



PATIENT

Taymee Gomez

PRESENTING CLINICAL SIGNS

P had surgery recently P also has testicle cancer and would to check up on that and speak to the doctor about

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

SPECIES

Canine

A complete set of radiographs of the thorax and abdomen is provided for review.

BREED

Pomeranian

RADIOGRAPHIC FINDINGS

Thorax

The intervertebral disc spaces T12/T13 is collapsed. The vertebral endplates T12/T13 to L1/L2 present mild to moderate spondylosis formation.

SEX

MN

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.

AGE

15 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

A soft tissue membrane is bulging ventrally into the tracheal lumen of the cervical segment. The presents the anticipated course.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

HOSPITAL NAME

Animal Paradise
Hospital

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.

REFERRING VET

Dr. Elshafie

Abdomen

The right femoral head presents moderate osteophyte new bone formation.

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

INVOICE

50109

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

The hepatic volume is moderately increased, and the liver is protruding caudally beyond the costal arch. The caudoventral margins are rounded.

DATE

2-5-22

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



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bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract. The prostate is moderately enlarged and presents with multiple amorphous mineralization.

Ventral to L6/L7 a fusiform, ill-defined soft tissue opacity is visible.

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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.

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

RADIOGRAPHIC DIAGNOSIS

SEX

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- Prostatomegaly with dystrophic mineralization
- Possible lymphadenopathy medial iliac lymph node
- Hepatomegaly
- Chronic discopathy T12/T13
- Redundant tracheal membrane
- Spondylosis deformans
- Degenerative osteoarthritis right coxofemoral joint
- No evidence of pulmonary metastatic spread

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostatomegaly in a neutered patient is concerning for neoplastic transformation – such as prostatic carcinoma, transitional cell carcinoma – or given the history of recent neuter might still present benign prostatic hyperplasia with dystrophic mineralization (e.g. due to preceding prostatitis or mineralized intraprostatic cysts). If not done so yet, recommend FNA sampling or Tru-cut biopsy of the prostate for further workup.

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Check the sublumbar region for possible lymphadenopathy of the medial iliac lymph nodes as well.

REFERRING VET

Dr. Elshafie

Potentials for the hepatomegaly include metabolic hepatic disease/steroid induced hepatopathy, hepatitis or neoplastic infiltration. Ultrasound including FNA sampling can be used as minimally advanced diagnostic tests.

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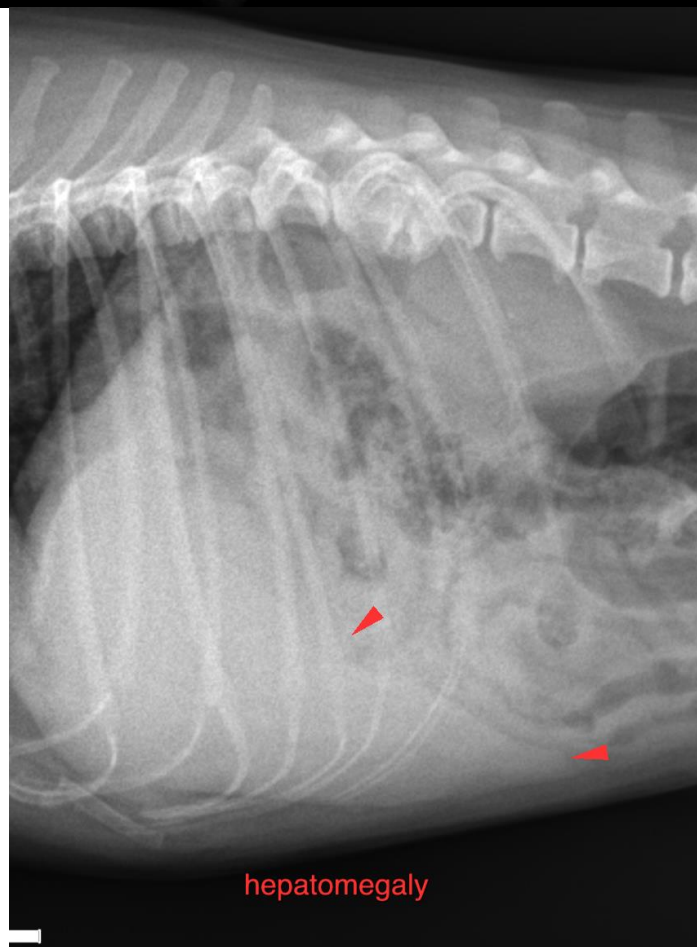
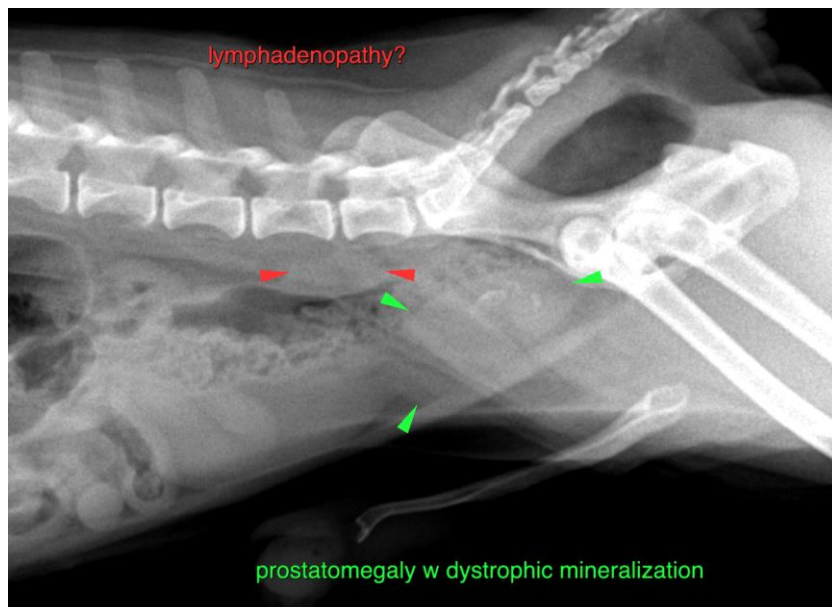
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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