



PATIENT PRESENTING CLINICAL SIGNS

Windsong Paul
 Checking extent of several deep, very large lipoma-like masses on the sides and flanks, any involvement with any organs, as well as to determine if they can be safely and totally excised. In addition, has a small palpable polyp in the ventral rectum that bleeds on and off. moderate to marked TL pain, moderate lumbar and mild lumbosacral spinal pain, moderately stiff hips with mildly thickened stifles

SPECIES
 Canine
 Abnormal PE/Chem/CBC/UA Results: Obese, large mass Right flank, another mass Right caudal thigh

BREED COMPUTED TOMOGRAPHY OF THE ABDOMEN

Labrador Retriever
 A high resolution pre- and post-contrast CT study of the abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX
 Female Spayed
 The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

AGE
 11 Years
 In the renal cortex of the caudal pole of the left kidney, a well-defined, parenchymal filling defect measuring 1.6 cm in diameter is visible.

The adrenal glands are within normal limits for size, shape and organ architecture.

INTERPRETED BY
 Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI
 Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

HOSPITAL NAME
 Mobile Pet Imaging
 The delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The hypogastric lymph nodes are small and unremarkable.

REFERRING VET
 Meaux
 Both coxofemoral joints present moderate to marked osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim.

INVOICE
 49902
 In the fascial plane between the internal oblique & transverse abdominal muscle, of the right cranioventral abdominal wall, a globoid, uniform fat attenuating mass is visible, demarcated by a thin soft tissue attenuating capsule; the mass is measuring 15.6 x 12.8 x 18.5 cm in size. The mass is bulging into the abdominal cavity, displacing the intestinal tract to the left.

DATE
 1-27-22
 In the subcutaneous tissue at the left ventral abdominal wall, an ovoid shaped lipoma, measuring 4.9 x 1.9 x 5.3 cm is seen.

In the proximal aspect of the fascial plane between the semitendinosus &-membranous muscle of the left thigh, a spindle shaped, well-defined, lipoma is visible, measuring 5.3 x 1.8 x 6.1 cm in size.



PATIENT

Windsong Paul

In the subcutaneous tissue at the medial aspect of the right thigh, two well defined, ovoid shaped lipomas as seen, measuring up to 6.1 cm in size.

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

Canine

- Large intermuscular lipoma right cranioventral abdominal wall
- Intermuscular lipoma caudoproximal aspect left thigh
- Multiple subcutaneous lipomas abdominal wall and hind limbs
- Advanced degenerative osteoarthritis due to hip dysplasia
- Left sided renal cyst
- Normal lumbar spine

BREED

Labrador Retriever

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Complete surgical excision of the lipoma of the right abdominal wall is feasible, there is no evidence of invasive growth.

SEX

Female Spayed

AGE

11 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

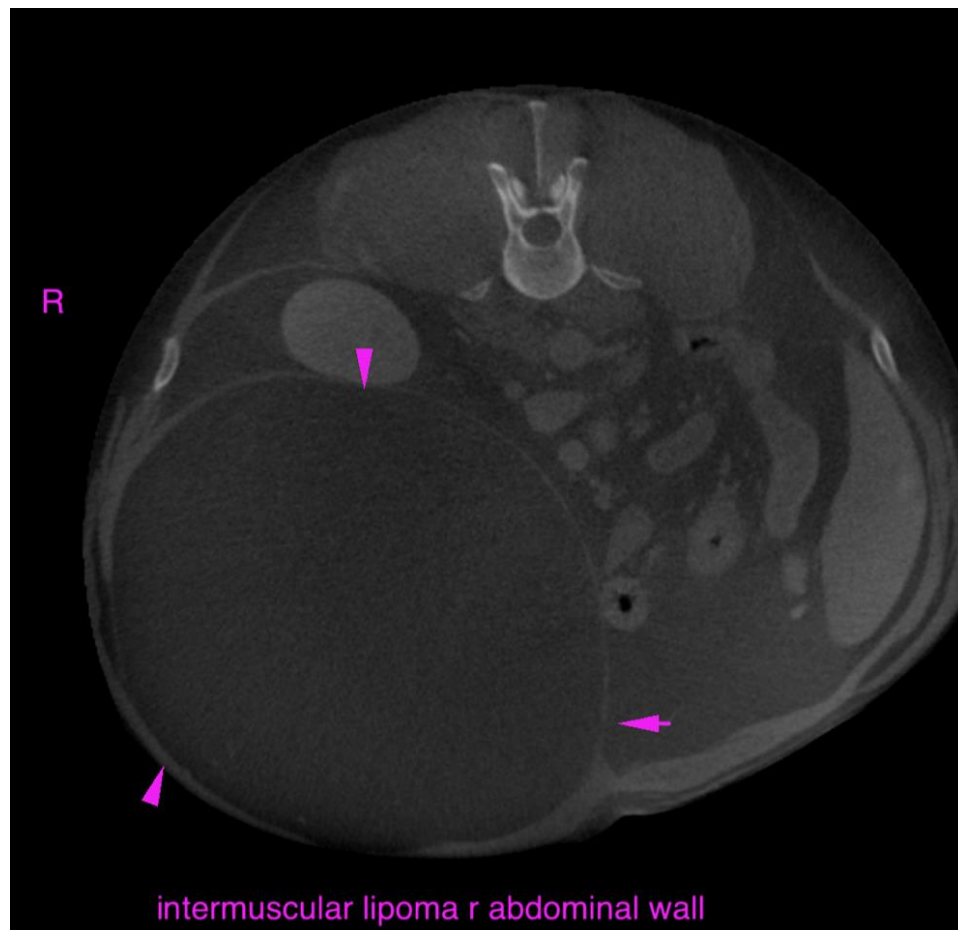
Meaux

INVOICE

49902

DATE

1-27-22





PATIENT

Windsong Paul

SPECIES

Canine

BREED

Labrador Retriever

SEX

Female Spayed

AGE

11 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

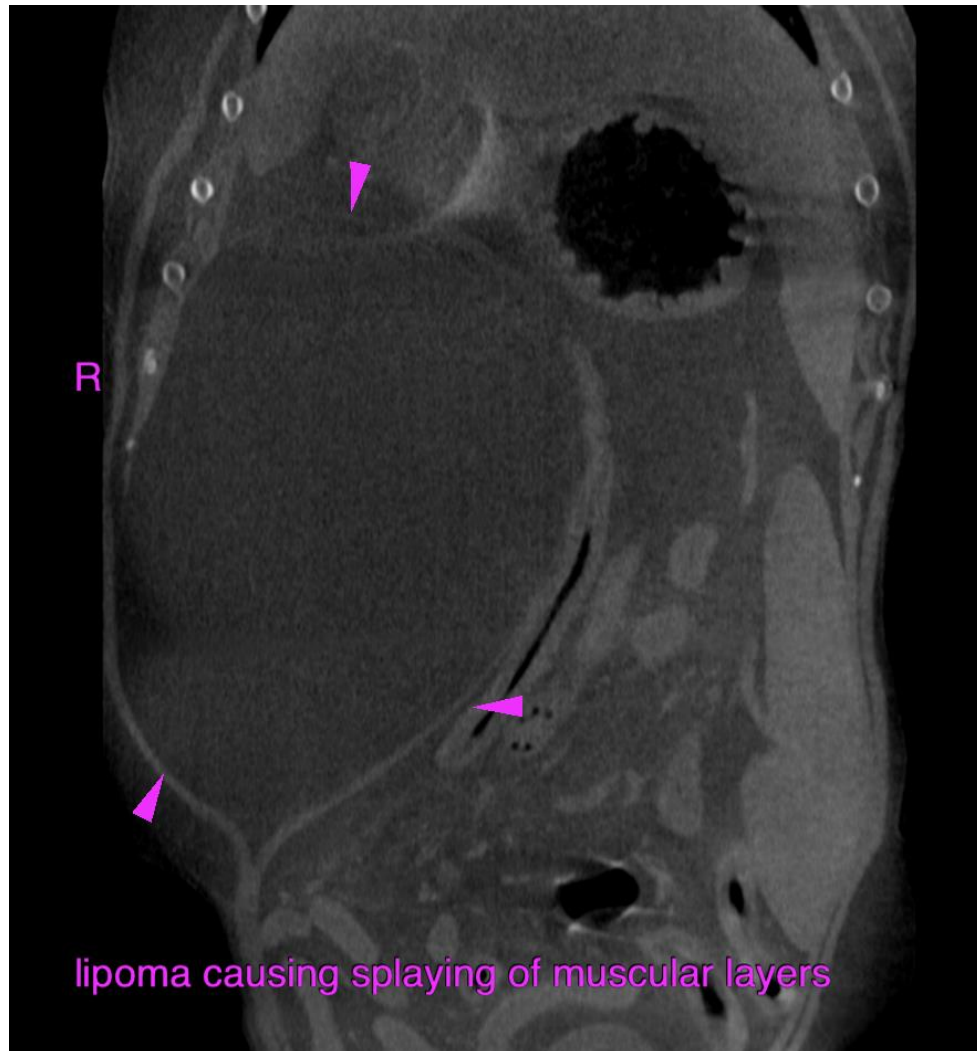
Meaux

INVOICE

49902

DATE

1-27-22



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
sebast.schaub@gmail.com