



**PATIENT**

Bandi Kim

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Neutered

**AGE**

13 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Paradise  
Hospital

**REFERRING VET**

Dr. Elshafie

**INVOICE**

51708

**DATE**

4-23-22

**PRESENTING CLINICAL SIGNS**

P is here for an examination on the skin, scabs all over, bleeding all over skin started 4-5 months ago, worsened for the past 2 to 3 months e/d/u/d ok no c/s/v/d O: BAR, m.m-pink, CRT<2sec, AU-erythema, H- 2/6 murmur, L, Abdo- distended abdomen, U/G, skin and coat- severe large bloody scabs on dorsal back and head and scabbing around lips and paws A: Severe allergies vs autoimmune disease vs others R/O dermatophytosis vs mange vs others

**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.

Multifocal moderate peribronchial cuffing in combination with an unstructured reticular pattern is appreciated

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.

The hepatic volume is moderately increased the liver is protruding beyond the costal arch; the gastric axis is deviated caudally. The caudoventral hepatic margins are rounded.

Between the dorsal aspect of the fundus of the stomach and the liver, a roundish, granular mineralized lesion, measuring approximately 4.3 cm in size is visible.

In the VD view, the spleen presents a nodular soft tissue opacity in the craniomedial aspect.

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.



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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.

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

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**RADIOGRAPHIC DIAGNOSIS**

- Mineralizing mass like soft tissue lesion between the fundus of the stomach and the liver
- Hepatomegaly
- Suspect splenic nodular lesions
- Broncho-interstitial lung pattern
- No evidence of pulmonary metastatic disease

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There is a mineralizing mass like lesion located between the dorsal aspect of the fundus of the stomach and the liver. Rule out mineralizing chronic hepatopathy, hepatic mineralizing mass (e.g. neoplastic, parasitic) or gastric mass (e.g. neoplasia, granuloma). An abdominal ultrasound examination or CT study of the abdomen can be used as advanced imaging modality ± sampling for cytology.

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The suspected splenic nodule can represent splenic nodular hyperplasia, granuloma or neoplasia, a nodular lesion of the pancreas (e.g. cyst, neoplasia, abscess) or enlarged splenic lymph node are considerations as well.

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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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The broncho-interstitial lung pattern is suggestive for inflammatory lower airway disease (e.g. lymphoplasmocytic, eosinophilic, mixed) or infectious origin (e.g. viral, bacterial, parasitic). Due to the lack of clinical signs, the relevance of this finding is unclear.

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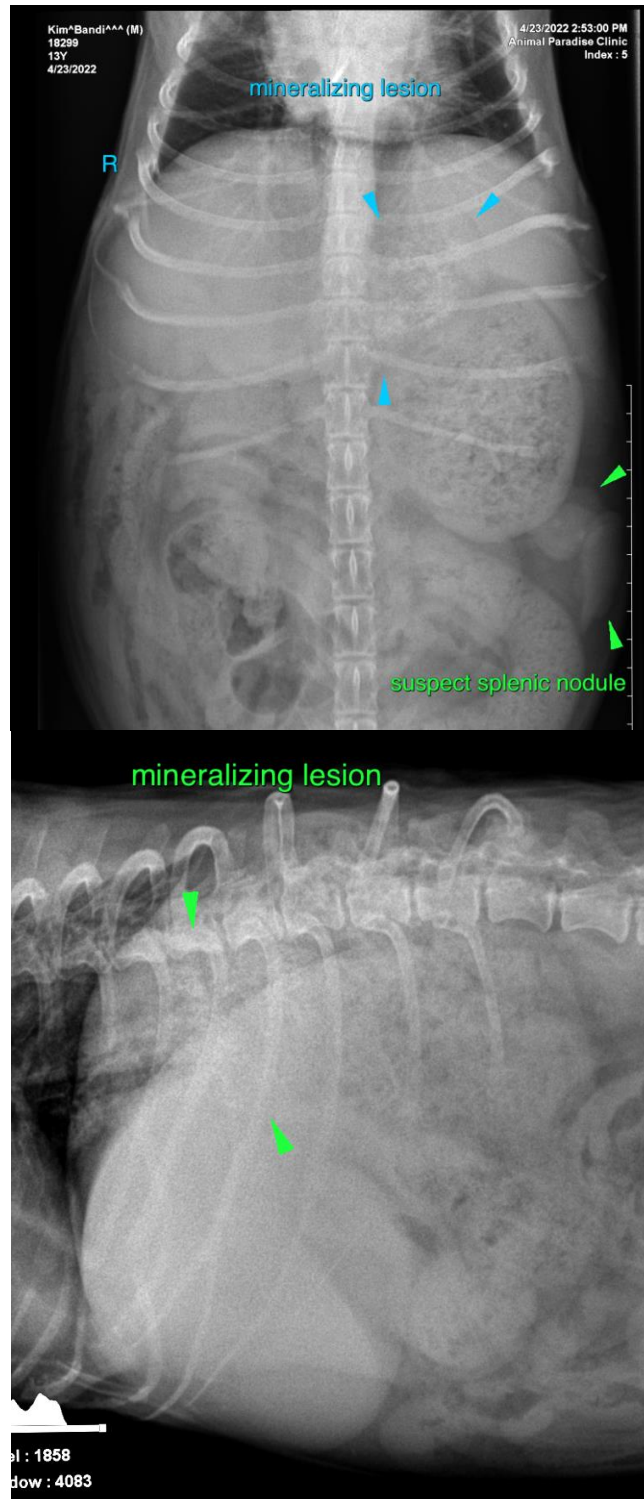
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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