



PATIENT

Jimmy Joe Phillips

SPECIES

Canine

BREED

Husky

SEX

Neutered Male

AGE

13 Years

WEIGHT

40.3

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Judith E.

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Seth Bleakley

INVOICE

73001

DATE

1/6/26

PRESENTING CLINICAL SIGNS

Firm swelling/mass around left scapula to the axilla first noted mid-December 2025, causing edema from the left elbow to paw. A cytology of the scapula mass was consistent with lipoma. Thoracic radiographs showed no evidence of metastasis. Presented 01/06/26 for CT scan to map mass removal/debulking procedure.

Abnormal PE/Chem/CBC/UA Results: RBC 4/4, HGB 9.7, HCT 33, MCHC 29, Platelet count 561

COMPUTED TOMOGRAPHIC STUDY OF THE LEFT SHOULDER JOINT

A high resolution pre- and post-contrast CT study of the left shoulder joint is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

In the left axillary and subscapular region, an ill-defined, heterogenous soft tissue and fat attenuating, ovoidal shaped mass is seen; measuring approximately 17.4 x 12.5 x 26.2 cm. The left axillary mass is extending from the prescapular region caudally up to the level of the 7th intercostal space. The mass is blending with the local subscapular muscles and muscles, triceps muscle and latissimus dorsi muscle. The fossa subscapularis presents moth eaten cortical defects. Abduction of the left front limb by the subscapular/axillary mass is seen.

Throughout the lung parenchyma, randomly distributed punctuate mineralization are seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Local invasive growing lipomatous mass with semi-aggressive osteolytic lesions of the left scapula
- Pulmonary osteomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent either with infiltrative lipoma or liposarcoma in the left axillary/subscapular region. Complete surgical resection of the mass will warrant amputation along with scapulectomy of the left front limb. The mass appears to infiltrate the subscapular and brachial muscles only, but I do not see signs of overt invasion of the thoracic wall – but the latissimus dorsi muscle.



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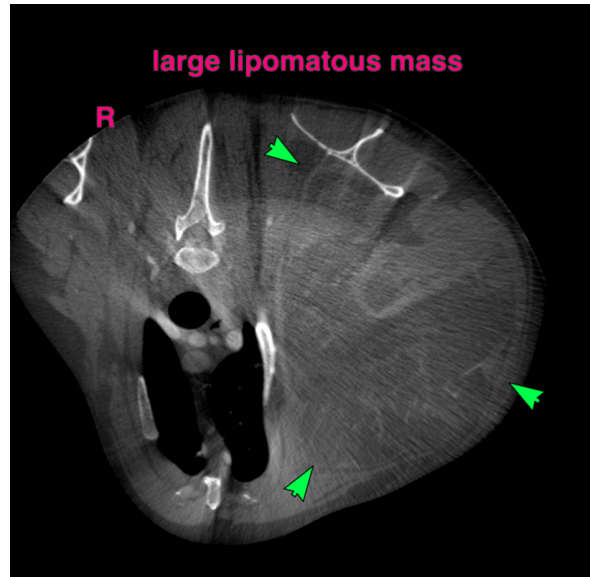
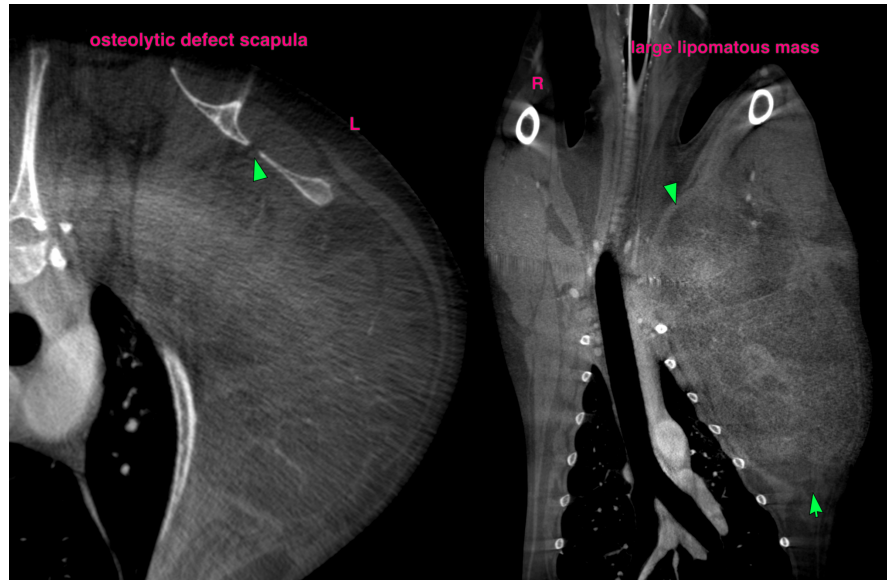
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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