



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Charlie Schnepf	P presents for general senior wellness. P has had a suspected lipoma on the ventral cranial chest (approx at the level of the thoracic inlet) for several years. O's are concerned that the mass is impacting breathing and potentially infiltrating the chest cavity radiographs for review.
<b>SPECIES</b>	<b>Abnormal PE/Chem/CBC/UA Results:</b> Marked increases in ALP and GGT Mild increase in ALT High CHOL and Triglycerides A small number of nRBC and elevation in PLT count Urine concentration is WNL w/ 3+ Protein, trace Occult Blood, and 7.5 pH Cytology pending on chest mass
Canine	
<b>BREED</b>	<b>RADIOGRAPHIC STUDY OF THE THORAX</b>
Miniature Schnauzer	RLR, LLR, DV
	<b>RADIOGRAPHIC FINDINGS</b>
<b>SEX</b>	The body condition score is 6/9 with a fat protrusion on the left and ventral abdominal walls.
MN	The bony structures appear physiological.
<b>AGE</b>	The degree of pulmonary expansion is fair. The lungs are in contact with the thoracic boundaries and the tips are pointed. The cranial lobes are fully inflated and extend to rib 1. The lobar vessels are visible. An oval soft tissue opacity is overlying the caudo-ventral heart border and ventral dome of the diaphragm. On the DV view this appears to be superimposed onto ribs 8-9 on the right side.
13	
<b>INTERPRETED BY</b>	
Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR	The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5.
<b>HOSPITAL NAME</b>	The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces (VHS ). No chamber or outflow tract enlargement is evident.
Boca Park Animal Hospital	
	<b>RADIOGRAPHIC DIAGNOSIS</b>
<b>REFERRING VET</b>	<ul style="list-style-type: none"> <li>• Circumscribed soft tissue opacity R caudo-ventral thorax</li> </ul> Incidental finding
Tifanie Silver	<ul style="list-style-type: none"> <li>• Chest wall lipomata</li> <li>• Hepatomegaly, severe</li> </ul>
<b>INVOICE</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
47255	No compression of the cranial lobes has been identified. The increased soft tissue opacity in the caudo-ventral thorax could represent a small, chronic diaphragmatic hernia with protrusion of liver lobe or spleen or may be caused by a lobar infiltrate. Abdominal ultrasound can identify parenchymous abdominal organs in the thoracic cavity. Alternatively, a breath hold, inspiratory CT is recommended. The latter will be especially useful because the abdomen can be included to investigate the reason for the hepatomegaly (e.g. Cushing's).
<b>DATE</b>	
8-30-21	



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Charlie Schnepf

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

**SPECIES**

Canine

**Heike Rudolf**, DVM, Dr. med. vet., DipECVDI, DVR  
Dr.H.Rudorf@gmail.com

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Miniature Schnauzer

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