



PATIENT PRESENTING CLINICAL SIGNS

Maddie DiPaul Mass on the ventral chest that is being surgically removed 2/6/22. Not bothering the patient, no sampling of mass has been performed

SPECIES COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

Canine A high resolution pre- and post-contrast CT study of the abdomen and a plain CT study of the thorax are provided for review.

BREED COMPUTED TOMOGRAPHIC FINDINGS

Mixed Breed Thorax
Multifocal spondylosis formation is seen along the thoracic spine. A small lipoma is seen in the left axillary region.

SEX 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.

Female Spayed The cardiovascular structures including the pulmonary vasculature are within normal limits.

AGE 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.

9 Years

INTERPRETED BY The lung parenchyma presents the expected architecture and attenuation behavior, but zones of dystelectasis of the left lung lobes due to general anesthesia.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

HOSPITAL NAME Abdomen

Catskill Veterinary Services, PLLC The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

REFERRING VET Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. A small amount of gravity dependent, granulated mineral attenuating material is seen on the dorsal urinary bladder wall.

Dr. Joseph D'Abbraccio

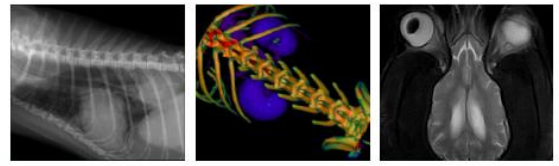
The adrenal glands are within normal limits for size, shape and organ architecture.

INVOICE Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

55955 The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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

1-3-23 The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.



PATIENT

Maddie DiPaul

In the fascial plane of the left cranioventral abdominal wall, level with the costal cartilage of the 8th to 13th left rib, a well-defined, uniform fat-attenuating mass is seen, measuring 11.8 x 5.9 x 12.9 cm in size.

The intervertebral discs L6/L7 and L7/S1 are moderately bulging into the vertebral canal.

SPECIES

Canine

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

BREED

Mixed Breed

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intermuscular lipoma left cranioventral abdominal wall – rib bearing part of abdominal wall
- Degenerative osteoarthritis coxofemoral joints bilaterally, due to hip dysplasia
- Intervertebral disc protrusion L6/L7 and L7/S1 with possible dynamic compression of the caudal equina fibers
- Small lipoma left axillary region
- Spondylosis deformans
- No evidence of pulmonary metastatic spread

SEX

Female Spayed

AGE

9 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass at the left cranioventral abdominal wall is consistent with lipoma, there are no signs for infiltrative growth, but the mass appears to be located in the fascial plane between the muscle layers of the abdominal wall. Complete surgical excision of the mass is considered feasible.

INTERPRETED BY

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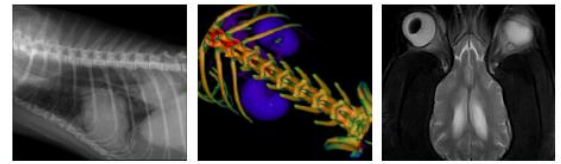
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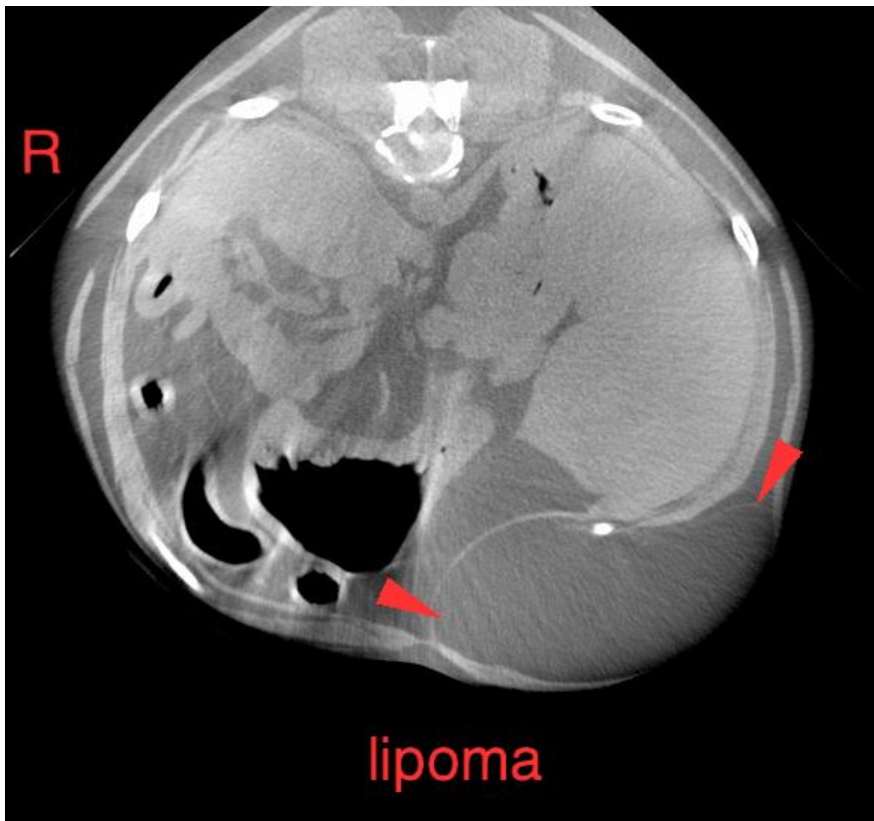
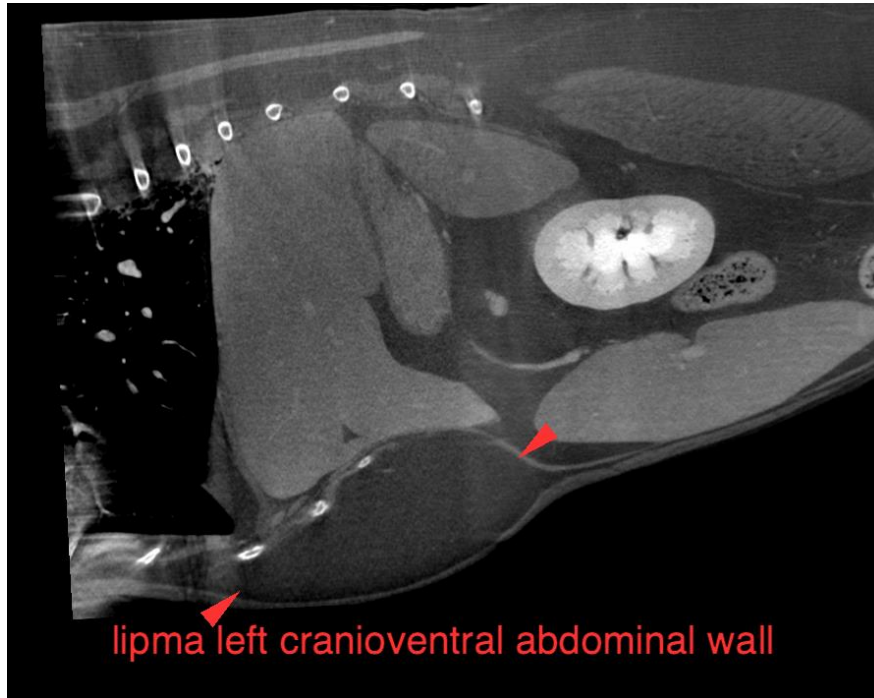
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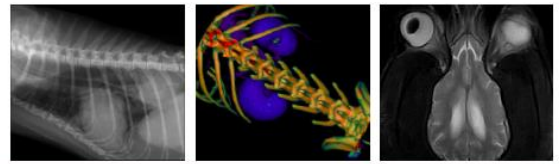
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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