

**PATIENT PRESENTING CLINICAL SIGNS**

PATIENT Guinness Alteslatben
PRESENTING CLINICAL SIGNS History: Presented to surgeon due to Large mass left axilla. rDVM performed surgery on 4/2021 to remove it. Mass came back quickly and now bigger than in April. No histopath submitted but owner reports it was a lipoma.

SPECIES

SPECIES Abnormal PE/Chem/CBC/UA Results: Large mass/swelling left axilla.
Canine

COMPUTED TOMOGRAPHIC STUDY OF THE CHEST**BREED**

BREED There is a large mass noted on the left being located subfascial/-muscular (pectoral muscles), having broad-based contact to the thoracic wall. The lesion has fat density with mild and unstructured hyperdense areas in its ventral and lateral parts. In this region fascial borders show discontinuity and are ill-defined. Beginning in the left axial region the mass shows maximum length of approximately 13.07 cm and a lateral diameter of 7.01 cm. The borders to the ribs/intercostal spaces and the pleura cavity are respected. The bony surface of the ribs is unremarkable.

Pug

SEX

Neutered Male

The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. No evidence of pleural thickening, fluid accumulation or free pleural gas is noticed.

AGE

9.5 Years

Pulmonary density is within normal limits, there is no evidence of focal or nodular pulmonary lesions.

Mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. Thoracic trachea and esophagus present as expected.

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

Diaphragm is normal.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large mass left thoracic wall

HOSPITAL NAME

Mobile Pet Imaging

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are two possible differentials from a CT perspective (lipoma and liposarcoma). CT findings are not specific. The hyperdense area and the ill-defined borders of the lateral margin with discontinuity of the fascial line may represent a residual finding after surgery. An infiltrative behavior in case of a malignant liposarcoma cannot be fully excluded. Biopsy/FNA is needed for further evaluation. Currently there is no evidence of regional or distant metastatic spread recognized.

REFERRING VET

Meaux

INVOICE

12563

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8/17/21



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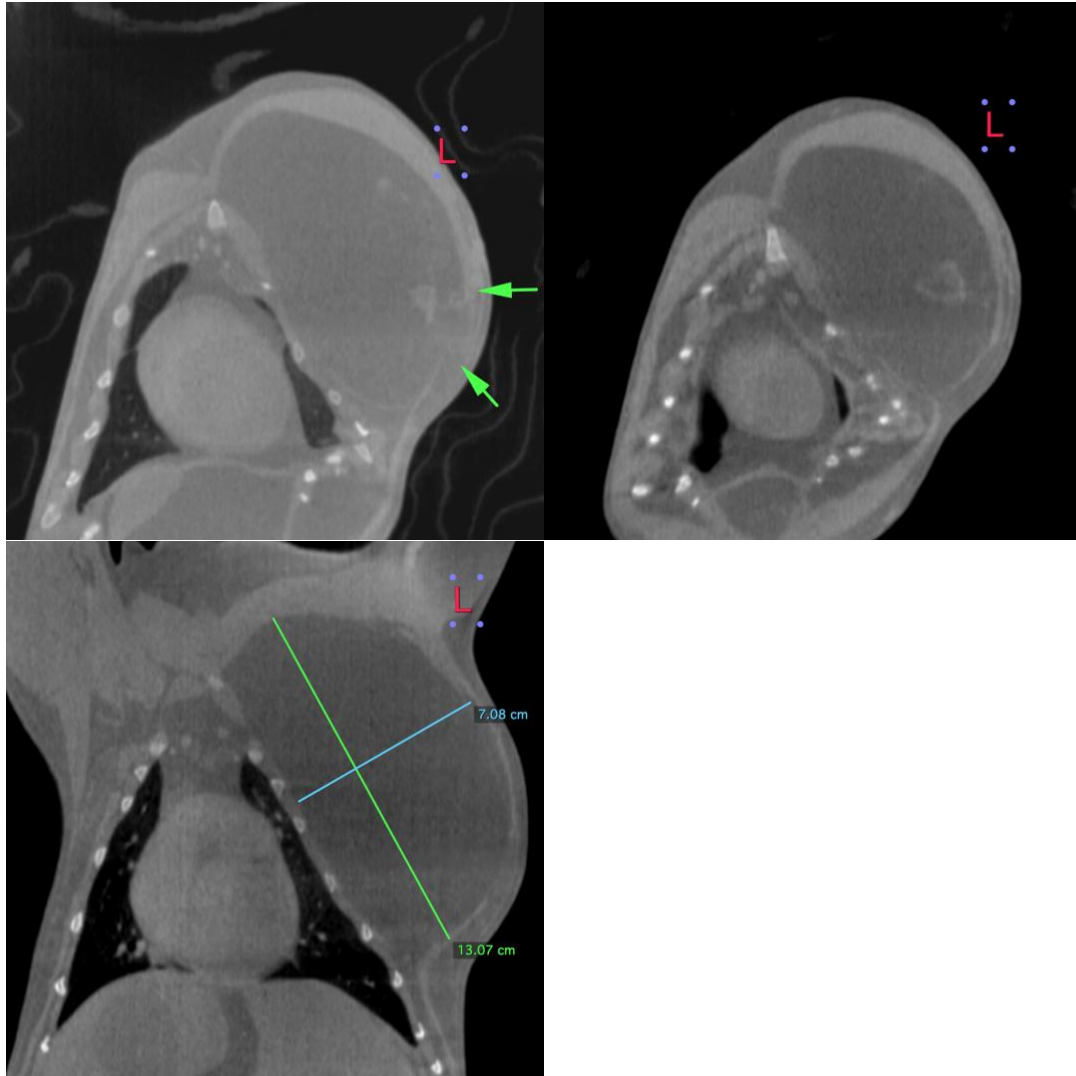
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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