



PATIENT PRESENTING CLINICAL SIGNS

Bella Mitchell

GLOBAL ultrasound was performed after elevated alk phos found working up recent seizures. GLOBAL ultrasound revealed a 0.78x1.08 cm mass of mixed echogenicity in left liver lobe. It was aspirated and slides were submitted to an oncologist for evaluation. Possible mass in left lung lobe found the GLOBAL ultrasound, therefore thoracic radiographs were obtained. HISTORY: PRESENTED FOR: follow-up GLOBAL ultrasound for seizures and elevated alk phos on chemistry panel and nrbc's on CBC. REPORTED SYMPTOM: Ongoing rare short seizures. VITALS: Temperature: 102.0 Heart Rate: 108 bpm Respiratory Rate: 72 bpm Mucous Membrane Color: pink Capillary Refill Time: <2 CURRENT MEDICATIONS: Nexgard, Heartgard, Fish Oil, Phytovet CHX Medicated bath every 2 weeks, TrizChlor 4 pray EXAM FINDINGS: Grade II/VI high pitch left apical heart murmur. Normal lung sounds ausculted bilaterally. Obesity, body score 6/9 Dental disease with loose 106. Tacky mucous membranes. Nuclear sclerosis Chronic medial luxating patellas. Allergic skin disease, with current mild Staph. Infection. LAB RESULTS: 9/14/2022: Chemistry panel reveals elevated alk phos t 671 (20-150) and slightly elevated glucose. CBC results reveal 4% nucleated red blood cells. Urinalysis results reveal mod amorph ca. phos. crystals, a pH of 7.5 and Specific Gravity: 1.017. RADIOGRAPHIC STUDY OF THE THORAX Raght atrial enlargement with increased VHS. Two soft tissue opacities: at the fifth and sixth intercostal spaces which may represent lung masses. Evaluation of radiographs by a radiologist recommended and approved. Repeat radiographs recommended in 6 weeks. GLOBAL ULTRASOUND FINDINGS: AFAST-- Patient Positioning: Right Lateral and Standing Gallbladder: unremarkable Urinary bladder: unremarkable DH View Pleural Effusion: absent Pericardial Effusion: absent Abdominal fluid score: DH - 0 SR/HR 0 CC - 0 HR - 0 Total Abdominal Fluid Score (AFS) - 0 HR5th View - 0 Focused Spleen: unremarkable Comments: A 0.78x1.08 cm mass of mixed echogenicity present in the left liver lobe. TFAST Pneumothorax? Left CTS: absent Right CTS: absent Pleural Effusion? Left PCS: absent Right PCS: absent Pericardial Effusion? absent TFAST Echo Views Right PCS LVSA Volume unremarkable LVSA Contractility (FS%) unremarkable LA:Ao Ratio not assessed RV:LV Ratio not assessed Caudal Vena Cava: fat and flat Hepatic Venous: Distension unremarkable Vet BLUE Left Cd 0-however mass effect with shadowing. Ph 0 Md 0 Cr 0 Right Cd 0 Ph 0

SPECIES

Canine

BREED

Terrier/Mix

SEX

Spayed Female

AGE

7 Years, 1 Month

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

All Pets Medical Center

REFERRING VET

Dr. Agnes Rupley

INVOICE

55358

DATE

11-23-22

RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax in three imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

The body condition score is 8/9.

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



PATIENT

expected.

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The lung parenchyma presents the expected architecture and generalized mild increased radiopacity of the lung field; the intrapulmonary vascular branching is seen up to the third order lung vessels.

SPECIES

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

Canine

RADIOGRAPHIC DIAGNOSIS

BREED

- Obesity

Terrier/Mix

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

The cardiac size is considered normal for the thoracic conformation of the patient. The bulging in the region of the right atrium in the VD view is likely a sequela to pericardiac fat rather than 'real' right atrial enlargement. A cardiac echo might be used to rule out clinically significant cardiac chamber enlargement entirely.

Spayed Female

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The increased radiopacity of the lung parenchyma is considered as a sequela to the nutritional status. No pulmonary opacities, suggestive for lung nodules are appreciated.

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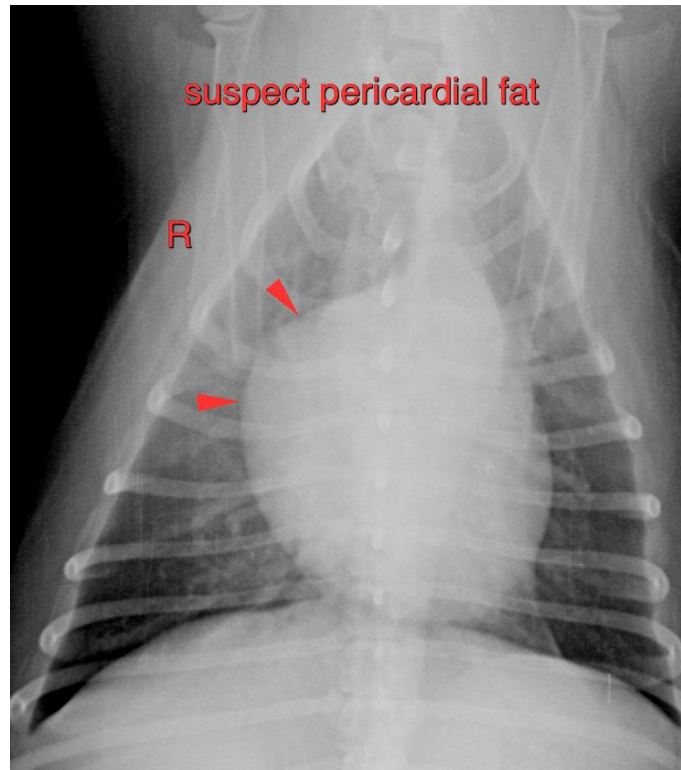
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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