



**PATIENT**

Axl Sherburne

**PRESENTING CLINICAL SIGNS**

Patient presented for vomiting and lethargy with inappetance for 2 weeks. Drinking a lot of water at home. No history of getting into things  
 Abnormal PE/Chem/CBC/UA Results: ALP > 2400, ALT 224, Glucose 475, ketones present in urine, mild elevation in BUN and Crea , pending urinalysis and culture

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN**

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

**BREED**

Labrador Retriever

**RADIOGRAPHIC FINDINGS**

Thorax

**SEX**

The surrounding bony structures are within normal limits.

MN

The extrathoracic soft tissues present homogeneous without abnormalities.

**AGE**

7 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.

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

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.

**HOSPITAL NAME**

Boca Park Animal 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. Corinna Gorgon

Abdomen

The surrounding bony structures are within normal limits.

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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**

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The hepatic volume is moderately increased and the caudoventral margins are rounded and there is the impression of scalloping of the hepatic margins. The gastric axis is displaced caudally, and the stomach presents a mild caudally oriented convex shape.

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



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

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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. In the left lateral projection of the abdomen, small irregular mineralizations are seen in the region of the prostate.

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

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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.

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

**RADIOGRAPHIC DIAGNOSIS**

**SEX**

MN

- Hepatomegaly ± hepatic mass lesion
- Dystrophic mineralization in the region of the prostate
- Normal thorax

**AGE**

7 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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Potentials for the hepatomegaly include metabolic hepatic disease (e.g. hepatic lipidosis secondary to diabetes)/steroid induced hepatopathy, hepatitis or neoplastic infiltration. The curved shape of the stomach is increasing the odds for hepatic mass lesion – neoplasia versus regeneration nodules. Recommend ultrasound including FNA sampling, if applicable, for further workup.

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The mineralization seen level with the prostate in the lateral projection can represent dystrophic mineralization of the superimposed soft tissue structures or mineralization of the prostatic parenchyma – such as in preceding prostatitis or neoplastic transformation (e.g. carcinoma). Consider evaluating of the prostate by ultrasound as well.

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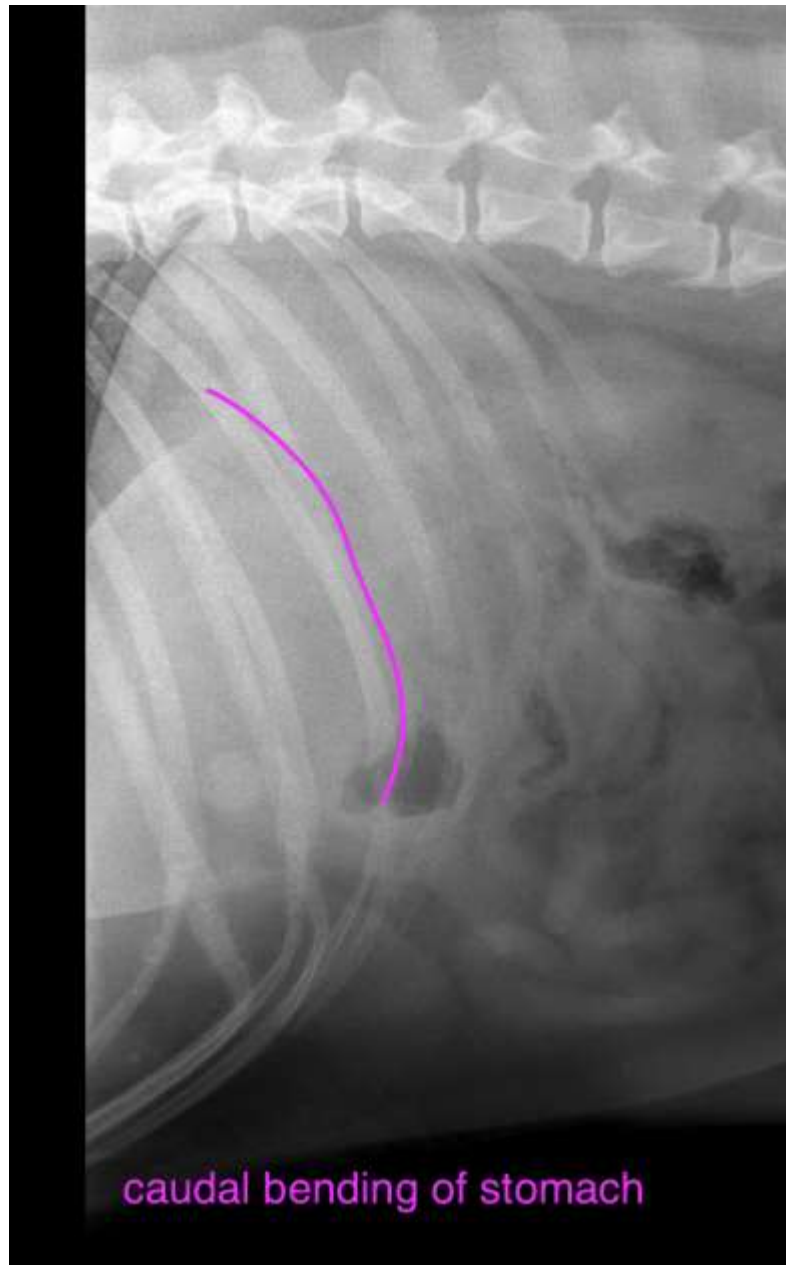
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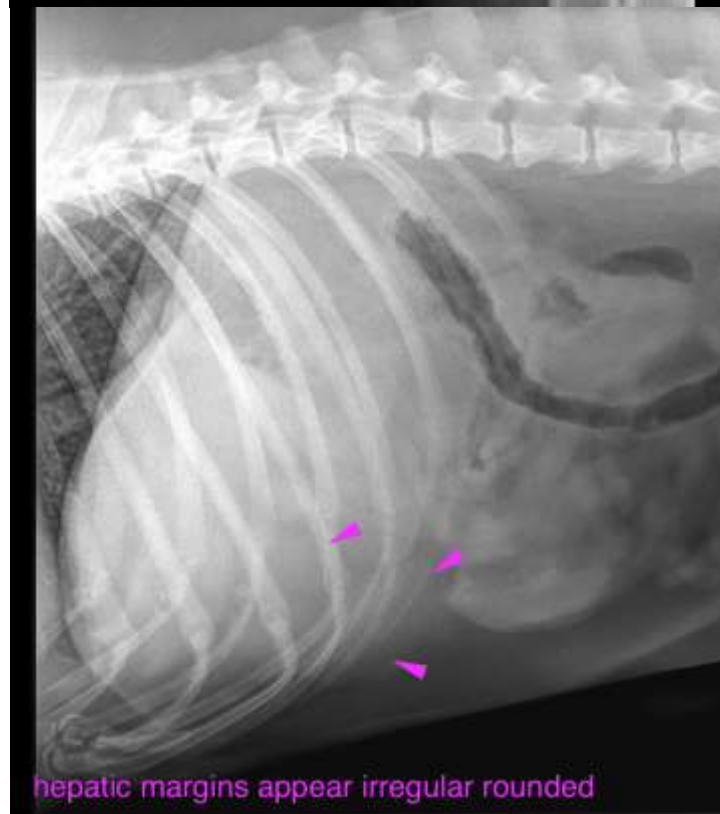
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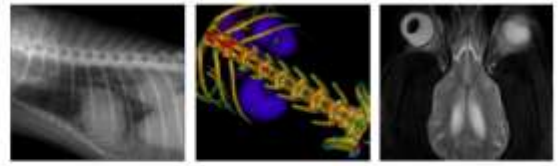
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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