



PATIENT

Corea Papatomas

PRESENTING CLINICAL SIGNS

P is here to get an estimate for mass removals 1 on the rear end that has been getting larger and 1 on the abdomen O usually goes to Secaucus Animal Hospital but O has been having trouble getting in touch with them e/d/u/d ok no c/s/v/d unable to get temperature due to mass in the way O: BAR, m.m-pink, teeth- tartar, OU- L.S, OD- 2 mass on upper eye lid, ENT, H/L, Abdo, U/G, skin and coat- large round uniform hard mass on R caudal abdomen, large mass ventral to anus A: perianal adenoma vs adenocarcinoma mammary gland mass vs others P: Radiographs- spondylosis, send for review discussed if radiographs and blood work is WNL, then schedule masses removal by anus and caudal abdomen and biopsies, discussed possible Dental at the same time

SPECIES

Canine

BREED

Labrador Retriever,
Mixed

Abnormal PE/Chem/CBC/UA Results: CBC- HCT 57, RBCs 8.7, HGB 19.6

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

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

SEX

FS

RADIOGRAPHIC FINDINGS

Thorax

The surrounding bony structures are within normal limits.

AGE

13 Years

Multifocal granular mineralized material is superimposed on the subcutaneous tissue dorsal to the thoracic spine – soiling of the fur versus dystrophic mineralization.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Animal Paradise
Hospital

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.

REFERRING VET

Dr. Mostafa Elshafie

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

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

Abdomen

Multifocal moderate spondylosis formation is seen along the lumbar spine. Both coxofemoral joints present moderate osteophyte new bone formation.

DATE

3-2-22

Protruding from the caudoventral abdominal wall, a well-defined roundish mass, with central amorphous mineralization is visible, measuring approximately 7 cm in size is visible.



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

The liver is appropriate in position, size and presents uniform opacity.

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The splenic head is in the anticipated position and within normal limits for size and opacity. Level with the caudal extremity of the spleen, a roundish soft tissue opacity seen in the lateral projection.

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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 stomach is in its anticipated position and presents normal content.

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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

AGE

13 Years

- Mammary mass with dystrophic mineralization
- Suspect splenic nodule
- Moderate degenerative osteoarthritis coxofemoral joints bilaterally
- Spondylosis deformans
- No evidence of pulmonary metastatic spread

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mineralizing mass at the caudoventral abdominal wall is fitting the history of ventral abdominal mass – suspect originating from the mammary glands (e.g. carcinoma).

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There is suspicion for splenic nodule and differentials include nodular hyperplasia, granuloma, hematoma, neoplasia. Ultrasound can be used to confirm the diagnosis and decision making if splenectomy is a consideration.

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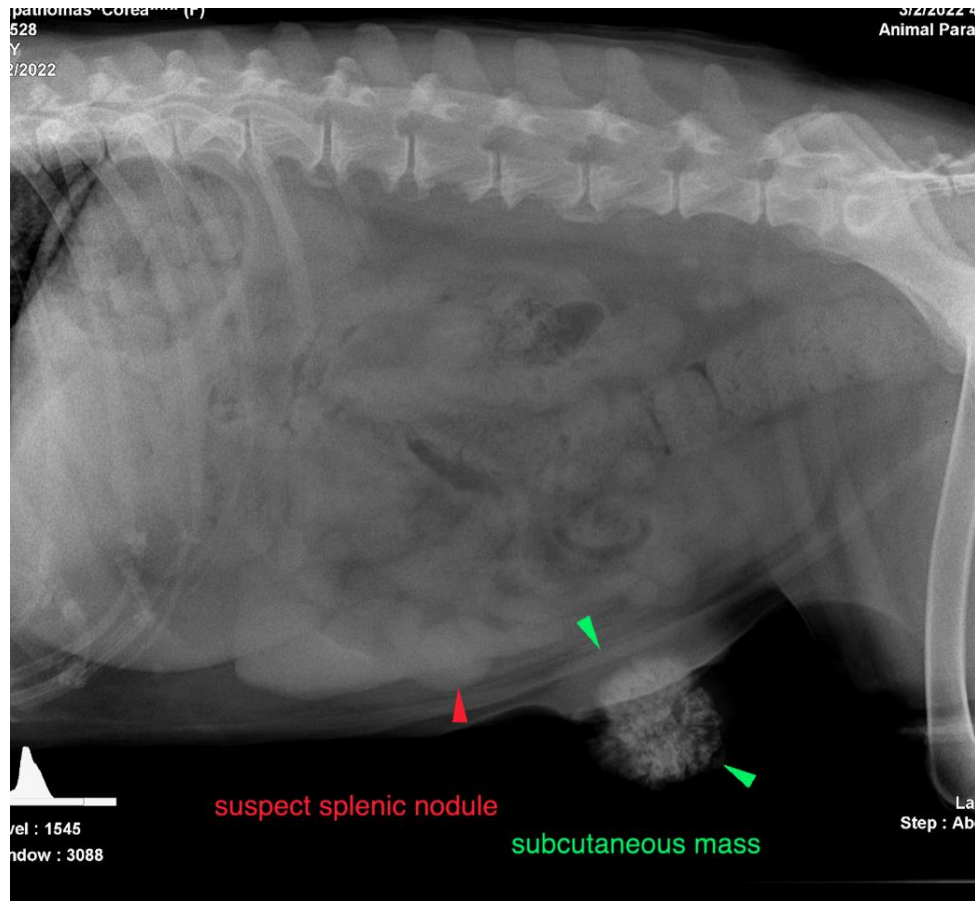
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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