normal renal values

**BREED RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN**

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

**RADIOGRAPHIC FINDINGS**

**SEX** Thorax

FS The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

**AGE** 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.

7 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. DipECVDI

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

An increased visibility

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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.

**REFERRING VET**

Abdomen

Brita Kiffney

The surrounding bony structures are within normal limits.

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

**INVOICE**

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

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The liver is appropriate in position, size and presents uniform opacity.

The spleen is prominent and has mild rounded margins.

**DATE**

8-3-23

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.



**PATIENT** The stomach is in its anticipated position and presents normal content.

Carlota Bush 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.

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

**RADIOGRAPHIC DIAGNOSIS**

- Canine
- Mild bronchial lung pattern
  - Mild splenomegaly

**BREED** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Mix The splenomegaly can be a sequela to the Anaplasma/Ehrlichia infection. Other potentials include nodular hyperplasia, extramedullary hematopoiesis or diffuse neoplastic infiltration. Ultrasound guided FNA sampling can be used as advanced minimally invasive diagnostic tool.

**SEX** FS The bronchial lung pattern is suggestive for bronchitis and primary inflammatory non-infectious causes – such as lymphocytic plasmocytic, eosinophilic, mixed – and infectious causes (e.g. viral, bacterial, parasitic) need to be considered. Due to the lack of respective clinical signs, the clinical relevance of this finding is unclear.

**AGE** 7 Years

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Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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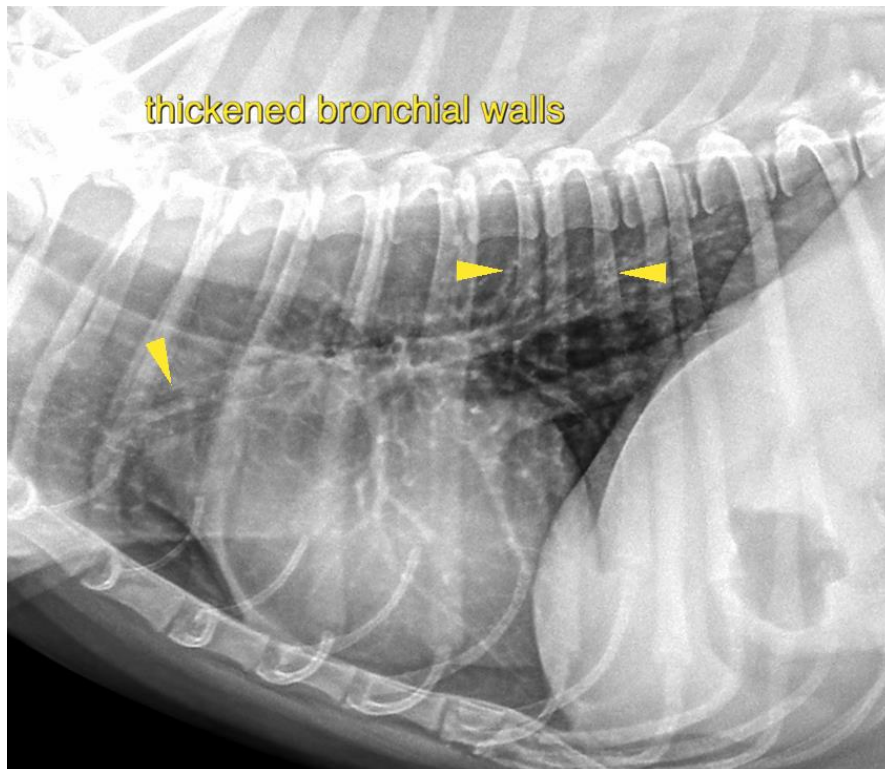
Brita Kiffney

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**PATIENT**

Carlota Bush

**SPECIES**

Canine

**BREED**

Mix

**SEX**

FS

**AGE**

7 Years

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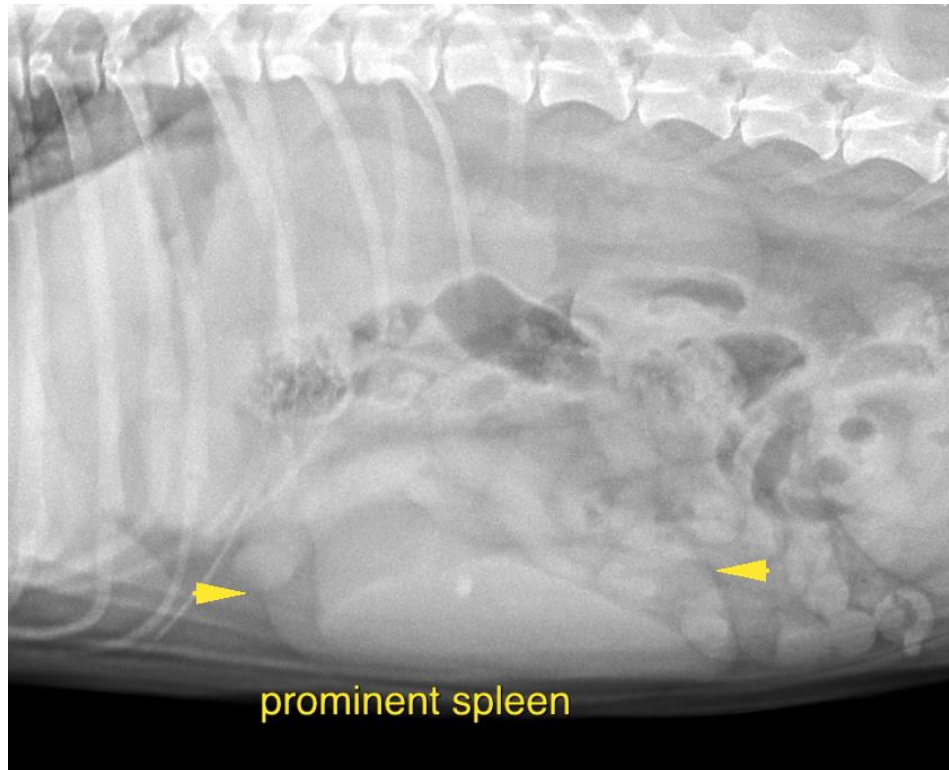
Brita Kiffney

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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](mailto:info@sonopath.com)