



PATIENT PRESENTING CLINICAL SIGNS

August Bartlett History: Several month duration of a large firm swelling - mass encompassing the left femur (pelvis proximally, stifle distally 60% of circumference). DDX: lipoma, sarcoma. Resection vs amputation?

SPECIES Abnormal PE/Chem/CBC/UA Results:

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE LEFT HIND LIMB

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

BREED

Labradoodle

COMPUTED TOMOGRAPHIC FINDINGS

In the fascial plane medial to the biceps muscle of the left hind limb, a well-defined spindle shaped fat-attenuating mass is visible. The fat attenuating mass is extending from the lateral aspect of the femoral greater trochanter distally, up to the caudoproximal aspect of the gastrocnemius muscle. In the caudal aspect the mass is demarcated by the semimembranosus and semitendinosus muscle. The most distal segment of the biceps femoris muscle presents a fatty striation. The mass is measuring 8.7 x 14.6 x 20.0 cm in size. In the proximal aspect the sciatic nerve cannot be clearly defined in the more distal aspect the sciatic nerve is appreciated along the mediocaudal aspect of the mass.

SEX

Neutered Male

AGE

6 Years

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intermuscular lipoma left thigh

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with an intermuscular lipoma in the fascial plane medial to the left biceps femoris muscle. In the distal aspect the left biceps femoris muscle presents a fatty striation without overt signs of the large mass invading the musculature – but infiltrative growth cannot be ruled out entirely. Based on the imaging findings an attempt should be made to excise the intermuscular lipoma.

HOSPITAL NAME

Bridgwater VH & WC

Be aware that the sciatic nerve is in contact with the mass and is considered at the mediocadal aspect of the lipoma. In the proximal aspect the lipoma is extending up into the fascial plane medial to the gluteus medius muscle.

REFERRING VET

Dr. J. Kellsey

INVOICE

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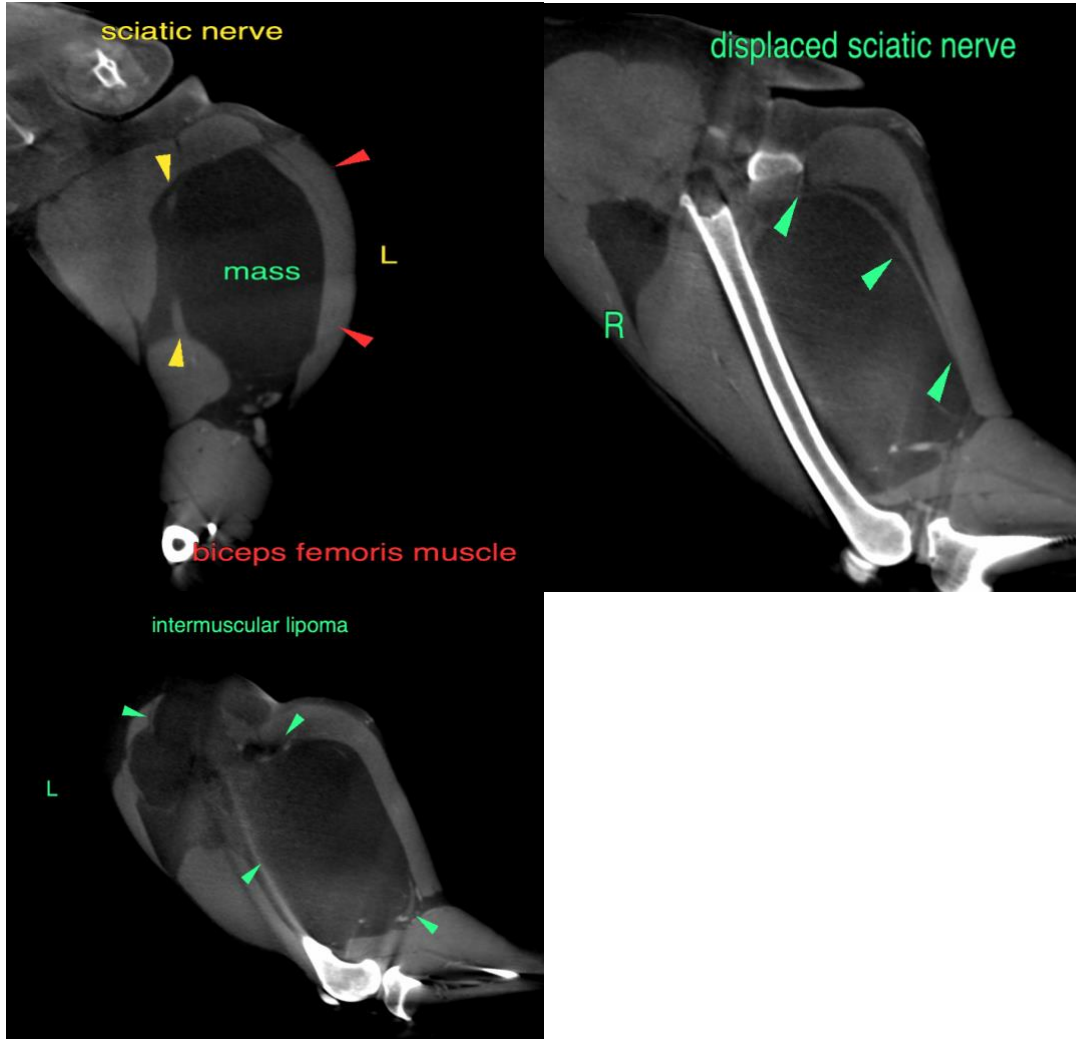
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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