



PATIENT PRESENTING CLINICAL SIGNS

Uzi Toliver HBC Cardiovascular : 120 HR, RR panting , harsh lung sound Neuro: no proprioceptive deficit
 Musculoskeletal : laxity of the left leg, mid shaft misalignment Bleeding : bruising and bleeding areas on both hind legs medially and laterally and over the belly and redness in the inguinal areas X-Ray lateral view show suspicious of GDV and Mid shaft fracture of the left femur , couldn't do the rest of the x-rays as the machine broken after 3 images

Canine Abnormal PE/Chem/CBC/UA Results: ALT 533 WBC high, NEU high

RADIOGRAPHIC STUDY OF THE THORAX, ABDOMEN AND STIFLE JOINTS

BREED A lateral projection of the thorax, abdomen and the stifle joints is provided for review.

American Bulldog **RADIOGRAPHIC FINDINGS**

Thorax

SEX The surrounding bony structures are within normal limits.

Female 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.

AGE

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

INTERPRETED BY The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

Sebastian Schaub, DVM Dr. med. vet. DipECVDI The lung field is extending up to the level of the cranial vertebral endplate T11. In the caudodorsal aspect of the lung, an alveolar zone with air-bronchograms is appreciated.

HOSPITAL NAME

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

St. Catherine's Animal Hospital

Abdomen

The vertebral endplates of the lumbosacral junction present moderate spondylosis formation. A radiopaque unusual sharp mineral radiopacity is superimposed on the right femoral head. The left femur presents an irregular transverse fracture line of the mid diaphysis. Potential fracture lines of the ischial bone are appreciated

REFERRING VET

Dr. Williams The caudoventral abdominal wall cannot be clearly delineated.
 The abdominal serosal detail is decreased.

INVOICE

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

59664 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.

DATE

8-3-23 The stomach is significantly distended by gas, displacing the intestinal loops caudally.



PATIENT

Uzi Toliver

RADIOGRAPHIC DIAGNOSIS

SPECIES

Canine

BREED

American Bulldog

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Female

AGE

18 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

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Hospital

REFERRING VET

Dr. Williams

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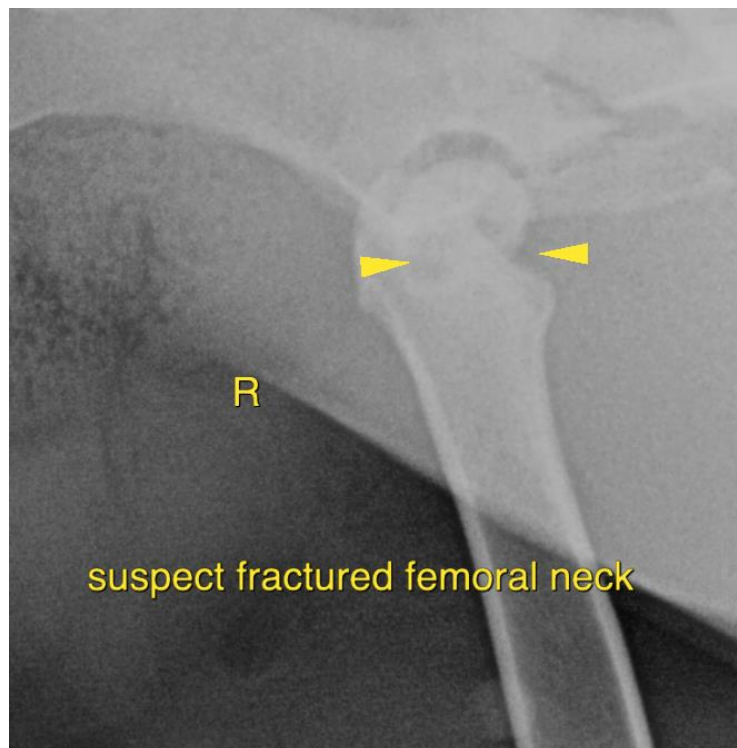
- Suspect acute traumatic right sided femoral neck/head fracture
- Acute traumatic transverse fracture left femoral diaphysis
- Suspect fractures of the pelvic floor
- Decreased serosal peritoneal detail
- Ill-defined caudoventral abdominal wall
- Aerophagia – considered secondary to pain and stress
- Area with alveolar pattern caudodorsal lung field

The radiographic study presents signs of multiple fractures of the pelvis and the femora bilaterally – a second orthogonal imaging plane is warranted for further specification.

The decreased abdominal detail might be accentuated by the gas distended stomach, causing crowding of the gastrointestinal tract. However, peritoneal hemorrhage or laceration of the lower urinary tract are a consideration. Ultrasound can be used to check for free peritoneal fluid ± tapping if present.

Recommend thorough palpation of the caudoventral abdominal wall to rule in/out avulsion/rupture.

The alveolar pattern of the caudodorsal lung field is suggestive for pulmonary contusion.





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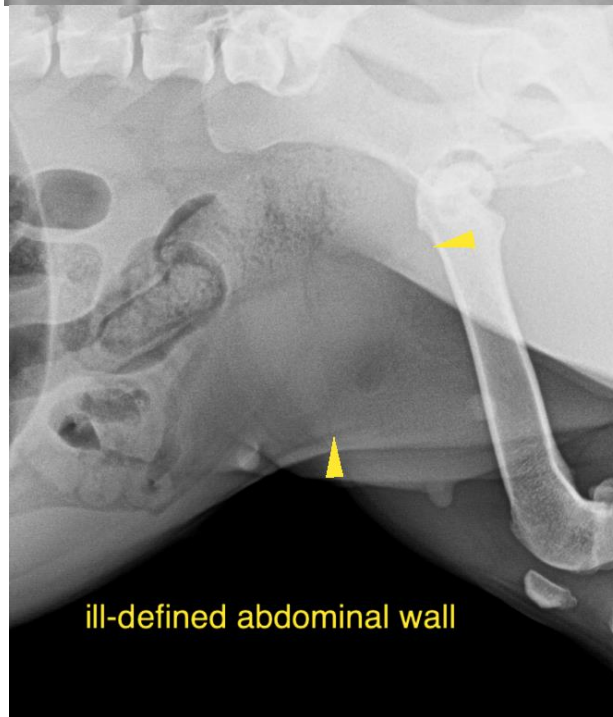
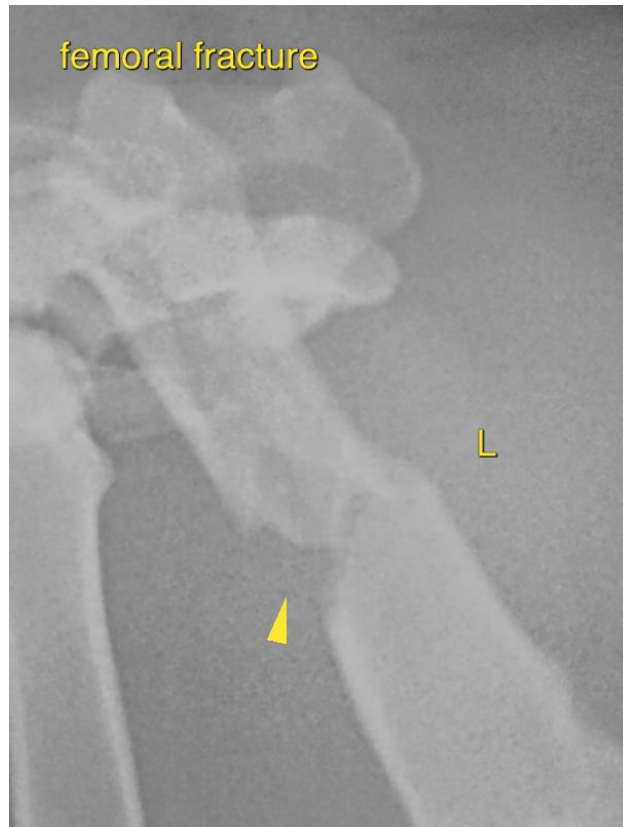
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Dr. Williams

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

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