



PATIENT

Larry Caldwell

PRESENTING CLINICAL SIGNS

Lethargic / not himself since this morning. Was hacking yesterday, trying to vomit but nothing came up, no hacking today. Ate half of a hamburger yesterday and eats mushrooms on lawn Ate small amount today. No V/D/C Diagnosed with liver shunt, surgery done few years ago.

SPECIES

Canine

Diagnosed with kidney stones. History of pancreatitis.

Abnormal PE/Chem/CBC/UA Results: Blood work in house indicate increase in Lipase, very mild increase in BUN, stress glucose, otherwise unremarkable. U/A result pending. SDMA, result pending.

BREED

Yorkshire Terrier

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

An overview study including the thorax and abdomen in three imaging planes is provided for review.

SEX

Male Neuter

RADIOGRAPHIC FINDINGS

Thorax

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

AGE

10 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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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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.

REFERRING VET

Dr. Bekhit

Abdomen

The surrounding bony structures are within normal limits.

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

DATE

6-20-22

The splenic head is in the anticipated position and within normal limits for size and opacity. In the VD projection, caudal to the stomach an ovoid shaped mass like lesion is seen caudal to the stomach, measuring 3.9 cm in size – the lesion is not appreciated in the lateral projections.

In the imaging plane of the renal pelvis bilaterally, staghorn like calculus formation is appreciated,



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R>L. 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. Superimposed on the stomach, a metal opaque ring shaped body, measuring approximately 1 cm in diameter is appreciated – presenting a variable position in the fundus and pyloric antrum in the different projections of the abdomen.

SPECIES

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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.

BREED

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RADIOGRAPHIC DIAGNOSIS

- History of surgical management of a portosystemic shunt using ameroid constrictor – superimposing on the stomach
- Possible soft tissue mass left cranial abdomen
- Nephrolithiasis
- Normal thorax, no evidence of pulmonary metastatic disease.

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Male Neuter

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ovoid shaped soft tissue opacity caudal to the stomach is concerning for a soft tissue mass originating either from the body of the spleen, left lobe of the pancreas, intestine/stomach, lymph node or pedunculated hepatic mass (would expect to see it in the lateral views as well). Neoplasia, cyst, granuloma or hematoma are considerations.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Recommend an abdominal ultrasound examination to confirm the abdominal mass and specify the organ of origin.

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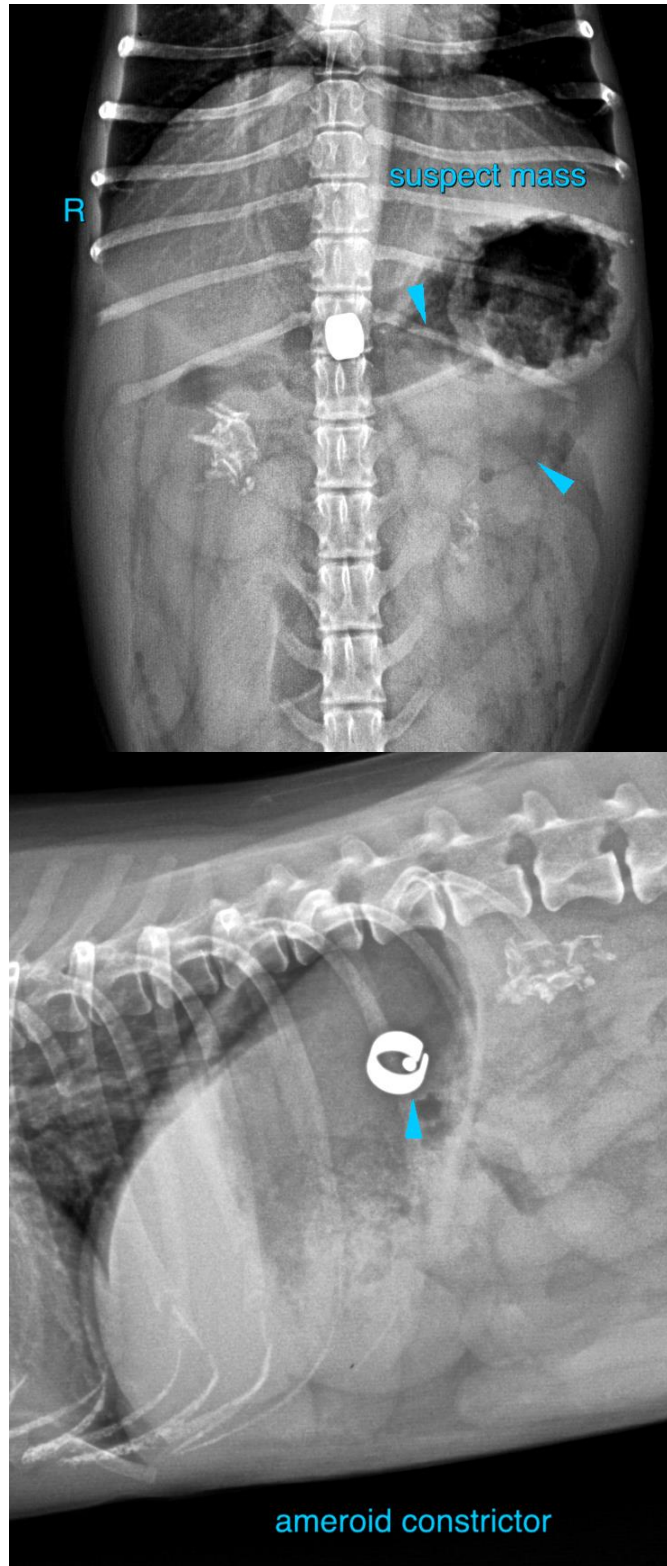
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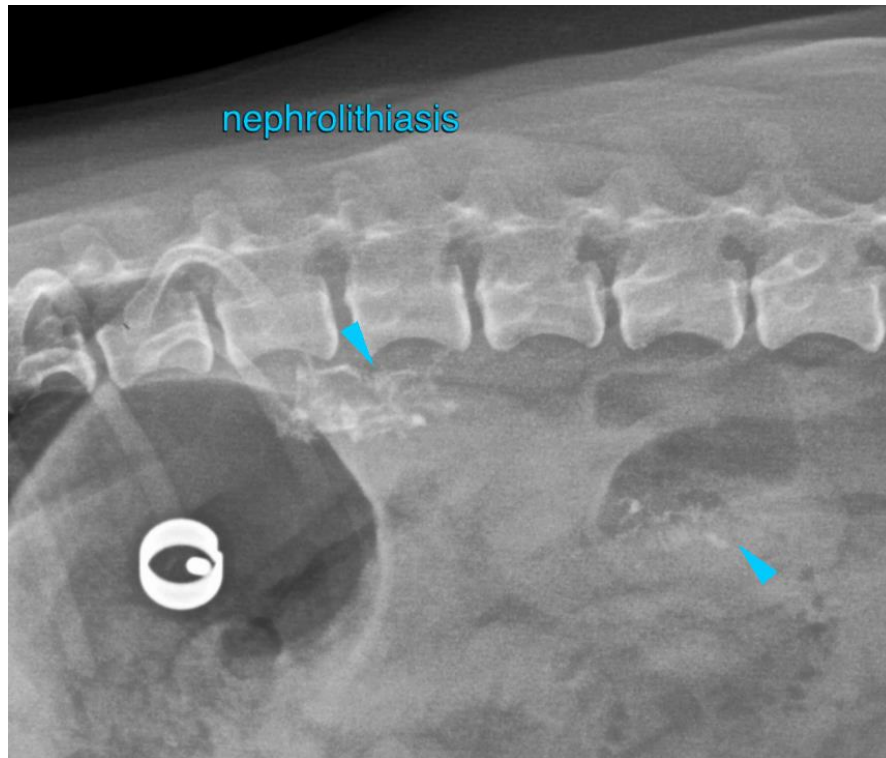
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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