



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Blackie Barreto Reason for Visit: pet not acting right History: 16yr old SF Havanese is presented today because p is just not acting right to owner. since last visit in may p has just been going down hill. O's have noticed that p isn't walking as much & is having trouble getting around anywhere, moving very slow & while p is trying to get around she is having labored breathing. While p is sleeping or at reat her breathing is fine & normal. O's have also noticed that p isn't very interested in food lately & seems to be having a hard time eating. P is also having some incontinence & hiding around house as well as experiancing trembling randomly. O's have noticed p not feeling well & experiancing blaoting O's say that even up until a few months ago p always bounces back after not feeling well but that isn't happening they are concernd that it might be the medication. last vitis Vetoryl was increased to 10mg 1 tab a day for on month supply after that ran out O's orderd on chewy, chewy sent 5mg tablets O's stuck with that b/c P was to lethargic on 10mg tab.

SPECIES Canine

BREED Havanese

SEX SF

AGE 16 Years, 10 Months

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: QAR EENT: Nucl scl, early cataracts OU Oral Cavity: mm pale Lymph Nodes: N Skin: N CV/Respiratory: 3/6 murmur, crackles bilaterally, faint wheezing right side Abd/GI: slightly distended belly, tense, not painful Uro/Perineum: N Musculoskeletal: grade 2 left MPL with crepitus, discomfort on full ext of hips Neurological: No CP deficits Fecal: Diagnostic Testing Needed: Chest rads - heart normal in size, has a large mass in area of left kidney/adrenal CBC/Chem/Lytes in house HCT 17.1, retics 249.2 - severe anemia - r/o hemorrhage (ab mass), CRF Neutrophilia 13,970 - r/o stress, neoplasia, infection Plts 59,000 - r/o clumps vs being used in abdomen/mass vs ITP Creat 3.5, BUN 115, Phos 12.4 - CRF ALT 198, Alk Phos 567 ACTH Stim pending above results

RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax in two imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

The vertebral endplates T7/T8 present mild spondylosis formation.

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.

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

The lung parenchyma presents a generalized mild to moderate ground glass opacity of the lung parenchyma; 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.

The serosal fat presents moderate fat stranding. In the left cranial abdomen, ventral to the left kidney, caudal to the spleen, a spherical, homogeneous soft tissue mass is partially included within the collimation.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Feldt

INVOICE

52954

DATE

7-19-22



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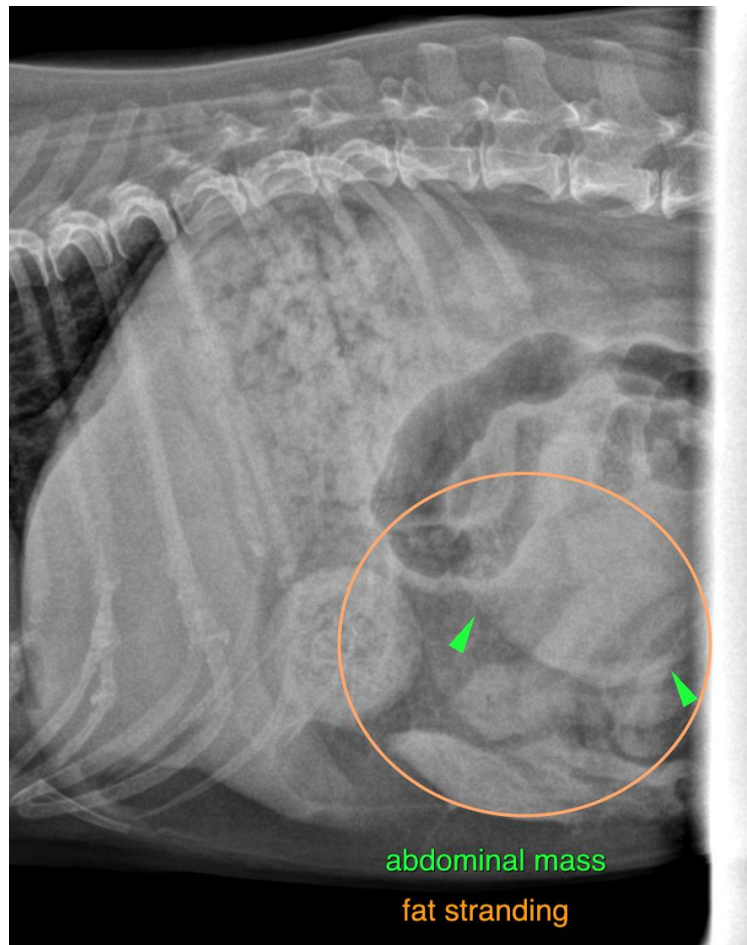
RADIOGRAPHIC DIAGNOSIS

- Large left sided cranial abdominal mass
- Mild peritoneal effusion
- Mild to moderate unstructured interstitial lung pattern
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the abdominal mass in the left abdomen with signs of mild to moderate peritoneal effusion/peritonitis. A mass originating from the spleen is considered most likely (e.g. nodular hyperplasia, hematoma, neoplasia) with secondary abdominal hemorrhage. Potentials would include lymphadenopathy, intestinal mass, peritoneal mass or mass originating from the pancreas.

The abdominal mass is considered as a plausible cause for the presenting clinical signs.





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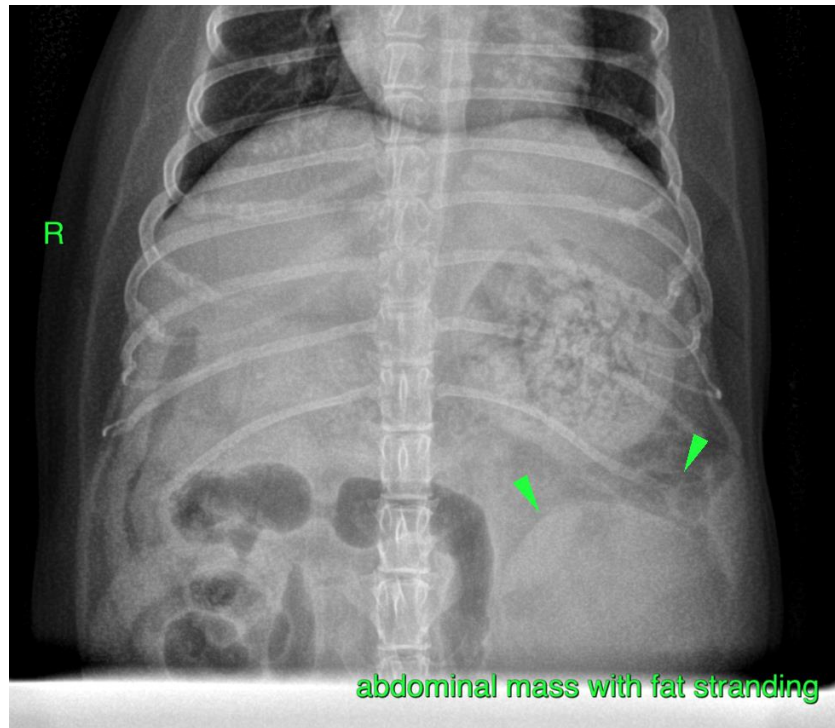
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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