



PATIENT

Albus Lubarsky

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

11

WEIGHT

27

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Kam

INVOICE

73292

DATE

1-13-26

PRESENTING CLINICAL SIGNS

20x20 cm ulcerated mass with purulent drainage on right axillary region mass right axillary r/o lipoma vs liposarcoma

COMPUTED TOMOGRAPHY OF THE RIGHT SHOULDER & THORAX

Late contrast study provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Starting medial to the right elbow, a very large mass is noted expanding proximally and leading to a dorsal elevation of the scapula and a significant impression of the right thorax completely filling up the axillar region on the right side with estimated diameters of approximately 29 x 13 cm. The mass itself is ill-defined at its margins and presents predominantly fat density with multiple streets and pockets of fluid. The periphery shows marked vascular hypertrophy and chaotic vessels. The mass involves the subcutaneous, interfascial and inter- and intramuscular regions. The axillar lymph node on the right side is considered to be severely enlarged, appears rounded in shape and presents ill-defined margins.

The adjacent bony structures are inconspicuous, signs of periosteal reactions and/or osteolysis are not noted.

The mass enters the thoracic inlet and shows a connection to the mediastinal fat tissue. The thoracic borders are intact including the diaphragm. Free pleural fluid is not noted. The pulmonary structures do not show relevant nodular or focal changes. The mediastinum is inconspicuous, especially the mediastinal lymph nodes.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large expansile and reactive mass right axillary region

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although CT cannot differentiate between benign lipoma and liposarcoma, the size of the lesion, the margination, and the inhomogeneous inner texture, as well as the vascular changes in the periphery, would underline the suspicion of a malignant and invasive neoplasia. However, histopathology is needed for further differentiation, since severe inflammatory changes due to infection could look similar. I would assume an invasion of the mediastinum. Apart from that, there are no pulmonary or mediastinal metastases recognized.



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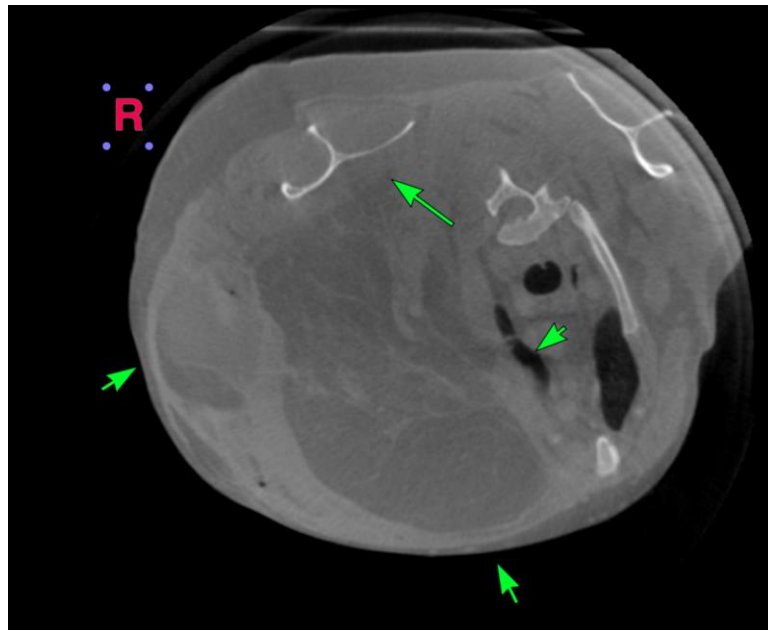
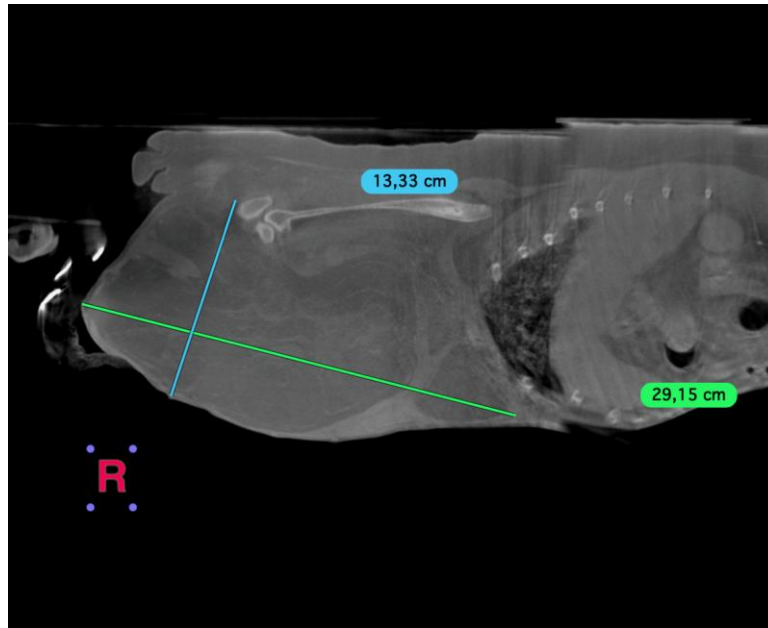
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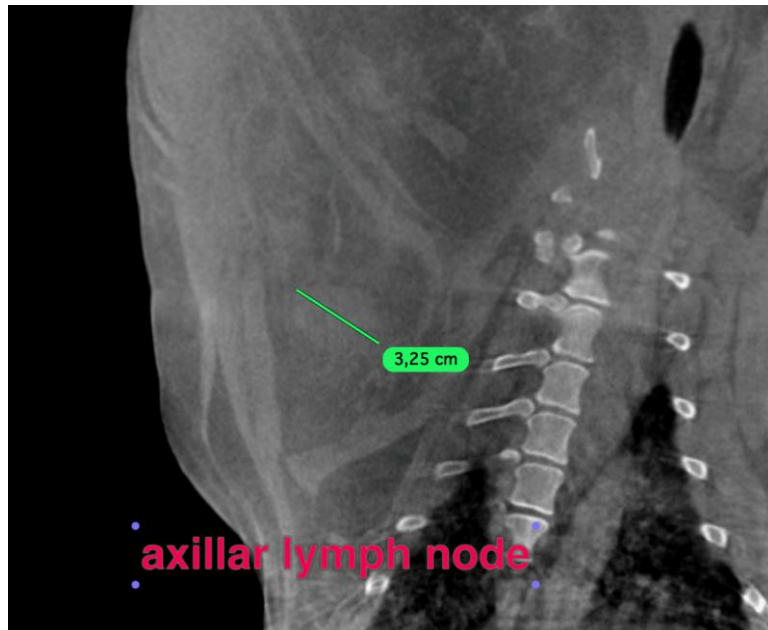
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
info@sonopath.com