



PATIENT

Pepper Goose

SPECIES

Canine

BREED

Schnauzer Mix

SEX

Female Spayed

AGE

6Y

WEIGHT

28.4lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Aly / Jenna

HOSPITAL NAME

Animal Clinic
Northview

REFERRING VET

Derek Howell, DVM

INVOICE

73396

DATE

1-20-26

PRESENTING CLINICAL SIGNS

History:

- Large, rapidly growing mass on the right shoulder. Suspected to be a lipoma but has grown so rapidly and extends around the ventral neck. Biopsy of the mass obtained after CT and pending. 3/6 LAS heart murmur auscultated but owner declined echocardiogram.

COMPUTED TOMOGRAPHY OF THE NECK & THORAX

A high resolution pre- and post-contrast CT study of the neck and thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Neck

In the fascial plane between the right splenius muscle laterally and the epaxial muscles medially and ventrally, a fat attenuating mass is seen; measuring 11.0 x 7.9 x 12.9cm. The fat attenuating mass is extending from the level of C1 up to the level of T1. Level with C5 to C7 the mass merges with right epaxial muscle, that presents a feathered appearance due to the interspersed fat. The muscle is dissecting along the fascial planes between the right epaxial muscle bellies.

The remainder of the osseous and soft tissue structures of the neck are unremarkable. The thyroid glands present the expected shape, size and attenuation behavior.

Thorax

In the left subscapular region, a well-defined, spindle shaped lipoma is seen; measuring 4.6 x 1.4 x 4.9 cm.

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 is 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 infiltrative lipoma right dorsolateral aspect of the neck
- Lipoma left subscapular region
- Normal thorax, no evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically appreciated mass along the right dorsolateral aspect of the neck is caused by an infiltrative lipoma. Surgical management can be tried. Due to its infiltrative nature, there is an inherent risk for local recurrence – the chances of adjuvant radiation therapy may be discussed with oncologist.



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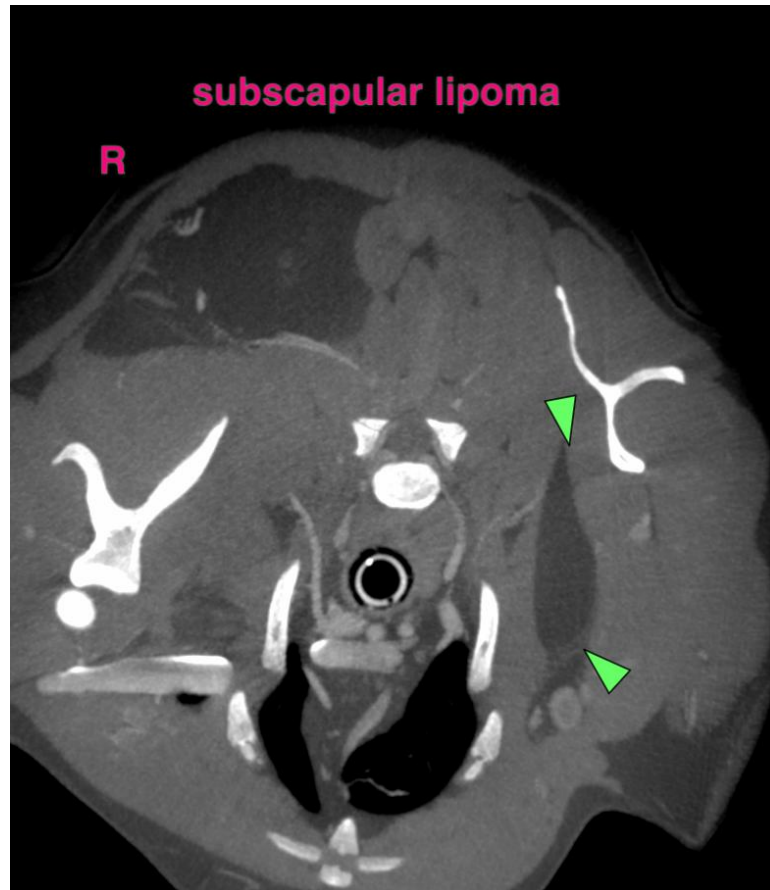
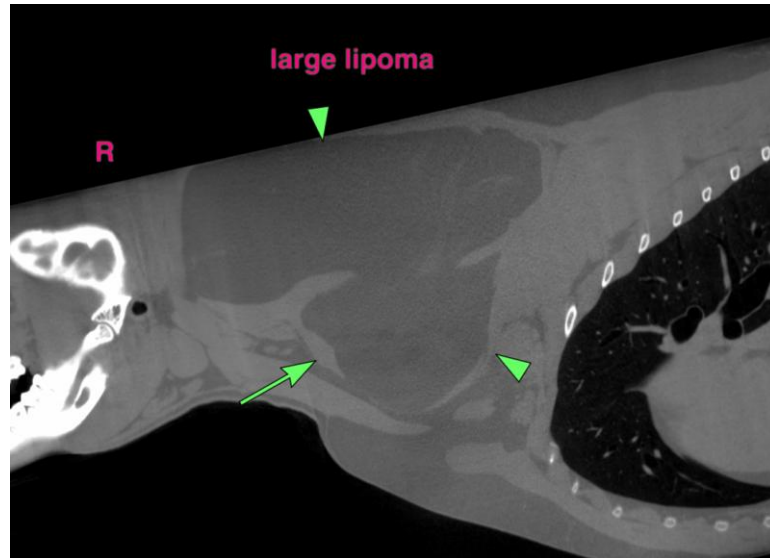
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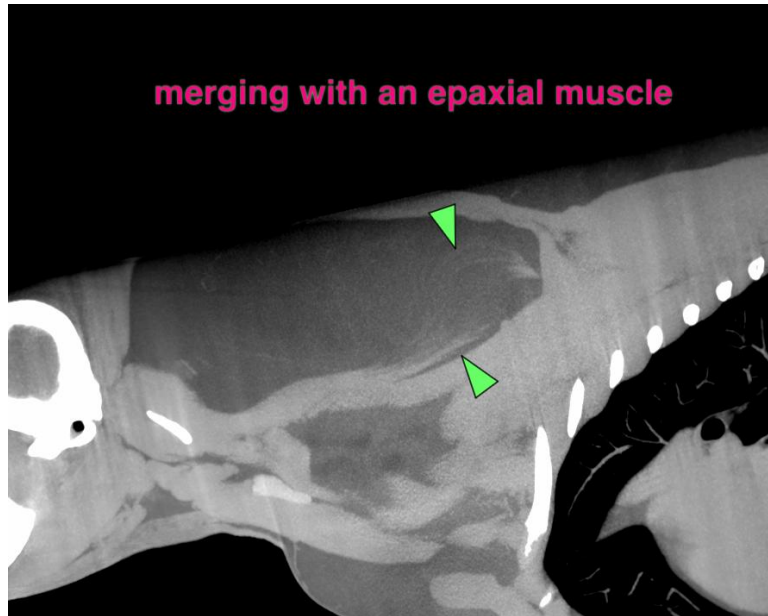
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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