



**PATIENT PRESENTING CLINICAL SIGNS**

**Loki Vincent**  
**SPECIES** Canine  
**BREED** Cockapoo  
**SEX** MN  
**AGE** 5 Years

Loki presented to the Surgery Service for further evaluation of a recurrent subcutaneous mass at the dorso-caudal aspect of left scapula following excision (estimated to be ~16cm diameter). Mass noticed to grow back May 2022. The mass has been growing consistently, but has slowed down. Normal EDUD; No diarrhea/sneezing/coughing; Energetic. Previous medical history: Mass excision over left shoulder - removed May 2021 - histopath result showed lipoma; complete excision could not be confirmed as adipocytes was noted extending to the margins in the examined sections Presented to referring vet in Dec. 2022 for recurrence of mass lesion noted at the previous excision site. Lipoma was diagnosed via cytology Previous Diagnostics: - Cytology (FNA) in December 2022 INTERPRETATION: Rare adipocytes present; presumptive lipoma. CYTOPATHOLOGIC DESCRIPTION: 2 slides are evaluated. The samples submitted are composed of infrequent, uniform appearing adipocytes and free lipid material mixed with normal associated supporting stroma, such as connective tissue and capillaries. The background has very little blood. No microorganisms are present. There's no evidence of inflammation -Excisional biopsy (May 2021) - SQ mass caudal to the left shoulder INTERPRETATION: Lipoma, cannot confirm complete excision DESCRIPTION: The specimen consists of sheets of well differentiated adipocytes supported by small amounts of dissecting collagenous stroma. Adipocytes have abundant intracellular lipid, inconspicuous peripheralized nuclei, and distinct cell borders. There are no mitotic figures noted. Adipocytes extend to the margins in the examined sections; therefore, complete excision cannot be confirmed. -Bloodwork last performed in June 2021 was unremarkable. UTD on vaccines.

Abnormal PE/Chem/CBC/UA Results: Large, well-circumscribed, approximately 15 cm diameter soft non-mobile mass over the left scapula, non-painful on palpation

**INTERPRETED BY COMPUTED TOMOGRAPHIC STUDY OF THE THORAX**

Nele Eley, DVM  
 Dr. med. Vet. DipECVDI

Plain and post contrast studies in soft tissue, bone, and lung windows available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**HOSPITAL NAME** Patient has a history of surgical excision of a lefthand sided soft tissue mass from the thoracic wall caudal to the left scapula.

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The mass has recurred and an approximately 14 cm long, 9 cm wide, and 13 cm high fat attenuating mass is seen in the dorsal half of the left thoracic wall spanning nearly the entire craniocaudal length of the thoracic cavity. Dorsal and medial deviation of the left scapula is seen. Lesion margins are ill-defined, and the mass is contrast negative. The mass presents thoracic extension into the dorsal aspect of the left pleural cavity between the 8<sup>th</sup> and 9<sup>th</sup> left ribs. Craniocaudal deviation of the left 8<sup>th</sup> and 9<sup>th</sup> rib and thinning of their cortical bone surface is seen. There is an extrapleural sign and significant mass effect onto the left caudal lung lobe. The remainder of the lung presents within age related normal limits.

**REFERRING VET**

Dr. Jeffery Biskup

**INVOICE**

56730

No evidence of cardiovascular pathology is seen.  
 The mediastinal lymph nodes present within normal limits.

**DATE**

2-14-23

A moderate amount of mineral attenuating material is seen within the gallbladder.



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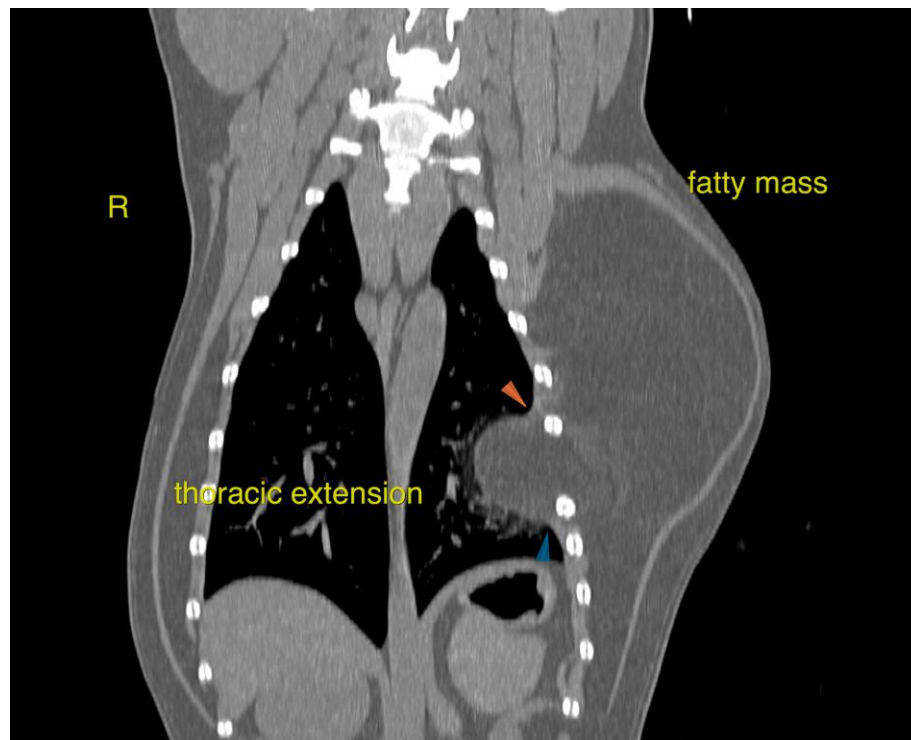
2-14-23

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Large fat attenuating left thoracic wall mass with thoracic extension between left 8<sup>th</sup> and 9<sup>th</sup> ribs.
- Biliary microlithiasis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study confirms presence of a large fatty mass in the left thoracic wall. The ill-defined lesion margins and thoracic extension render an uncomplicated lipoma more than unlikely. Infiltrative lipoma and liposarcoma are primary differential diagnoses based on the CT findings. Final diagnosis will require sampling/repetition of the sampling.



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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