



PATIENT

Doris Alicea

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

12Y, 1M

WEIGHT

23.9lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

JL/JA

HOSPITAL NAME

The Pet Hospital of
Stratford

REFERRING VET

Dr. Robert Bashkin

INVOICE

72505

DATE

11-4-25

PRESENTING CLINICAL SIGNS

Patient has been v/d and lethargic for about a week. Decrease in appetite over the week as well.

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

RADIOGRAPHIC FINDINGS

The vertebral endplates L7/S1 present mild spondylosis formation.

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.

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.

In the mid ventral abdomen, a well-defined, globoid, soft tissue opaque mass is seen; measuring approximately 15 cm in diameter – the small intestinal loops are displaced dorsally, caudally and laterally by the mass effect.

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

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. An innumerable amount of mineral opaque calculi, measuring <2 mm, are superimposed on the urinary bladder.

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.

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

RADIOGRAPHIC DIAGNOSIS

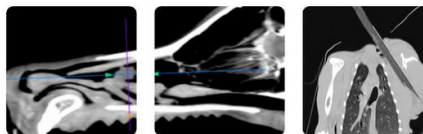
- Large mid ventral abdominal soft tissue mass
- Cystolithiasis without mechanical obstruction
- Hepatomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large abdominal mass is most likely originating from the spleen – potentials are benign nodular hyperplasia, hematoma or neoplasia (e.g. sarcoma). Other potentials for the mid abdominal mass include mesenteric origin, enlarged lymph node, pedunculated hepatic mass, (intestinal mass, pancreas) – and cyst, granuloma, hematoma or neoplasia are considerations. An abdominal ultrasound examination may be used to confirm splenic origin, and surgical management is considered as the therapy of choice.

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.

Consider complete urinalysis for evaluation of the cystolithiasis.



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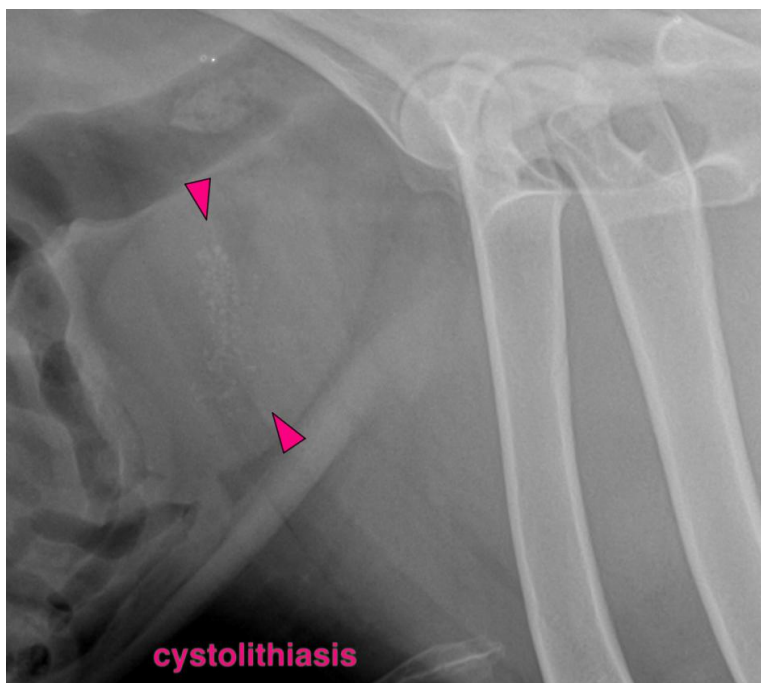
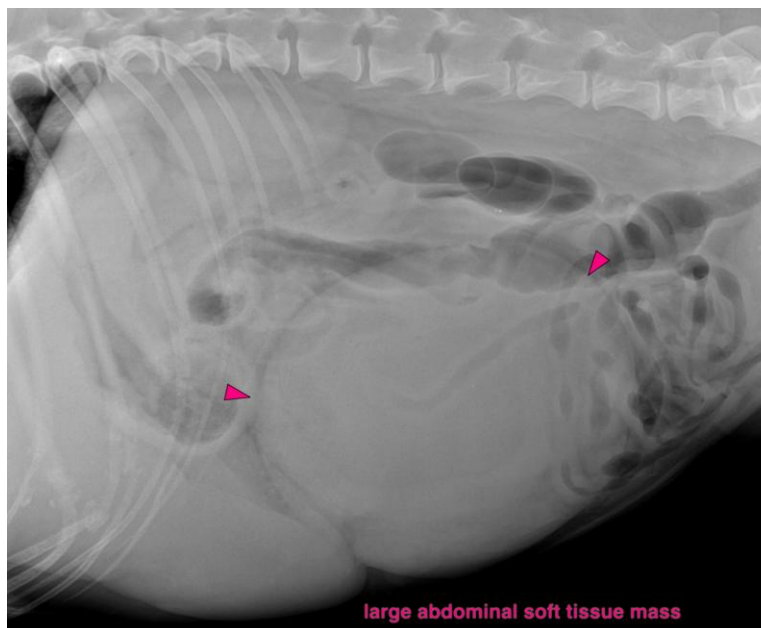
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com