



**PATIENT PRESENTING CLINICAL SIGNS**

Major Auty Major presented for large growth on right shoulder. This was first noted in May 2021 and has tripled in size since. Previous diagnostics were obtained and revealed "fatty liquid".

**SPECIES COMPUTED TOMOGRAPHY OF THE THORAX**

Canine A high resolution post-contrast CT study of the thorax are provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**BREED**  
Mix At the caudolateral aspect of the right scapula, medial to the latissimus dorsi muscle, a well-defined, ovoid shaped, mild heterogeneous contrast enhancing mass is visible extending caudally along the right dorsolateral aspect of the thoracic wall up to the level of T10. The mass is measuring 6.0 x 11.8 x 11.8 cm in size. The mass is depressing the epaxial musculature at the same level and causes mild left scoliosis.

**SEX**  
MN The right axillary lymph node is mildly enlarged.

**AGE**  
10 Years Multifocal throughout the lung parenchyma, variable sized, well- and ill-defined soft tissue attenuating nodular lesions, measuring up to 7 mm in diameter are visible. The lung parenchyma presents multiple confluent ground-glass attenuating regions.

**INTERPRETED BY**  
Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI 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.

**HOSPITAL NAME**  
Animal Surgical Center Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Large soft tissue mass right laterodorsal thoracic wall
- Structured nodular interstitial lung pattern with multiple unstructured interstitial regions
- Mild lymphadenopathy right axillary lymph node

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mass is compatible with primary soft tissue neoplasia and sarcoma is the top diagnosis. The pulmonary changes are compatible with pulmonary metastatic spread. Repeating biopsy can be performed for further definition. Potential palliative treatment options may be discussed with oncologist.

The prominent right axillary lymph node is equivocal for reactive hyperplasia or metastatic spread.

**INVOICE**

47885

**DATE**

10-20-21

**REFERRING VET**  
Bellmore Vet Hospital



**PATIENT**

Major Auty

**SPECIES**

Canine

**BREED**

Mix

**SEX**

MN

**AGE**

10 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
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**HOSPITAL NAME**

Animal Surgical  
Center

**REFERRING VET**

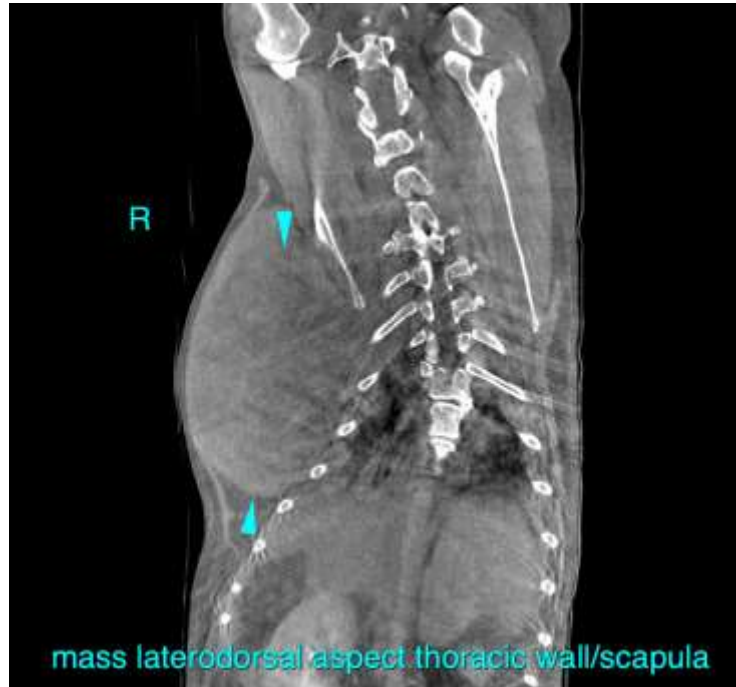
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**PATIENT**

Major Auty

**SPECIES**

Canine

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.

**BREED**

Mix

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**SEX**

MN

**AGE**

10 Years

**INTERPRETED BY**

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