



PATIENT

Marley Elias

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

10Y

WEIGHT

44lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

72976

DATE

12-11-25

PRESENTING CLINICAL SIGNS

Pet has left lateral thorax soft tissue sarcoma. surgical planning

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the thorax and abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

In the subcutaneous tissue along the left lateroventral thoracic wall, level with the costal cartilages of the 6th to 13th rib, an ill-defined zone with soft tissue striation and nodular thickening of the cranial aspect of the obliquus externus muscle at the same level is appreciated – extending up to the left cranioventral abdominal wall.

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.

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, but zones of dystelectasis of the caudodorsal dependent aspects of the lung.

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

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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 urinary bladder is mildly distended by fluid attenuating material – the urinary bladder wall is mildly irregularly thickened which is considered as a sequela to the filling status.

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

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

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

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

The right femoral head is absent.



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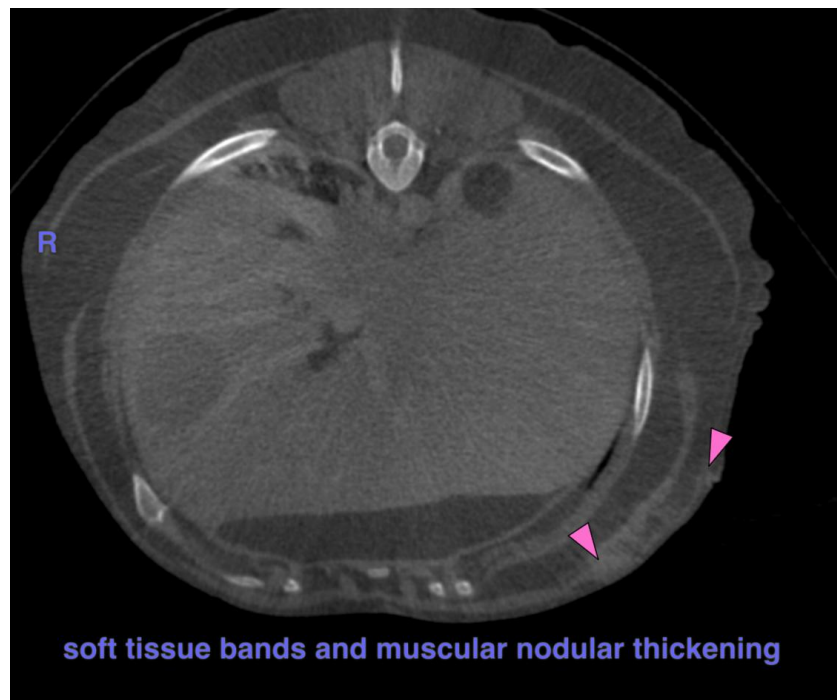
12-11-25

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Ill-defined soft tissue swelling/striation along the left caudolateral thoracic wall up to the left cranioventral abdominal wall
- No evidence of pulmonary or abdominal metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ill-defined soft tissue swelling along the left caudolateral thoracic wall/cranioventral abdominal wall is fitting the history of preceding surgical excision of soft tissue sarcoma. At this point there is no distinct soft tissue mass, and the findings are concerning for diffuse neoplastic infiltration along the interstitial bands and local musculature.





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