



## PATIENT

Toby McGowan

## SPECIES

Canine

## BREED

Mixed

## SEX

Male Neutered

## AGE

12Y, 7M

## WEIGHT

24kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Lisa S.

## HOSPITAL NAME

Animal Surgical Center  
- Oceanside

## REFERRING VET

Dr. Kamran  
Babamohammadi

## INVOICE

73056

## DATE

12-15-25

## PRESENTING CLINICAL SIGNS

Dermal mass ventral sternal region.

## COMPUTED TOMOGRAPHY OF THE THORAX

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

## COMPUTED TOMOGRAPHIC FINDINGS

In the left axillary region and along the left lateroventral thoracic wall, a well-defined, ovoid shaped, fat attenuating mass with a cloudy irregular soft tissue attenuating center is appreciated; measuring 10.0 x 9.0 x 11.8 cm.

Along the thoracic wall bilaterally, multiple well-defined, variable sized lipomas are seen; measuring up to 8 cm.

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.

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

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large lipomatous mass left axillary region/left lateroventral thoracic wall with a soft tissue attenuating center
- Multiple variable sized lipomas along the thoracic wall bilaterally
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large fatty mass along the left lateroventral thoracic wall/axillary region is most consistent with lipoma and central necrosis, however liposarcoma is a potential as well. Complete surgical excision of the large mass along the left thoracic wall is considered feasible.



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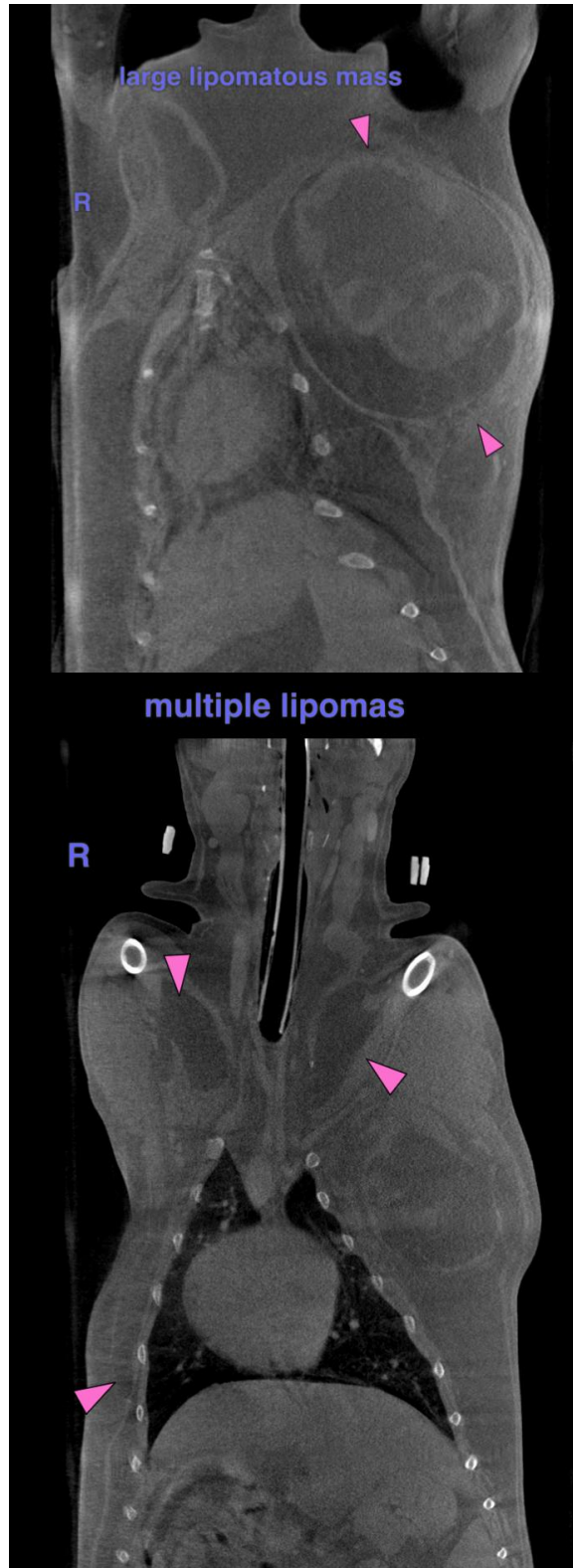
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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.

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**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)

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