



## PATIENT

Bella Rivera

## SPECIES

Canine

## BREED

Min Pinscher

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

9.5 Pounds

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Dr. Mucera

## HOSPITAL NAME

Animal Clinic of  
Queens

## REFERRING VET

Dr. Mucera

## INVOICE

35846

## DATE

2/13/26

## PRESENTING CLINICAL SIGNS

Pt is PU/PD for a few days. Large palpable masses in the caudal abdomen. Weight loss

## RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

A complete set of radiographs of the thorax and abdomen 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.

Multiple roundish soft tissue opacities are appreciated throughout the lung field - common

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

### Abdomen

A roundish, ill-defined soft tissue opacity is seen in the caudoventral abdomen, partially blending with the caudoventral abdominal wall.

In the inguinal region, a convex shaped cranial border is appreciated.

The serosal detail is decreased.

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 kidneys and the urinary bladder cannot be clearly delineated.

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.



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## RADIOGRAPHIC DIAGNOSIS

- Soft tissue mass caudoventral abdomen – blending with abdominal wall
- Suspect inguinal soft tissue mass
- Hepatomegaly
- Multiple soft tissue opaque nodules throughout the lung parenchyma

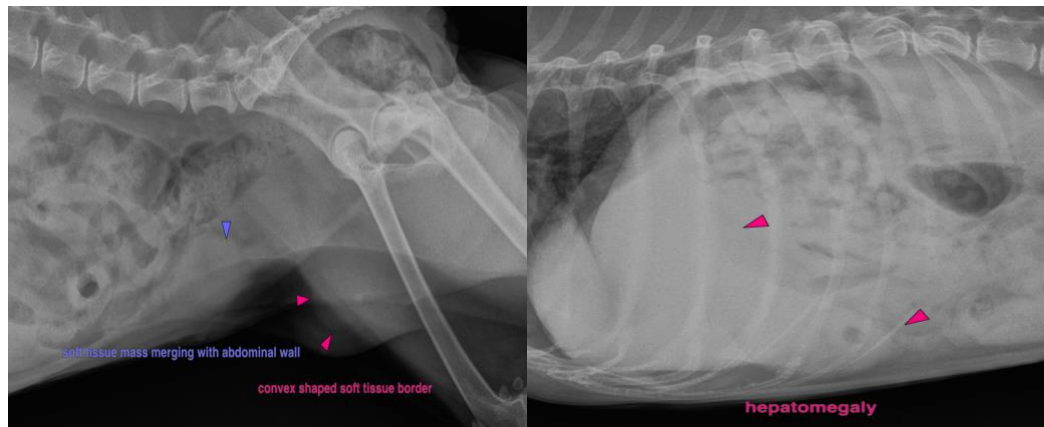
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The caudoventral abdominal soft tissue mass appears to merge with the ventral abdominal wall and primary soft tissue neoplasia of the abdominal wall (e.g. sarcoma, carcinoma) is a likely diagnosis. Differentials include intestinal mass, mesenteric mass, mass of the urinary bladder or less likely uterine mass or enlarged lymph node – differentials include neoplasia, granuloma, cyst. Complementing workup by an abdominal ultrasound examination or CT study can be considered as advanced imaging modalities.

The supposed inguinal soft tissue swelling can present mammary soft tissue or enlarged inguinal lymph node.

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 diagnosis of pulmonary metastatic disease is not definitive as the pulmonary nodules appear to be associated with the pulmonary vascular. A CT study can help to rule in/out pulmonary metastatic disease entirely.





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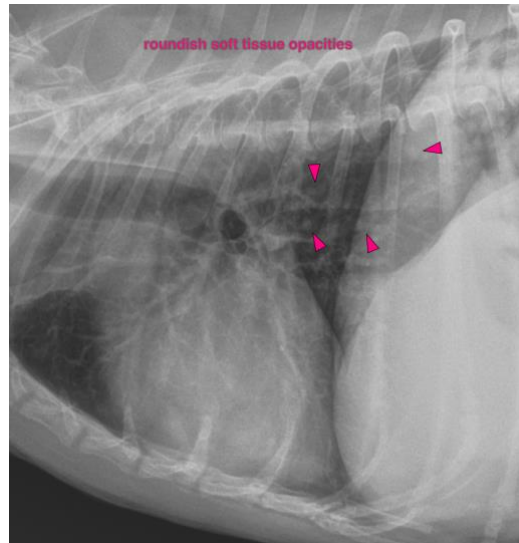
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)