



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Princess Dinkie Day Reason for Visit: Masses on abdomen History: P was spayed later in life (06/30/2020) after being transferred from us to St. Francis for emergency OHE. O noticed growths since sx. Grown significantly in size.

SPECIES Abnormal PE/Chem/CBC/UA Results: Hydration: Adequate Mentation: BAR EENT: OU clear. AU clear, no debris. No cough on tracheal palpation. Oral cavity: Moderate dental tartar. Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: No ectoparasites seen. Large, irregular shaped, mammary mass on right side of abdomen; warm to the touch; diffuse pockets of pitting with serosanguinous fluid; other areas of mass feel like soft tissue; slightly larger than a softball. Medium, irregular shaped, mammary mass on the left caudal side of abdomen; about 5 cm round. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful, no fluid wave, no palpable masses or organomegaly. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 5/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs. Neurological: Alert and appropriate. No deficits noted. Diagnostic Testing Needed: FNA of growths with cytology to IDEXX, chest/abdominal radiographs with radiology review

BREED

Canine
Pekingese

SEX

SF

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

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

AGE

14 Years, 5 Months

RADIOGRAPHIC FINDINGS

INTERPRETED BY

Thorax

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

At the caudal aspect of both humeral heads, moderate osteophyte new bone formation is seen. The pictured parts of at least one elbow joint present moderate osteophyte new bone formation.

At the right cranioventral abdominal wall, level with the caudal costal arch, an irregular ovoid shaped, soft tissue mass with interspersed gas opacities, measuring approximately 11.6 x 6.5 cm in size is visible.

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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.

REFERRING VET

Dr. Orcutt

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.

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In the right lateral view, level with the 1st intercostal space, a small nodular soft tissue opacity is seen, measuring 2 mm in size. The remainder of the lung parenchyma present the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

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The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.



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Abdomen

Princess Dinkie Day

The surrounding bony structures are within normal limits.

In the subcutaneous tissue at the left ventral abdominal wall, an irregular soft tissue mass measuring 3 cm in size is seen, presenting central irregular mineralization.

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The serosal detail is maintained throughout the peritoneal and retroperitoneal space. Ventral to L5/L6, an irregular roundish nearly mineral opaque structure is appreciated - considered as an end on projection of the deep circumflex iliac artery.

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

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In the imaging plane of the renal pelvis bilaterally, moderate mineralizations are appreciated.. 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.

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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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

RADIOGRAPHIC DIAGNOSIS

- History of mammary masses with evidence of cavitation of the large mass at the right cranioventral abdominal wall and dystrophic mineralization of the smaller mammary mass at the left ventral abdominal wall
- Possible solitary pulmonary nodule versus superimposed anatomy
- Nephrolithiasis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nodular opacity superimposed on the most cranial aspect of the lung field is most suggestive for superimposed anatomy/cutaneous nodule or pulmonary osteoma/mineralizing subpleural plaque, as it as a high radiopacity despite its small size. The odds for a pulmonary soft tissue nodule are considered lower - e.g. metastasis, granuloma, fibrosis, cyst, round pneumonia. Follow up radiographs in 4-6 weeks might be used for reevaluating the thorax. A CT study of the thorax can be considered alternatively, to rule out pulmonary nodular lesion entirely.

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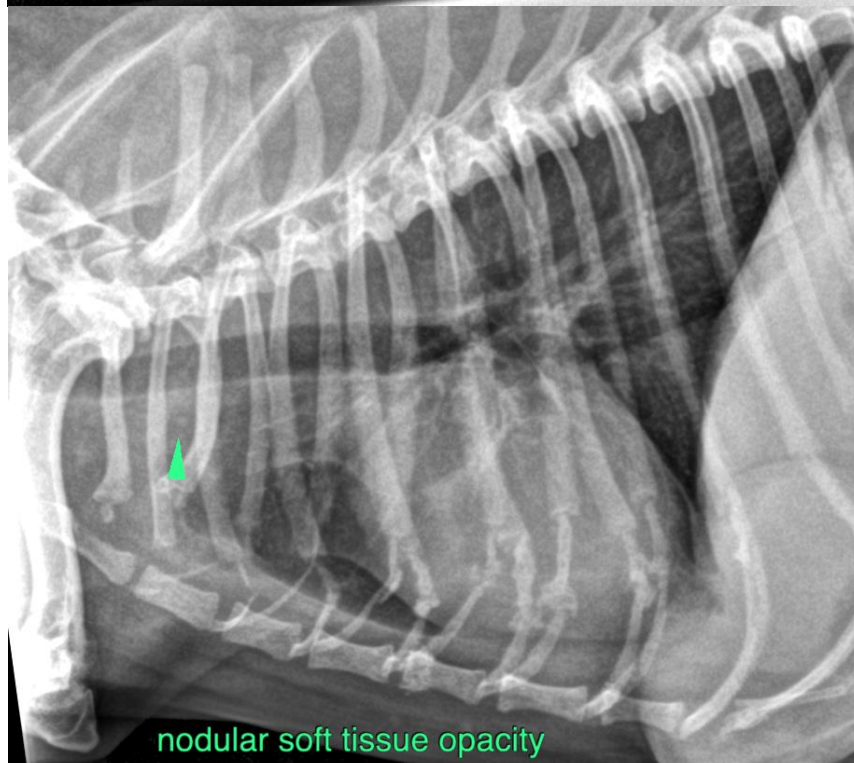
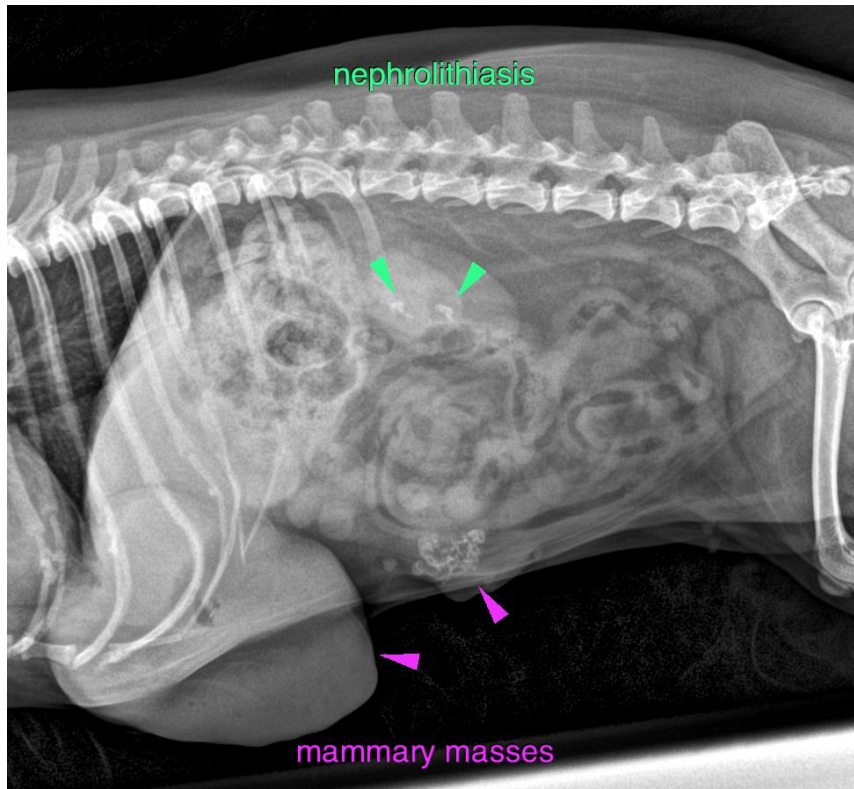
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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