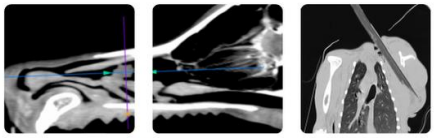


Teleradiology
Educational Teleconsultation Services™

PATIENT
Arnold Rawitzer

SPECIES
Canine

BREED
Doodle

SEX
MN

AGE
12Y

WEIGHT
50lbs

INTERPRETED BY
Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY
Vet Techs

HOSPITAL NAME
Northshore Veterinary Hospital

REFERRING VET
Caley Howard

INVOICE
74379

DATE
3-26-26

PRESENTING CLINICAL SIGNS

- Acute onset vomiting and eating grass, heavy panting, unable to settle. Not wanting to eat or drink. Had a normal defecation this AM. Symptoms started around 1030pm last night
- History of metastatic R AGASACA - known sublumbar LN metastasis
- Last meal last night.
- Minimal response to SQ maropitant inj and SQ fluids

Abnormal PE/Chem/CBC/UA Results: Heavy panting, refusing treats initially (not typical for him). Mild abdominal splinting on abdominal palpation. R anal sac has a firm 1cm mass, no discomfort on dorsal rectal palpation Did start taking treats happily after xrays were taken Mild neutrophilia and monocytosis, mildly elevated ALT. All other parameters including cPLI are normal.

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

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

RADIOGRAPHIC FINDINGS

Thorax

The surrounding bony structures are within normal limits.

In the subcutaneous tissue level with the 9th left rib, an ovoid shaped uniform fat opaque swelling is seen.

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.

In the right lateral view of the thorax, in the ventral aspect of the 5th intercostal space, a uniform soft tissue attenuating nodule is superimposed on the ventral aspect of the cardiac silhouette – not appreciated in in the VD view. The remainder of 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.

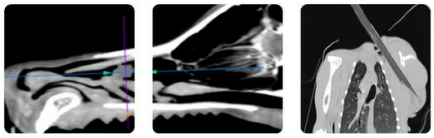
Abdomen

The surrounding bony structures are within normal limits.

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

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

Ventral to L6/L7, an ovoid shaped soft tissue opaque structure is appreciated.



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The hepatic volume is increased, the caudoventral hepatic margins are rounded and are protruding mildly 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 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 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.

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

- History of lymph node metastasis of apocrine gland anal sac adenocarcinoma
- Mild hepatomegaly
- Possible solitary pulmonary soft tissue nodule
- Subcutaneous lipoma left caudolateral thoracic wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 solitary pulmonary soft tissue nodule can represent a non-specific (sub)cutaneous soft tissue nodule versus ‘real’ pulmonary nodule – differentials include granuloma, fibrosis, round pneumonia/mucus impaction, metastasis. Follow up radiographs of the thorax in 6-8 weeks may be used for recheck, a CT study can be considered alternatively to rule in/out pulmonary nodule entirely.

An underlying cause for the acute vomiting cannot be specified. There is no evidence of radiopaque foreign material, abnormal gas pattern or signs for gastrointestinal mechanical obstruction.

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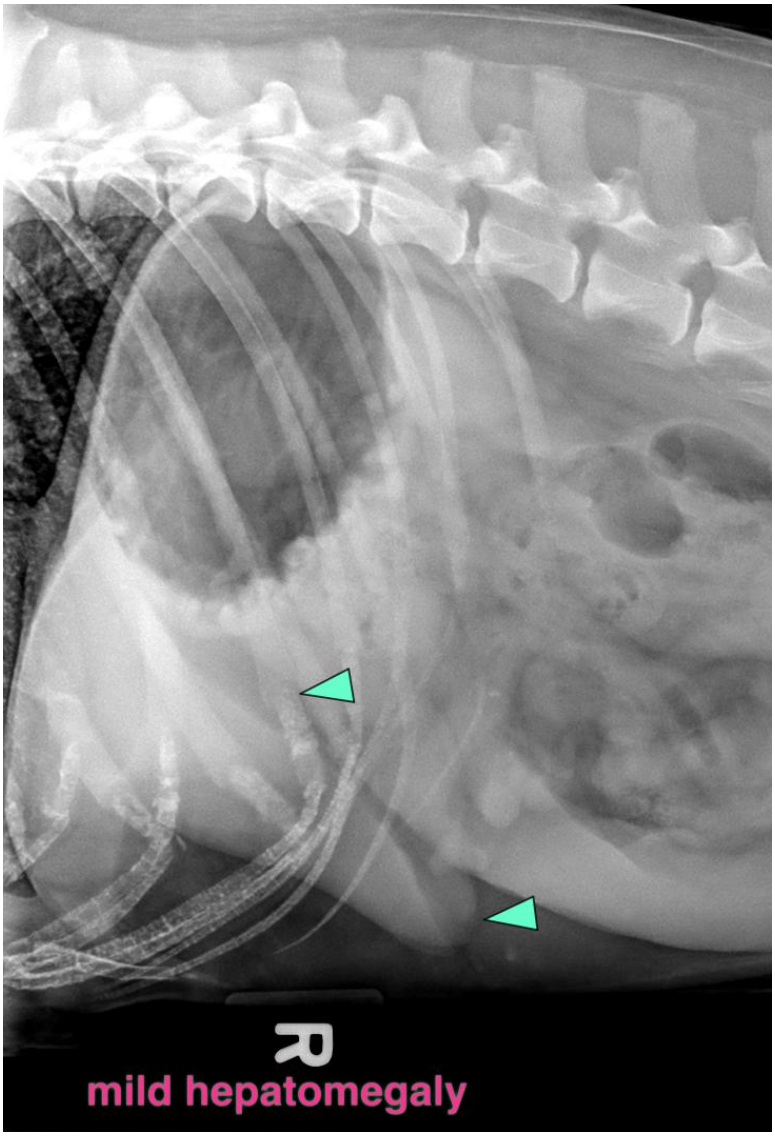

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268

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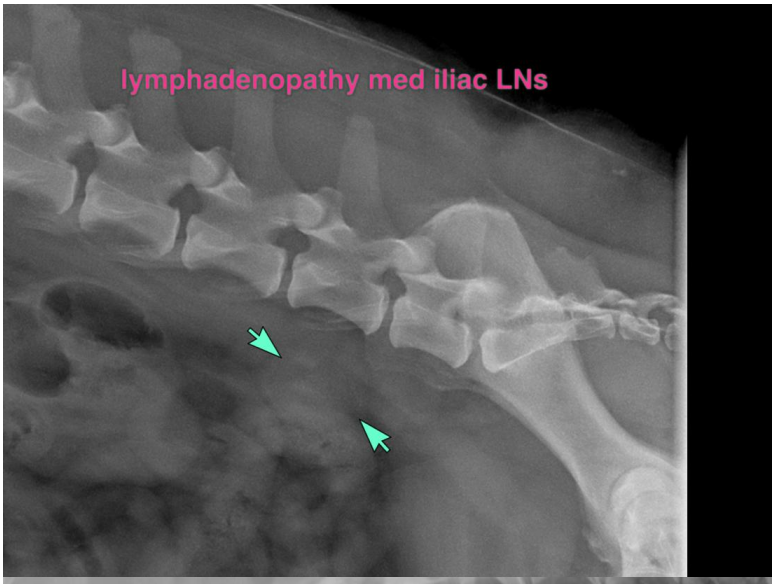

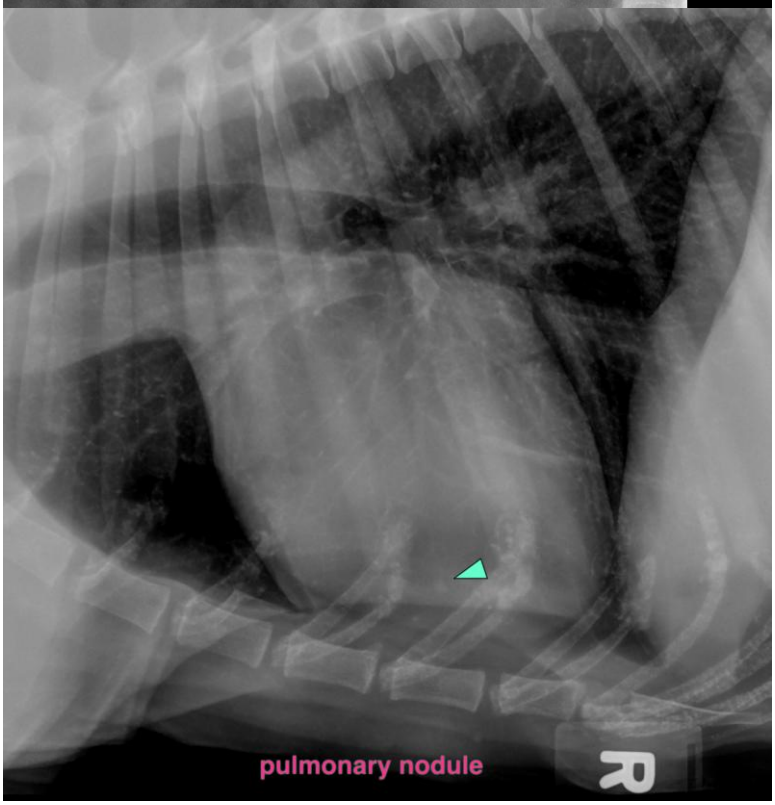

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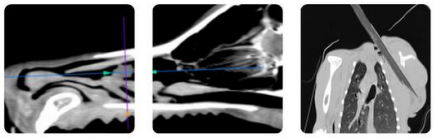

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com