



PATIENT PRESENTING CLINICAL SIGNS

Reggie Starr Patient presented on 08/20/21 due to not eating for about a week or so. Cardiac Enlargement. Abnormal PE/Chem/CBC/UA Results: CBC/Chem WNL. Protein in urine.

SPECIES RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

RADIOGRAPHIC FINDINGS

Thorax

The costal cartilages present moderate degenerative changes.

A large subcutaneous lipoma is seen along the left thoracic wall, measuring up to 25 cm in length.

The cardiac silhouette is prominent and presenting a broad sternal contact. The cardiac silhouette is occupying approximately 3.5 intercostal spaces, 75% of the thoracic height and 80% of the thoracic width. A hat-sign is visible in the right lateral projection, seen as a convex shaped soft tissue opacity superimposed on the trachea cranial to the aortic arch – no signs for enlargement of main pulmonary artery are appreciated in the VD projection. The vertebral heart score is 11.7. 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 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

Multifocal moderate spondylosis formation is seen along the cranial lumbar spine.

In the subcutaneous tissue along the right craniolateral abdominal wall a spindle shaped lipoma measuring approximately 19 cm in length is visible. A second smaller lipoma is seen at the left caudolateral abdominal wall.

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

9-3-21 The liver is moderately enlarged causing caudal deviation of the pyloric antrum of the stomach.

INVOICE

47348

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Ahwatukee Commons
Veterinary Hospital

REFERRING VET

Linda R Elliott

**PATIENT**

Reggie Starr

The splenic head is not appreciated. The splenic body and tail are considered normal for position, size, shape and opacity.

SPECIES

Canine

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.

BREEDEnglish Springer
Spaniel

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.

SEX

Male

RADIOGRAPHIC DIAGNOSIS

- Hepatomegaly
- Generalized cardiomegaly without signs for decompensation
- Large subcutaneous lipomas thoracic and abdominal wall
- Moderate degenerative changes costal cartilages
- Spondylosis deformans

AGE

11 Years, 1 Month

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. Consider an abdominal ultrasound examination for further evaluation of the hepatic architecture and FNA sampling if applicable.

The cardiomegaly can be accentuated by the thoracic conformation and pericardial fat. If there are clinical signs for cardiac disease – such as cardiac murmur – a cardiac echo is recommended to screen for cardiac chamber enlargement and signs for valvular disease.

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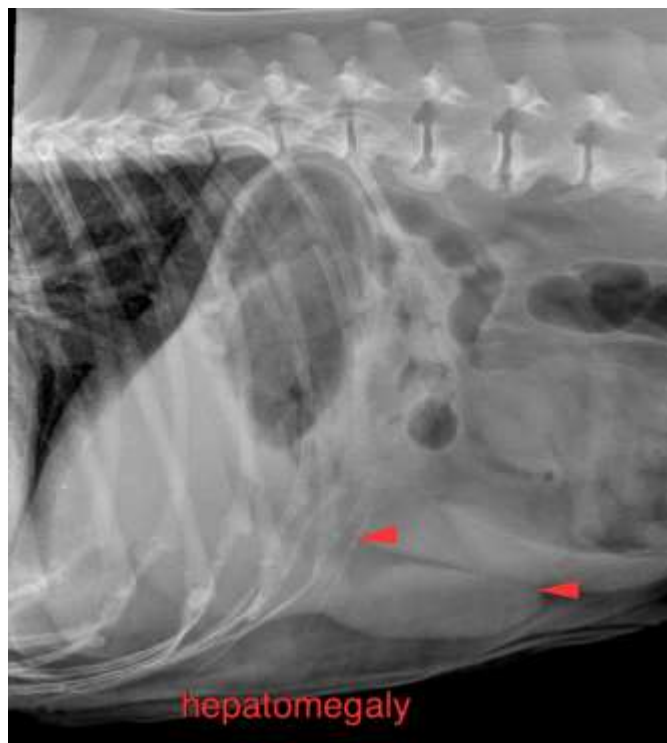
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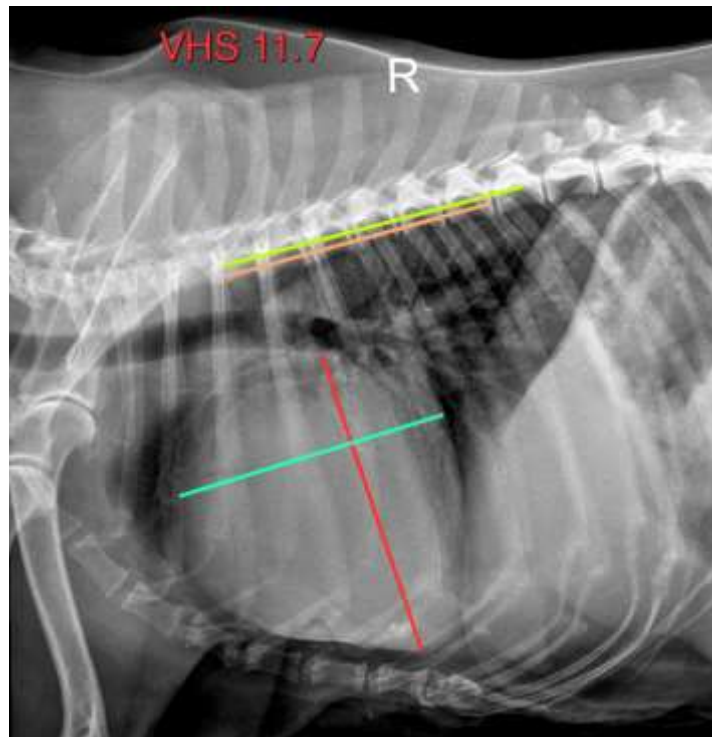
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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