

**PATIENT**

Mojica Nelson

PRESENTING CLINICAL SIGNS

Presented with vomiting lethargy and inappetence. T:97.2 P:150 R: 50
Abnormal PE/Chem/CBC/UA Results: PALE PINK, moist, CRT >2 seconds SOFT,
UNCOMFORTABLE TO PALPATION POSSIBLE FLUID WAVE INCREASED RESPIRATORY RATE
PCV:

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

BREED

Labrador Retriever

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

SEX

FS

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

The serosal detail is lost, and the peritoneal fat presents a marked soft tissue striation/opacification.

AGE

9 Years, 1 Month

In the right cranioventral abdomen, a soft tissue mass is visible – margins are effaced by the diminished serosal detail – measuring approximately 12 cm in size. The small intestinal loops are displaced caudally and dorsally by the mass effect.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Both kidneys are seen and present with normal size, shape, delineation and opacity.

RADIOGRAPHIC DIAGNOSIS

- Cranioventral abdominal mass
- Moderate to marked peritoneal effusion

HOSPITAL NAME

Dr. Leon Anderson

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with a cranioventral abdominal soft tissue mass, and a splenic mass or pedunculated hepatic mass are the top differentials here – such as neoplasia, hematoma, nodular hyperplasia, (granuloma). The peritoneal effusion in combination with the presenting clinical findings are highly suggestive for ruptured mass and peritoneal hemorrhage. Abdominocentesis can be used to confirm abdominal hemorrhage and an abdominal ultrasound can be used to confirm mass originating from the spleen or liver. Laparotomy appears indicated.

REFERRING VET

Kim Allyn, DVM

INVOICE

49093

Consider full tumor staging.

DATE

12-16-21



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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.

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