



PATIENT PRESENTING CLINICAL SIGNS

Greta King P is diabetic and currently on insulin therapy. P presented 10-7 for 1 hour of straining to defecate. P was very tender when the temp was taken for rectal palpation. Temp: 100.5. Rectal palpation revealed a soft, fluctuant mass on the floor of the pelvis. P was started on an NSAID and scheduled to return 10/10. After 3 days on NSAID the sensitivity to rectal palpation and temp taking had resolved. The mass on the floor of the pelvis was unchanged. P had no other episodes of straining to defecate since the last exam.

SPECIES

Canine

BREED

Miniature Pinscher

RADIOGRAPHIC STUDY OF THE ABDOMEN

Radiographs of the abdomen in two imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

SEX

Spayed Female

The vertebral endplates L2/L3 and L4/L5 present mild spondylosis formation.

In the VD view, the pubic bone bilaterally presents with a radiolucent zone, involving the cranial half of the pelvic floor. The rectum within the pelvic canal is in a relative dorsal position without signs of compression.

AGE

12 Years

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

The hepatic volume is mild to moderately increased.

The spleen cannot be clearly delineated.

HOSPITAL NAME

Neighborhood Pet
Health Center

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

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

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.

REFERRING VET

Daniel Finch

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

RADIOGRAPHIC DIAGNOSIS

INVOICE

54547

- Suspect polyostotic semiaggressive osteolytic lesion pubic bone bilaterally
- Hepatomegaly
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

10-10-22

The changes of the cranial aspect of the pelvic floor are suggestive for polyostotic semiaggressive osteolysis – in the lateral view the femora are superimposed on the respective aspect of the pelvic floor – in combination with the palpated mass neoplasia is the top differential. A potential for the osteolysis is superimposed rectal gas – but I would still expect sharp osseous margins to be visible – or far less likely chronic fracture of the pelvic floor with fibrous callus. If a mass can



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be palpate from the ventral aspect of the pelvis floor, FNA sampling would be ideal as advanced diagnostic tool. Either ultrasound of the respective region or CT can be used as advanced imaging modalities.

Check also the urinary bladder for signs of mural mass – such as transitional cell carcinoma – as possible primary tumor with osseous metastasis.

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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.

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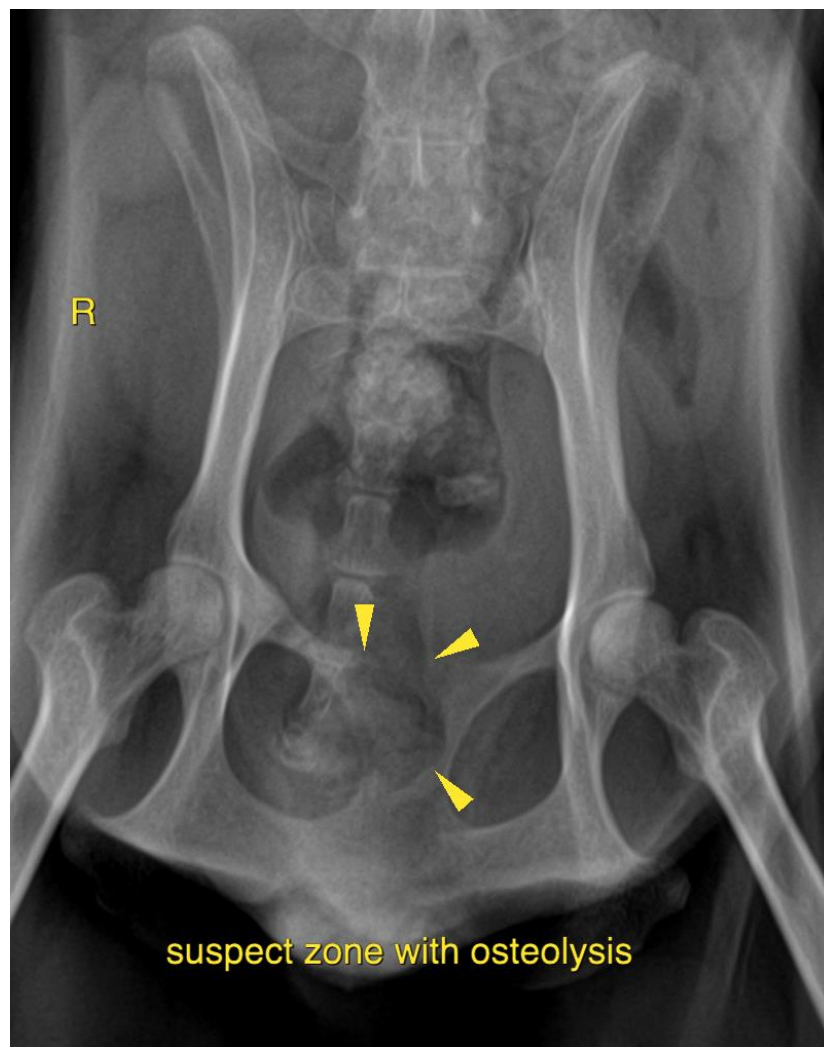
Daniel Finch

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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.

SPECIES

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