



## PATIENT

Leah Baltazar

## SPECIES

Canine

## BREED

Maltese Mix

## SEX

Female

## AGE

7Y

## WEIGHT

8lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Carmen

## HOSPITAL NAME

Animal Clinic of  
Queens

## REFERRING VET

Dr. Mucera

## INVOICE

72679

## DATE

11-19-25

## PRESENTING CLINICAL SIGNS

The patient presents for consultation because he has been performing a prayer position since yesterday many times a day and at night. During the consultation, his vital signs are normal and only the presence of a mass in the ventral part is evident, and therefore an x-ray is recommended in addition to medication for home use.

## RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

An overview study of the thorax and abdomen in three image planes is provided for review.

## 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.

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.

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.

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.

### Abdomen

The surrounding bony structures are within normal limits.

In the subcutaneous tissue along the mid ventral abdominal wall, a fat opaque swelling is appreciated.

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

The hepatic volume is increased, the caudoventral hepatic margins are rounded and are protruding caudally beyond the costal arch. The gastric axis is deviated caudally. The hepatic parenchyma has a homogeneous soft tissue opacity.

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and opacity.

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.



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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

- Mild hepatomegaly
- Suspect subcutaneous lipoma mid ventral abdominal wall

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potentials for the hepatomegaly include metabolic hepatic disease/steroid induced hepatopathy ± hepatitis or less likely diffuse neoplastic infiltration. Ultrasound can be used for specification and will allow FNA sampling as advanced minimally invasive diagnostic tool.

The radiographic study reveals no specific abnormalities and an underlying cause for the presenting clinical signs cannot be specified. If not done so yet, complementing workup by blood work including cpl may be beneficial.



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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