



**PATIENT**

Sandy Benkoski

**PRESENTING CLINICAL SIGNS**

Sandy presents today for lethargy and inappetence starting Saturday. Presented in our office Monday for an exam. No improvement. PU/PD. She remains very lethargic with a decreased appetite. She lies on her bed and doesn't want to move much. She is pu/pd.

**SPECIES**

K9

**RADIOGRAPHIC STUDY OF THE THORAX, ABDOMEN AND PELVIS**

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

**BREED**

German Shepherd  
Mix

**RADIOGRAPHIC FINDINGS**

Thorax

The surrounding bony structures are within normal limits.

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.

**SEX**

FS

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.

**AGE**

13 Years

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

In the caudodorsal lung field, thin branching consolidation of the lung parenchyma is appreciated. The remainder of the lung parenchyma are aerated and present the expected architecture.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

Abdomen

**HOSPITAL NAME**

DTLAvets

The vertebral endplates L2/L3 present moderate spondylosis formation

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

**REFERRING VET**

Dr. Montoya

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

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

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

**INVOICE**

54854

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.

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

**DATE**

10-28-22

Ventral to L6 and L7 a fusiform soft tissue opacity is seen and the descending colon at the same level is mildly deviated ventrally.

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



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Pelvis

The osseous and surrounding soft tissue structures of the pelvis are within normal limits. Both coxofemoral joints present smooth osseous margins and congruent joint spaces.

## SPECIES

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## RADIOGRAPHIC DIAGNOSIS

- Sublumbar soft tissue swelling level L6 & L7
- Bronchial pattern caudodorsal lung field
- Spondylosis deformans L2/L3
- Normal pelvis

## BREED

German Shepherd  
Mix

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sublumbar swelling ventral to the caudal lumbar spine is suggestive for lymphadenopathy of the medial iliac lymph nodes – reactive hyperplasia or neoplastic invasion (primary such as lymphoma versus metastasis). A potential is a mass of different origin, such as granuloma, primary soft tissue neoplasia, hematoma or unlikely abscess. Recommend complementing workup by a digital rectal exam to rule out neoplastic transformation of the anal sacs. Ultrasound can be used to confirm enlargement of the medial iliac lymph nodes and can be complemented by FNA sampling. If not done so yet, consider complementing workup by complete blood work.

## SEX

FS

## AGE

13 Years

The bronchial pattern of the caudal lung field can be a sequela to bronchitis – parasitic, bacterial, viral. Theoretically bronchogenic carcinoma can present with a bronchial pattern as well. Due to the lack of clinical signs, the relevance of the lung pattern is unclear.

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## REFERRING VET

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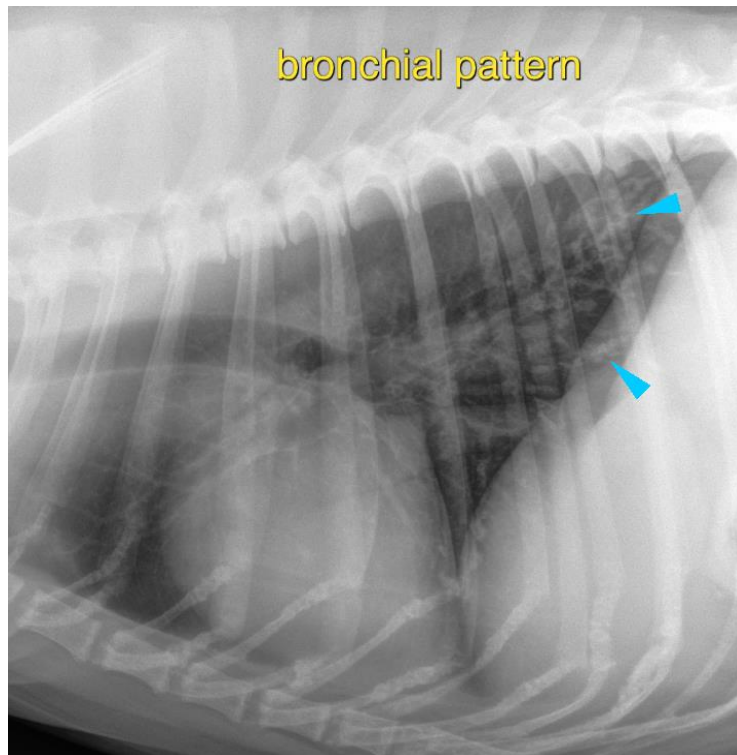
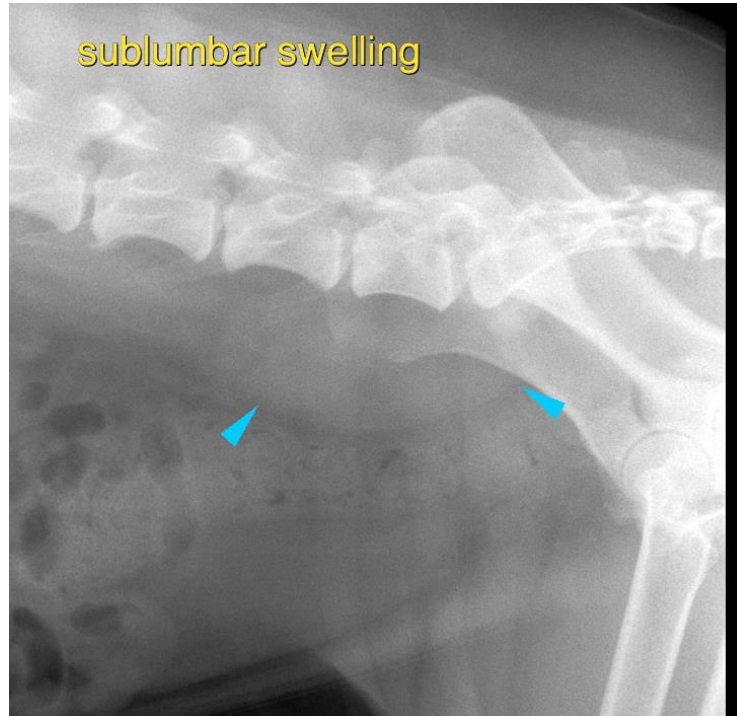
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

**SEX**

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**AGE**

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