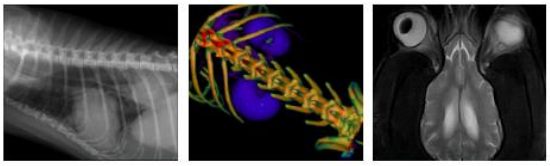

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PATIENT

Chewee Grohs

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

13

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Paradise Hospital

REFERRING VET

Dr. Elshafie

INVOICE

51786

DATE

4-27-22

PRESENTING CLINICAL SIGNS

Hx of liver mass Past Results Read - expansive L cranial liver mass- differentials including hepatoma vs low grade carcinoma, UG FNA considered and CT scan for evaluation for surgical planning vs direct exploratory Sx with expectation for full sided lobectomy, mass appear deviate the diaphragm cranially
Abnormal PE/Chem/CBC/UA Results: BUN 48, ALT 1341, ALP 10205

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

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

RADIOGRAPHIC FINDINGS

Thorax

The shoulder joints present mild to moderate osteophyte new bone formation, L>R

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. A soft tissue membrane is superimposed on the dorsal aspect of the tracheal lumen. The luminal outline of the trachea is smooth.

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

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 vertebral endplates of the lumbosacral junction present mild spondylosis formation.

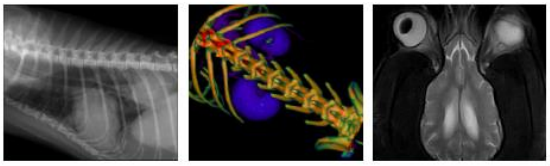
No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

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

The caudoventral margins of the liver are continuous with a bilobed appearing, uniform soft tissue opaque, well-defined mass, measuring approximately 7.1 x 9.3 x 10.0 cm in size. In the VD view, the mass is accentuated in the left cranial abdomen. The stomach is deviated dorsally and the small intestinal loops caudally by the mass effect.

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. In the lateral view, a mineral opaque body is superimposed on the urinary bladder.

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

- Left divisional cranioventral abdominal soft tissue mass
- Mineralized body superimposed on urinary bladder
- Degenerative osteoarthrosis shoulder joints bilaterally
- Mild spondylosis formation L7/S1
- Redundant tracheal membrane
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cranial abdominal mass is very likely originating from the left or central division of the liver and neoplastic disease (e.g. hepatocellular adenoma/carcinoma) is considered likely. A large hepatic cyst can be a differential here. The odds for a splenic mass are low.

The mineralized body superimposed on the urinary bladder in the lateral view can present a small urinary calculus in the urinary bladder, small mineralized body in the intestinal tract, or dystrophic mineralization of the overlying soft tissue structures. An ultrasound examination can be considered to rule in/out cystolithiasis.

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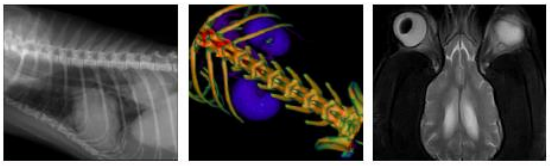

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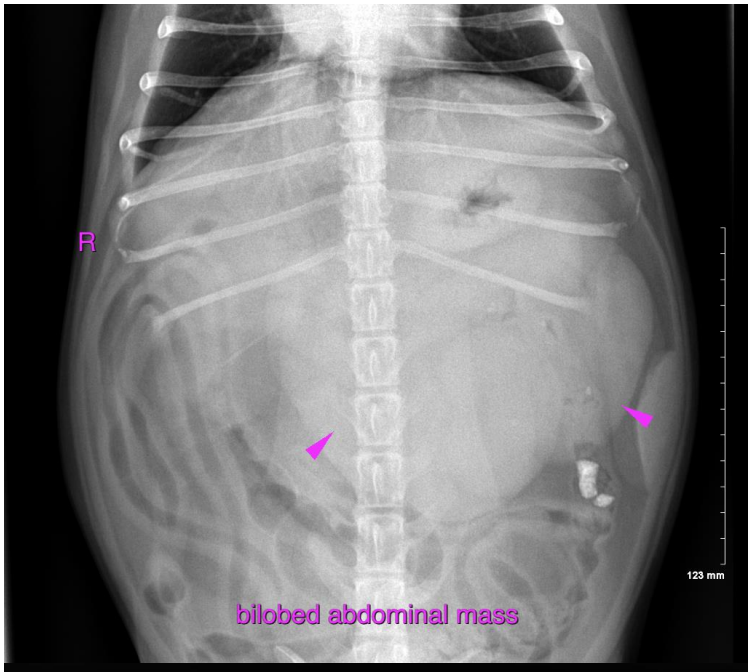

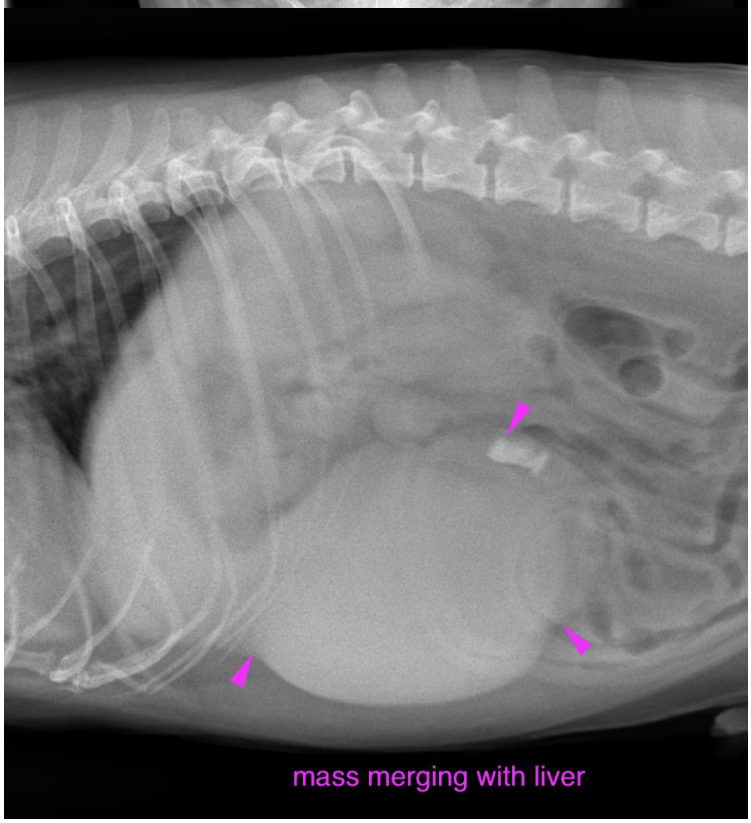

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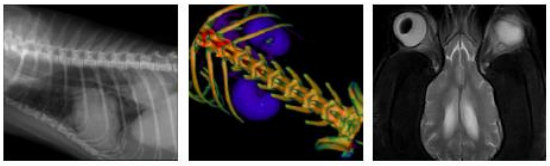

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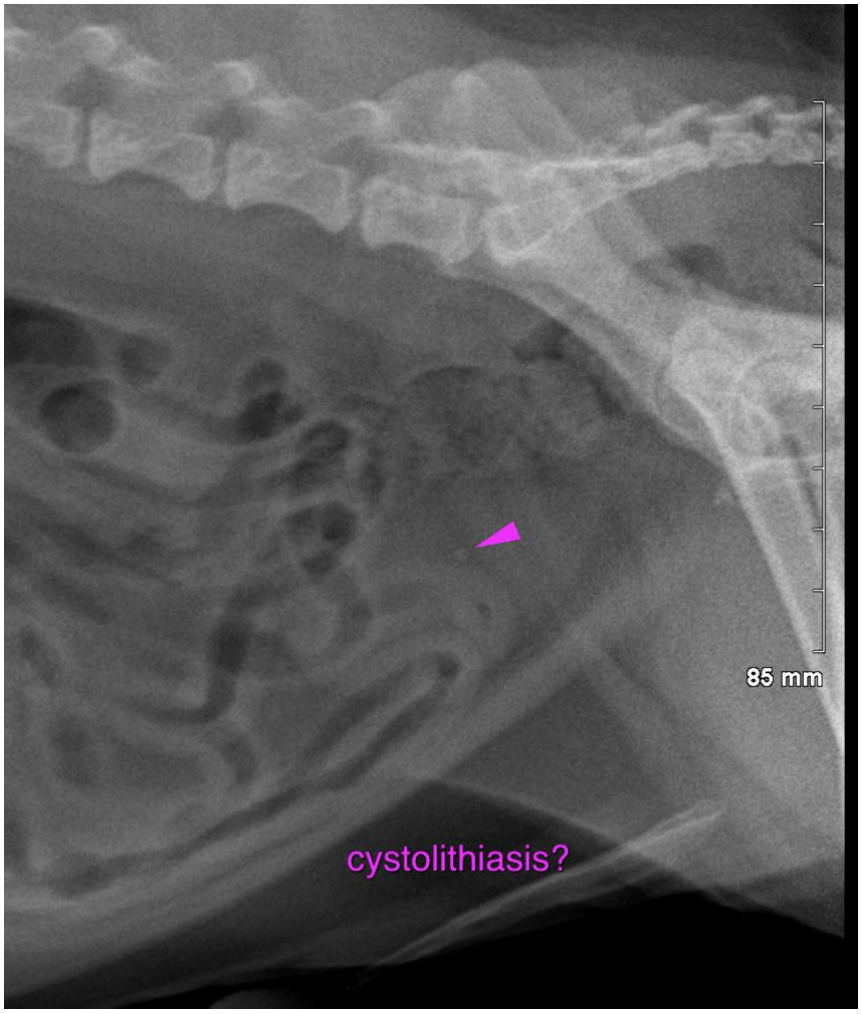

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com