



PATIENT PRESENTING CLINICAL SIGNS

DJ Davidson
SPECIES K9
BREED Yorkshire Terrier
 Diagnostics: CBC: wnl Chemistry panel: wnl Three view thoracic radiographs: subjectively enlarged heart however this may be due to the small conformation of the pet, no pulmonary edema, no pulmonary nodules, no pleural effusion. Three view abdominal radiographs: The stomach is empty, there are no foreign objects or obvious obstructive patterns. There is good serosal detail. There is what appears to be a loop of bowel on the lateral view that is mid abdomen, I cannot rule out a mass however. Radiology review pending AFAST: There are multiple discreet hypoechoic nodules caudal to the gall bladder. No other masses were visualized. Dj presents today for decreased eyesight and hearing. had VD past two weeks and has improved, has not had any in the past days. Owners are also concerned that after 4pm the dog seems he has dementia, he starts excessively barking, excessively pacing back and forth past couple weeks. Also has some weight loss. Owner states he might have a light sensitivity as he hates going for walks in the sun and loves going for walks later in the afternoon

RADIOGRAPHIC STUDY OF THE THORAX&ABDOMEN

SEX Male Neutered
 A complete set of radiographs of the thorax and abdomen is provided for review.

RADIOGRAPHIC FINDINGS

Thorax

Multifocal moderate spondylosis formation is seen along the thoracic spine
 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 intervertebral disc space T13/L1 is collapsed and the respective vertebral endplates present moderate spondylosis formation. The patella of the right stifle joint is superimposed on the soft tissues medial to the medial femoral condyle.

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.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

DTLAvets

REFERRING VET

Dr. Castaneda

INVOICE

54236

DATE

9-23-22



PATIENT

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

DJ Davidson

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

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is empty. No radiopaque calculi are noted throughout the upper and lower urinary tract.

SPECIES

K9

The stomach is in its anticipated position and empty.

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.

BREED

Yorkshire Terrier

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

RADIOGRAPHIC DIAGNOSIS

SEX

Male Neutered

- Chronic discopathy T13/L1
- Right sided medial patellar luxation
- Spondylosis deformans
- Empty urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

17 Years

The radiographic study of the thorax and abdomen presents without clinically relevant abnormalities.

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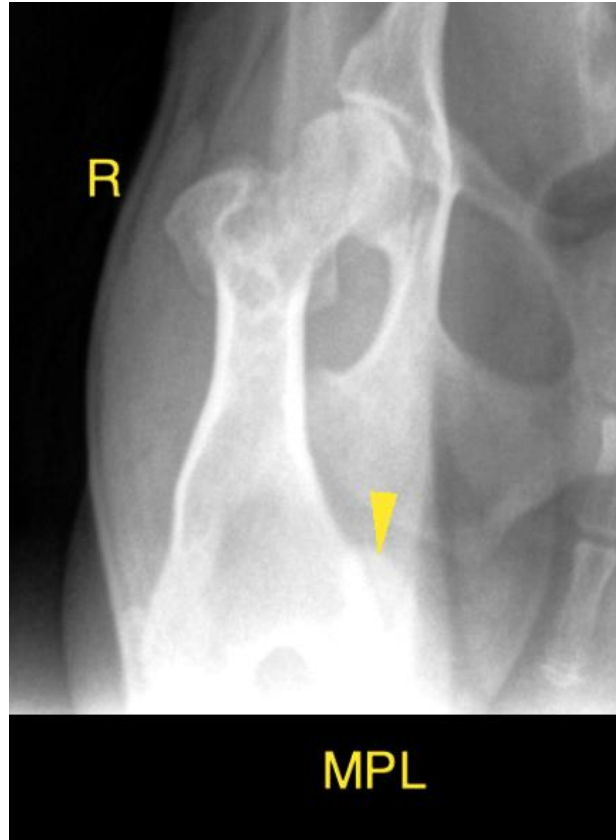
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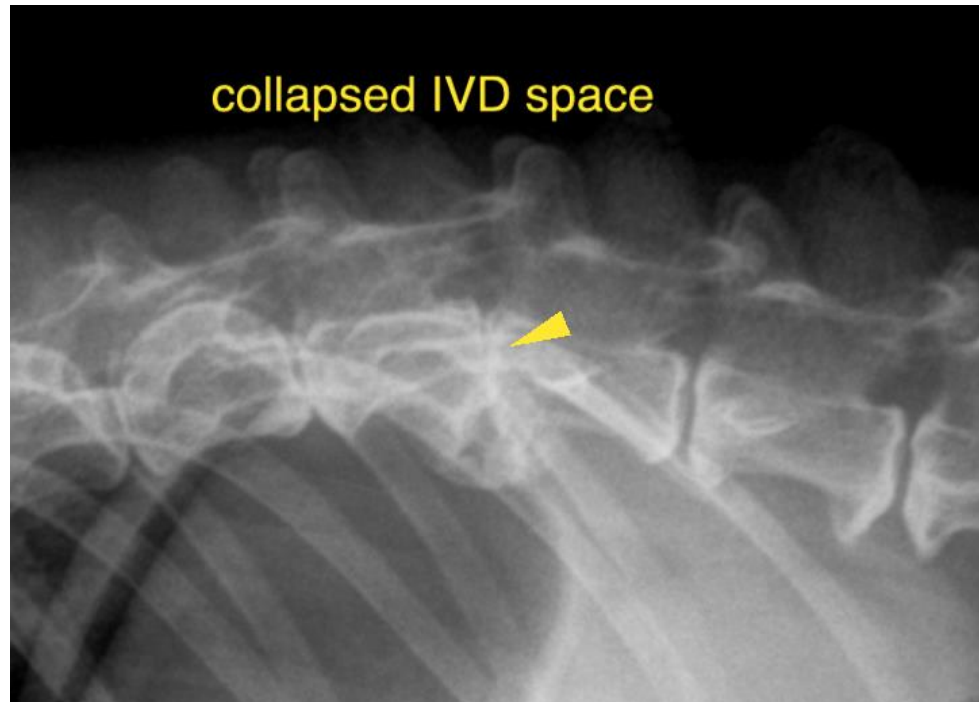
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com