



**PATIENT PRESENTING CLINICAL SIGNS**

**Chief Shays** Chief presents today for vomiting Medical Hx: History of pancreatitis. Started vomiting this morning around 4AM. Had runny stool this morning. Ate dinner last night but O does not remember if he ate full meal. Has a habit of eating things off the sidewalk. Energy seems low this morning. O tried giving daily dose of pepcid in some baby food this morning but P threw it up afterwards. O mentioned that she gave Simpirace Trio on the 15th and appetite seemed to be off since then. EDUD has not eaten this morning C/S: None V/D: Yes - Drinking: seems unable to keep water down Energy is lower today Current diet: JFFD Metabolic support but P refusing to eat so O has been trying different diets Current medications: Pepcid Trazodone Carprofen HW/Flea preventative: Yes - Simparica Trio

**K9** Abnormal PE/Chem/CBC/UA Results: Cardiovascular : Grade III systolic murmur, strong synchronous femoral pulses. CRT < 2s. Abdomen/Rectal : Soft and non-painful, no masses or organomegaly on palpation. soft stool in rectum, no blood on exam glove.

**Bichon Mix**

**RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN**

**SEX** Orthogonal views of the thorax and abdomen are available for review totaling 6 images. One right lateral, one left lateral and one ventrodorsal of the abdomen. One right lateral, one left lateral and one ventrodorsal of the thorax.

**Male Neutered**

**RADIOGRAPHIC FINDINGS**

**ABDOMEN**

**AGE** 11 Regional soft tissue opaque mass effect is seen in the mid-ventral cranial abdomen, more right side. The mass effect presents multilobular shape, partially defined contour, and measures approximately 7.2cm by 4.9cm. In addition, there is reduced cranial abdominal detail, and border effacement with the stomach wall, transverse colon, and duodenum. The remainder of the abdominal serosal detail is normal.

**INTERPRETED BY**

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

The hepatic silhouette are normal in size, shape, and opacity.

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The stomach is moderately distended, contains a moderate amount of gas admixed with homogeneous opaque ingesta material, which redistributes with the patient position.

The small intestines are caudally displaced, due to the cranial mass, normally distributed, of normal diameter, contain a moderate amount of gas, and homogeneous soft tissue fluid material.

**REFERRING VET**

Dr. Montoya

The descending colon is empty, gas filled.

Better seen on the lateral view, the renal silhouettes are normal in size, opacity, and shape.

The spleen is caudally displaced due to the mass, appears normal in size, shape, and contour.

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The urinary bladder is empty.

The prostate is not visible, normal for neutered male.

**DATE**

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**THORAX**

The cervical and thoracic trachea are normal.



**PATIENT**

Chief Shays  
The pulmonary parenchyma and pulmonary vessels are unremarkable.  
The cardiac silhouette is of normal size and shape. (VHS = 8.9)

**SPECIES**

K9  
The mediastinum and pleural space are normal.  
The ribs, thoracic wall, and diaphragm are unremarkable.  
Transitional T13 vertebra with hypoplastic 13<sup>th</sup> right rib, incidental

**BREED**

Bichon Mix

**RADIOGRAPHIC DIAGNOSIS**

**SEX**

Male Neutered

**AGE**

11

- Moderately sized, mid-ventral cranial abdominal mass. The differential diagnosis for the origin of the mass are possibly an enlarged/mass like pancreas, abnormal mesenteric lymphadenopathy, and less likely intestinal mass, or splenic mass. Considering a pancreatic mass origin and correlated to the patient history, the differential diagnosis includes pancreatic abscess, pancreatic pseudocyst, severe enlarged pancreas, pancreatic neoplasm.
- Concurrent reduced cranial abdominal serosal detail, differential diagnosis includes regional peritonitis, correlated to pancreatitis, or small amount of peritoneal effusion.
- Normal thorax.
- Transitional T13 vertebra with hypoplastic 13<sup>th</sup> right rib, incidental

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic findings identified an abnormal mass effect in the mid-ventral cranial abdomen. For better definition of the origin of the mass, consider an abdominal ultrasound, and if attainable, fine-needle aspiration. Recommend supportive care, and if possible, an association of these findings with an abdominal ultrasound for better analysis of the pancreas, stomach, gastrointestinal tract, mesenteric fat, and mesenteric lymph nodes.

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DMV, MSc., Dr. Med  
Vet., Dipl. CBraRVet

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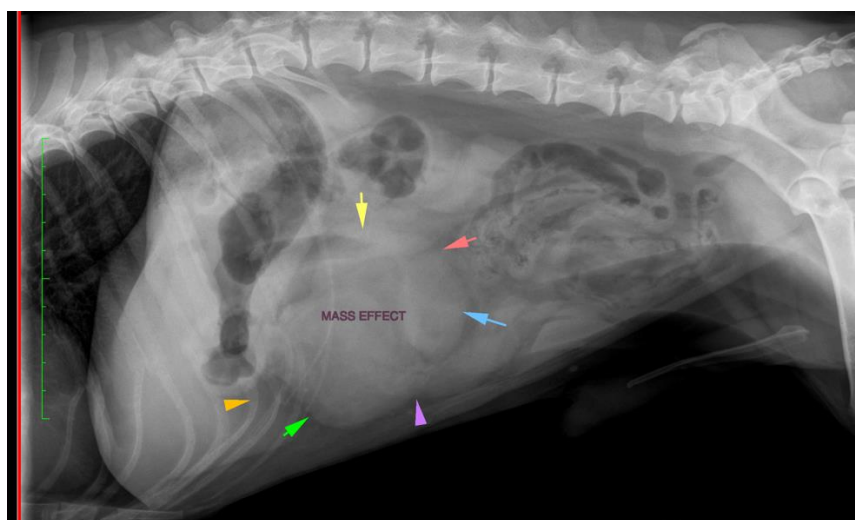
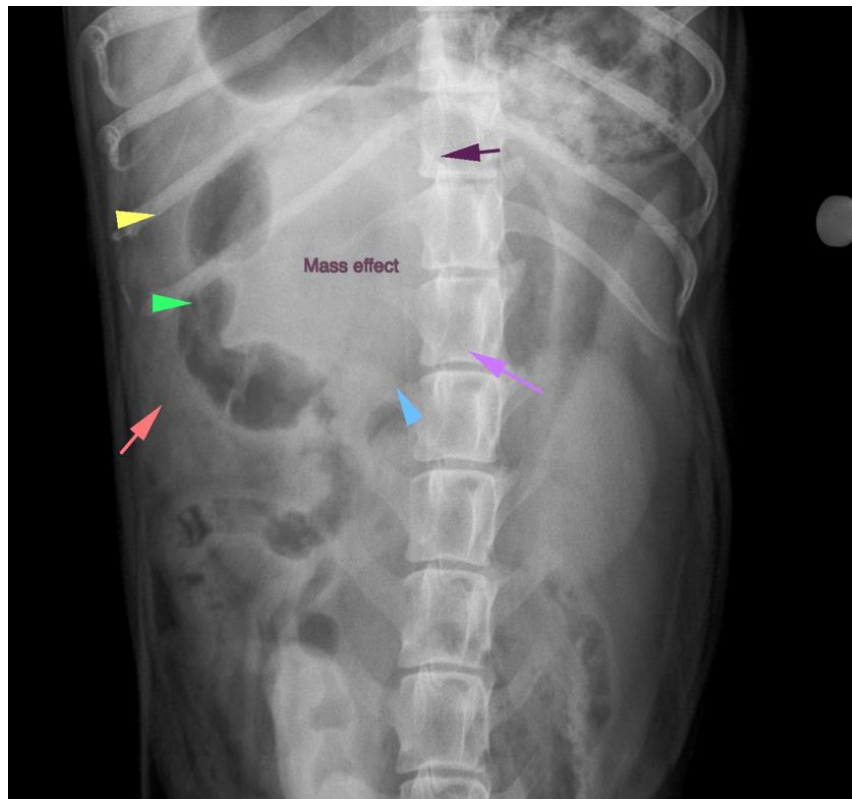
Dr. Montoya

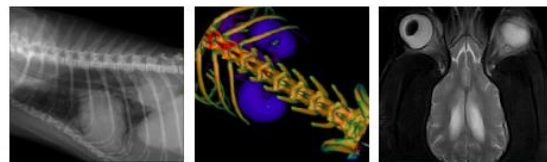
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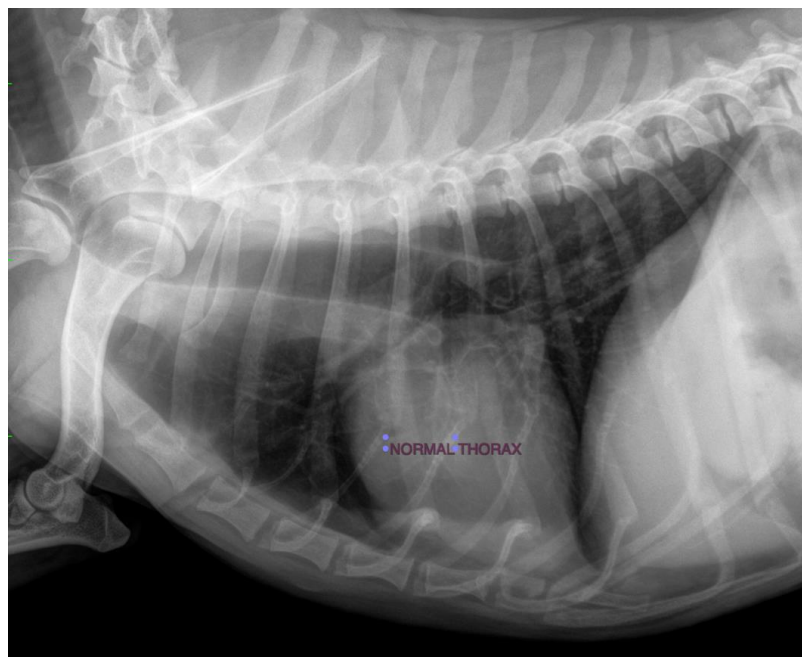
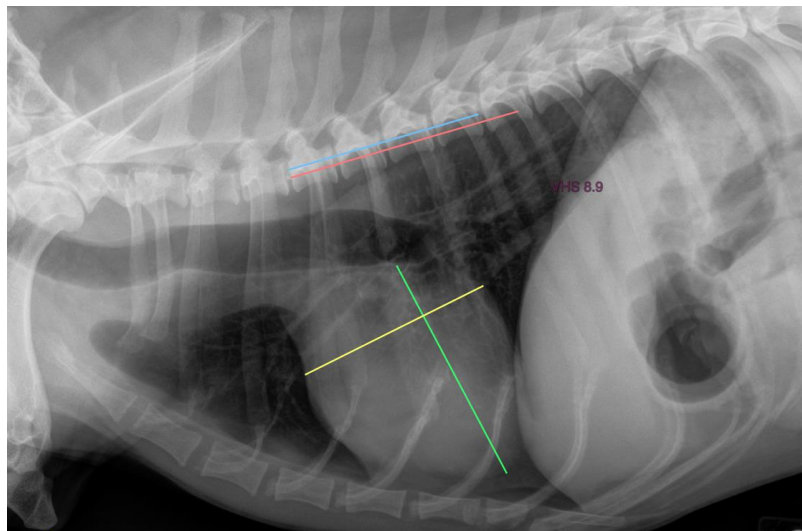
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**HOSPITAL NAME**

DTLAvets

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.

**REFERRING VET**

Dr. Montoya

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet  
info@sonopath.com

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