



**PATIENT**

Kenzie Kassay

**PRESENTING CLINICAL SIGNS**

Not eating for two days, lethargic, vomiting bile started earlier today. Panting / labored breathing. Walking with some difficulties on both hind legs. Had ACL surgery in both legs on 2016. Losing weight, lost around 3 lb with the last 5 months.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: CBC indicate mild increase in WBC and Neut, otherwise unremarkable. Chemistry indicate severe increase in ALKP and ALT, increase in Total Bilirubin, Cholesterol and Total Protein, otherwise unremarkable. Electrolyte normal.

**BREED**

Alaskan Malamute Mix

**RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN**

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

**RADIOGRAPHIC FINDINGS**

Thorax

**SEX**

Female Spayed

The vertebral endplates T7/T8 present mild spondylosis formation.

The extrathoracic soft tissues present homogeneous without abnormalities.

**AGE**

12 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

**HOSPITAL NAME**

St. Catherine's Animal Hospital

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

The lung parenchyma presents the expected architecture and opacity with interspersed punctuate mineralization; the intrapulmonary vascular branching is seen up to the third order lung vessels.

**REFERRING VET**

Dr. Bekhit

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

Abdomen

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50936

Multifocal moderate spondylosis formation is seen along the lumbar spine.

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

**DATE**

3-15-22

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



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Significant irregular/macronodular enlargement of the liver is noted, protruding caudally beyond the costal arch. Multifocal throughout the hepatic parenchyma, small linear mineralizations are seen. The gastric axis and the small intestinal loops are displaced caudally by the mass effect.

**SPECIES**

Canine

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are extending along the left abdominal wall and are considered normal for size, shape and opacity.

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Alaskan Malamute  
Mix

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

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

**RADIOGRAPHIC DIAGNOSIS**

**SEX**

Female Spayed

- Macronodular hepatic enlargement with dystrophic mineralization
- Pulmonary osteomas
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

**AGE**

12 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are highly concerning for primary hepatic neoplasia – such as hepatocellular carcinoma/adenoma, hemangiosarcoma, other. Differentials include chronic hepatitis with regeneration nodules, parasitic disease (e.g. Echinococcosis), hepatic cysts. Recommend complementing workup by an abdominal ultrasound examination including FNA sampling for further workup.

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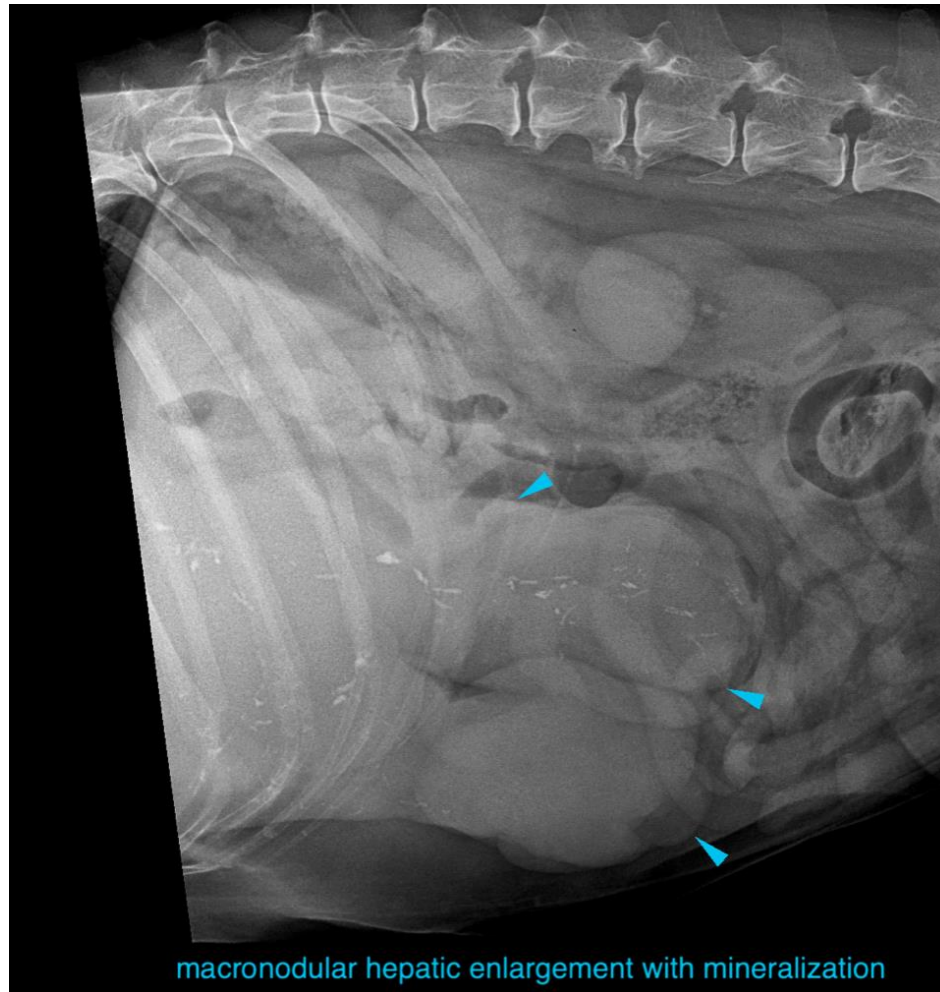
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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