SonoPath Teleradiology
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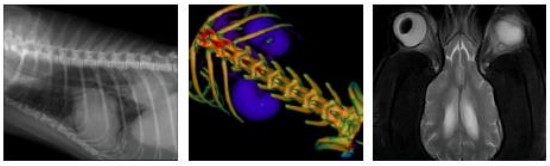


PATIENT

Jewel Kelt

SPECIES

Canine

BREED

Goldendoodle

SEX

FS

AGE

11 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Critical Vet Care/Suncoast Veterinary

REFERRING VET

Dr. Young

INVOICE

57900

DATE

4-19-23

PRESENTING CLINICAL SIGNS

Patient presented for having a growing Lipoma for the past 4-5 months in the L groin region. Jewel is having trouble walking around more and owner states has not been jumping up on furniture or up in the car as much.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

An approximately 15 x 10 x 11 cm sized well delineated uniformly fat attenuating mass is seen lateral to the left caudal abdominal wall in the groin area. There is no evidence of peripheral tissue infiltration. Contrast enhancement is limited to the periphery of the mass. The mass is in contact with the inguinal ring and a mass effect onto the inguinal and femoral vessels is seen.

Multiple smaller abdominal and thoracic wall lipomas are seen.

There is a mild intervertebral disc protrusion between L6 and L7. Moderate intervertebral disc protrusion and spondylosis deformans are noted between L7 and S1. Mild spondyloses are present between T13/L1, L1/2, L2/3.

Multiple faintly hyperenhancing splenic nodules are noted.

Thorax

Moderate bilateral shoulder osteoarthritis is noted.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

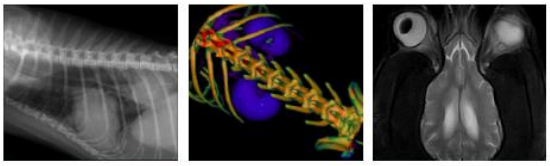
The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large lipoma in the left caudal abdominal wall and inguinal area.
- Mild to moderate degenerative lumbosacral stenosis.
- Multiple smaller thoracic and abdominal wall lipomas.



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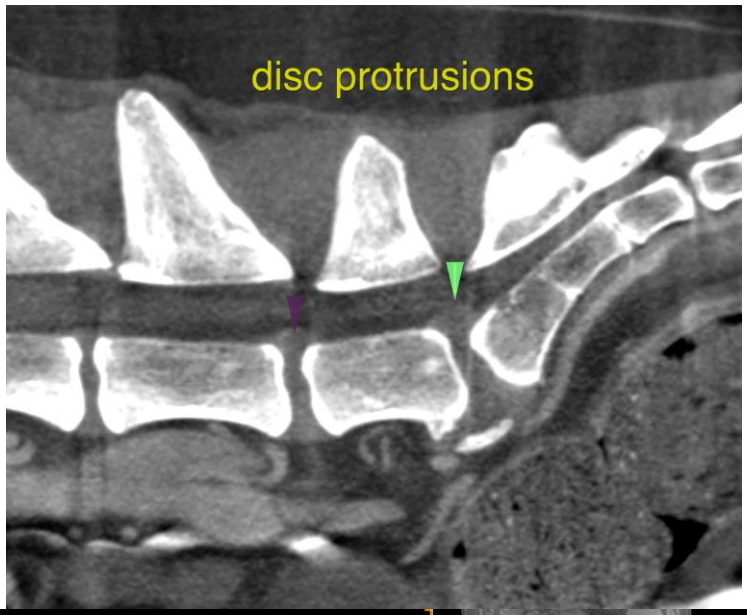
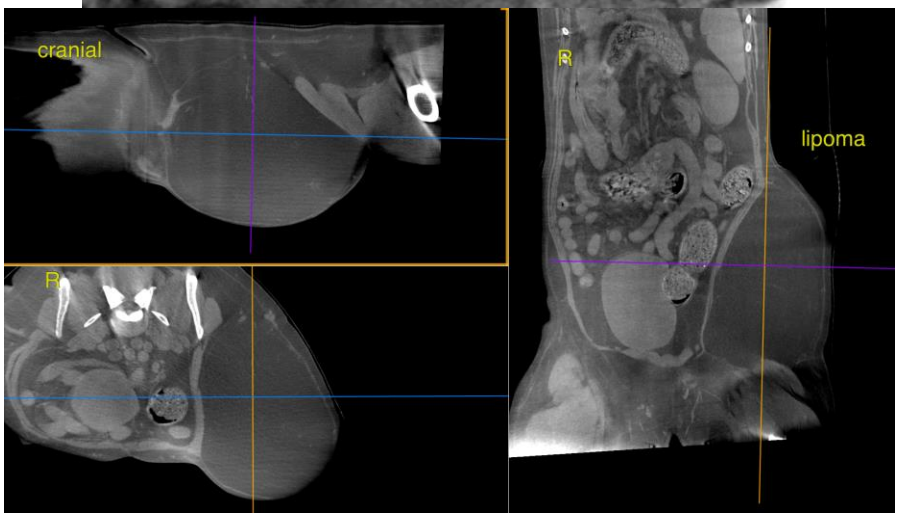
- Splenic nodules
- Bilateral shoulder osteoarthritis – unrelated to the reason of clinical presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study confirms presence of a large subcutaneous lipoma in the left inguinal area paralleling the caudal abdominal wall. The mass is in contact with and causes a mass effect onto the inguinal ring and femoral lacuna. No peripheral tissue infiltration is seen and there are no direct limitations to the resectability of the mass noted.

Note the presence of mild to moderate degenerative lumbosacral stenosis.





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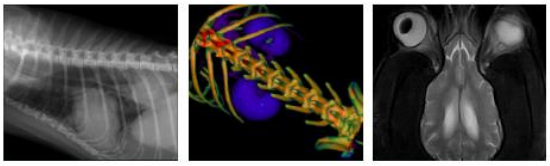

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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