



PATIENT

Bolt Koger

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

8 Years 7 Months

WEIGHT

27.6

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Stephany R. & Maddy J.

HOSPITAL NAME

Neel VH

REFERRING VET

Dr. Ellen Domnick

INVOICE

35482

DATE

1/16/26

PRESENTING CLINICAL SIGNS

History: Bolt, a 8 Yrs. 7 Mos. Yellow Mixed Neutered Male Dog presented to Neel Veterinary Hospital h-0istory: Last night Bolt and a golden doodle housemate were playing when a fight erupted over a cheese bone. The larger dog grabbed Bolt by the ear causing wounds. Bolt is shaking his head and appears painful when ear is touched. Client attempted to clean wounds last night, but Bolt was resistant. Patient has a history of hip replacement surgery performed several years ago, but CT showed no THR implants, rather appear to be toggle pins associated with possible previous hip lux. One toggle is more cranial on medial aspect of ileum which is unusual. Area has occasional fluid accumulation at the surgical site that resolves spontaneously. Client notes a current swelling at the hip surgery site and is unsure if it was aggravated during the altercation. Patient is current on vaccinations and received Bravecto. No other concerns reported. full hx unknown as Bolt previously was a stray. Abnormal PE/Chem/CBC/UA Results: LAB: elev PH 7.5. all other values wnl. RADS and CT: thoracic rads = bronchial to interstitial to nodular /alveolar (has it all) pulm pattern especially caudodorsal lung lobes. no cx signs associated with the rad finding (no cough, wheezing, etc). pelvic rads = toggle pins noted with tunnel through lateral trochanter, neck, head and medial acetabulum, consistent with toggle pins. O declined thoracic CT :(PE: BAR, good BCS, no abn auscultation, vital all wnl. Ortho = L hip joint has very good ROM, almost 180 degrees, but he reacts. no crepitus. also palpable very large, soft- fluctuant ill-defined mass cranioventral to L hip, extending to inguinal region, femur, and abdomen. Can see tissue planes on rad. FNA = liquidy fat.

COMPUTED TOMOGRAPHIC STUDY OF THE PELVIS

A high-resolution plain CT study of the pelvis is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

In the subcutaneous tissue of the left inguinal region/at the cranioproximal aspect of the left thigh, a well-defined, uniform fat attenuating mass is visible – demarcated by a thin, soft tissue attenuating capsule. The left inguinal fat attenuating mass is measuring approximately 12.7 x 12.2 x 15.5 cm.

Both coxofemoral joints present mild to moderate osteophyte new bone formation. The left femoral head and neck present an ill-defined widened drill hole. Two toggle pins are appreciated at the medial aspect of the left hemipelvis.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large lipoma left inguinal region
- Two toggle pins medial aspect left hemipelvis and drill-hole in femoral head & neck – suggestive for preceding surgical management of femoral head luxation
- Osteoarthritis coxofemoral joints bilaterally

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically appreciated large left inguinal swelling is compatible with a large lipoma – I do not see signs of infiltrative growth. Complete surgical excision of the lipoma is feasible.

The radiographic changes of the lung appear to be related to generalized hypoinflation of the lung due to general anesthesia.



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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 Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com