



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Lucy Goldman **PRESENTING CLINICAL SIGNS** History: Beagle with abdominal distension - growing gradually. Clinically doing well at home. Incidentally found on PE with primary vet. AUS done there showed large 10x20cm mass- cannot determine origin. Recommended CT scan. Minimally elevated ALP, minimal proteinuria.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Marked abdominal distension and discomfort.

**Canine COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN**

**BREED** A pre- and post-contrast CT study of the thorax and abdomen in a bone, lung and soft tissue reconstruction are provided for review.

**Beagle COMPUTED TOMOGRAPHIC FINDINGS**

**SEX Thorax**

**SEX** Spayed Female The vertebral endplates T5/T6 present spondylosis formation.

**AGE** 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.

10 Years The cardiovascular structures including the pulmonary vasculature are within normal limits.

**INTERPRETED BY** The diaphragm is in a relative cranial position and the volume of the lung lobes is generalized decreased.

Sebastian Schaub, DVM Dr. med. vet. DipECVDI 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.

The lung parenchyma presents the expected architecture and attenuation behavior.

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

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**Abdomen**

**REFERRING VET** In the left abdomen, a well-defined, fat attenuating mass with multiple zones of fat-stranding or soft tissue consolidation is appreciated, measuring approximately. 22.2 x 15.6 x 24.0 cm in size. The mass is extending from the caudal aspect of the stomach up to the level of the cranial aperture of the pelvic canal. The intestinal loops are displaced to the right. The stomach and spleen are deviated cranially. The urinary bladder is distorted in the caudal abdomen. The descending colon is displaced to the right and dorsally by the mass effect.

Dr. Ashley Gold

**INVOICE**

18136 Cranial to the left iliac wing, a well-defined lipoma is seen between the left hypaxial musculature and the lateral oblique abdominal muscle, measuring 5.8 x 3.3 x 4.6 cm in size.

**DATE**

11/17/22



**PATIENT**

Lucy Goldman 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.

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

**SPECIES**

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

The delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

**BREED**

Beagle The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 25% of the cross-sectional area of the vertebral canal at the same level.

**SEX**

Spayed Female

- Large peritoneal lipoma with zones of central fat-necrosis
- Intermuscular lipoma left caudodorsal abdominal wall
- Degenerative lumbosacral stenosis with possible dynamic compression of the caudal equina fibers
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

**AGE**

10 Years

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

The clinically appreciated abdominal distension is caused by a large peritoneal lipoma – complete surgical excision of the mass is considered feasible and the therapy of choice.

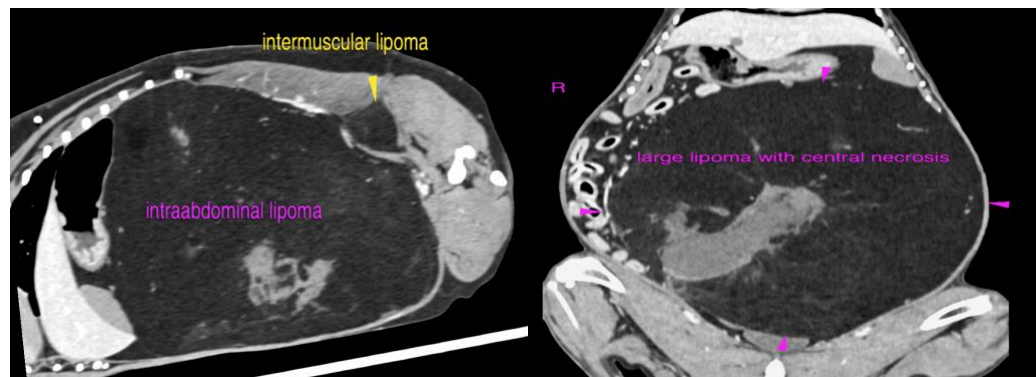
No additional clinically relevant abnormalities are appreciated, but the intermuscular lipoma at the medial aspect of the left caudodorsal abdominal wall, level with L7.

**HOSPITAL NAME**

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**REFERRING VET**

Dr. Ashley Gold



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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.**

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**PATIENT**

Lucy Goldman

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.

**SPECIES**

Canine

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**BREED**

Beagle

**SEX**

Spayed Female

**AGE**

10 Years

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

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