



**PATIENT**

Sparky Navarro

**PRESENTING CLINICAL SIGNS**

Mass grew back and O wants to get it checked.  
Abnormal PE/Chem/CBC/UA Results: recommended blood work and radiographs and Cardiac workup and if normal then surgical removal of mass and following up with Chemo therapy if recommended

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN**

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

**BREED**

Yorkshire Terrier

**RADIOGRAPHIC FINDINGS**

Thorax

**SEX**

Neutered

The surrounding bony structures are within normal limits.

At the caudoventral thoracic wall, level with the xiphoid, a convex shaped, soft tissue & fat opaque subcutaneous swelling is visible.

**AGE**

14 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

Dynamic dorsoventral flattening of the cervical tracheal segment is visible.

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

**HOSPITAL NAME**

Animal Paradise  
Hospital

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**

Dr. Mostafa Elshafie

Abdomen

Suspect the lateral fabella of both stifle joints is multipartite.

**INVOICE**

49983

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.

**DATE**

1-31-22

The hepatic volume is significantly increased, and the liver is protruding far caudally beyond the costal arch, up to the ventral mid abdomen. The hepatic margins are rounded. The gastric axis is displaced caudally.

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



**PATIENT**

splenic body and tail are considered normal for position, size, shape and opacity.

Sparky Navarro

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.

**SPECIES**

Canine

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

The small intestinal loops are deviated caudally and dorsally by the mass effect.

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

**RADIOGRAPHIC DIAGNOSIS**

- Subcutaneous soft tissue mass caudoventral thoracic wall
- Hepatomegaly, mildly progressive
- Dynamic tracheal collapse, cervical segment
- No evidence of pulmonary metastatic disease

**SEX**

Neutered

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

14 Years

Potentials for the hepatomegaly include metabolic hepatic disease/steroid induced hepatopathy, hepatitis or neoplastic infiltration. Ultrasound including FNA sampling can be used as minimally advanced diagnostic tests.

**INTERPRETED BY**

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Dr. med. vet. DipECVDI

The subcutaneous mass at the caudoventral thoracic wall is likely consistent with the history of reoccurrence of potential soft tissue neoplasia.

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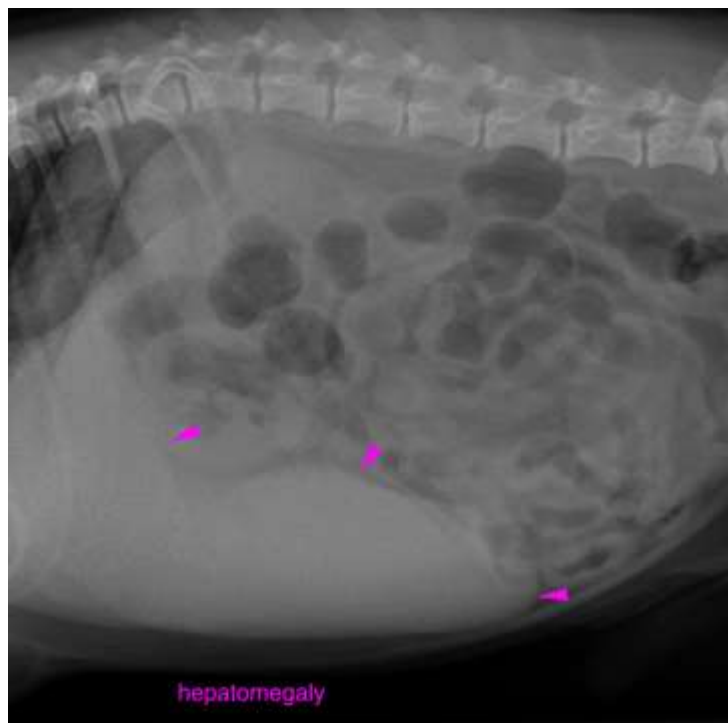
Dr. Mostafa Elshafie

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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  
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