



## PATIENT

King Palowski

## SPECIES

Canine

## BREED

Mixed

## SEX

Neutered Male

## AGE

10Y

## WEIGHT

27.7kgs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Sean

## HOSPITAL NAME

CARE Surgery Center

## REFERRING VET

Dr. Seth Bleakley

## INVOICE

73109

## DATE

12-23-25

## PRESENTING CLINICAL SIGNS

Patient had a mass on the right thoracic side since 11/17/2025. At the time, the mass measured 3-4cm wide but has grown over the past couple of weeks to 4-5cm wide. In November, a FNA was performed on the mass & cytology showed proteinaceous fluid with mild mixed inflammation.

## COMPUTED TOMOGRAPHY OF THE THORAX

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

## COMPUTED TOMOGRAPHIC FINDINGS

The periarticular bones of both shoulder joints present moderate osteophyte new bone formation.

Centered on the costal cartilage of the 12<sup>th</sup> right rib, a bilobed, soft tissue attenuating mass with a mild irregular contrast enhancement pattern and central zones with amorphous mineralization is appreciated. The mass of the 12<sup>th</sup> right rib is protruding predominantly into the right cranial abdomen and mildly into the subcutaneous tissue at the right craniolateral abdominal wall – the mass is measuring approximately 9.3 x 11.0 x 8.2 cm.

The sternal lymph nodes and cranial mediastinal lymph nodes are prominent.

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 with randomly distributed interspersed punctuate mineralization.

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

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large soft tissue mass centered on the costal cartilage of the 12<sup>th</sup> right rib with predominant intraabdominal extent
- Lymphadenopathy sternal and cranial mediastinal lymph nodes
- Pulmonary osteomas
- Osteoarthritis shoulder joints bilaterally
- No evidence of pulmonary metastatic disease.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically appreciated mass is consistent with a primary costal mass – originating from the 12<sup>th</sup> right rib – such as chondrosarcoma. Complete surgical management would warrant resection of the right craniolateral abdominal wall/left caudolateral thoracic wall including at least the 10<sup>th</sup> to 13<sup>th</sup> right rib.

Recommend ultrasound guided FNA sampling of the prominent sternal lymph nodes to differentiate between reactive lymphoid hyperplasia versus metastatic disease.



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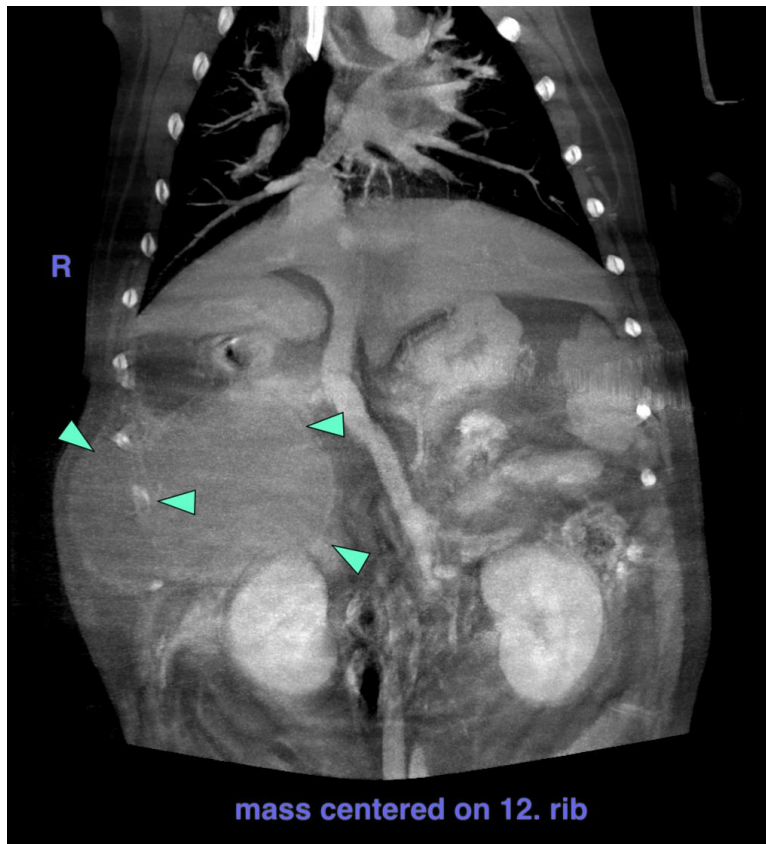
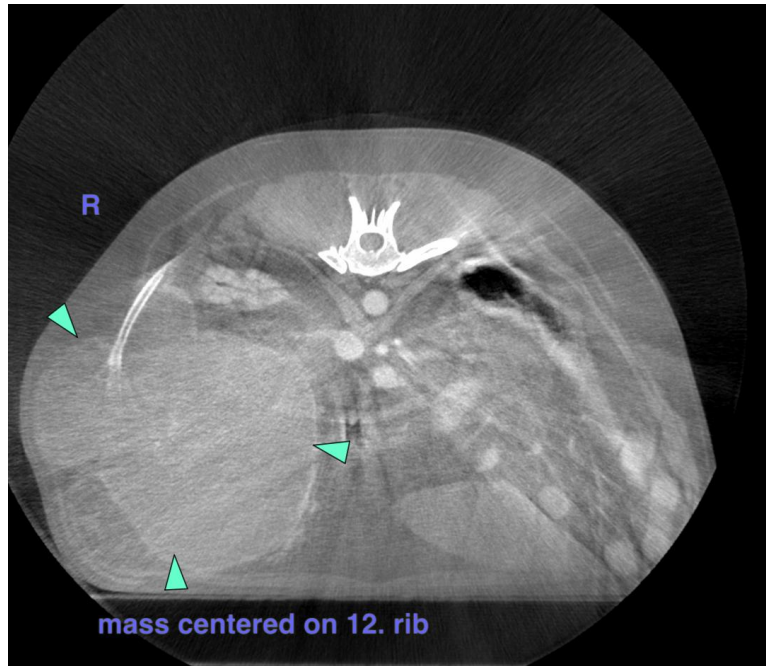
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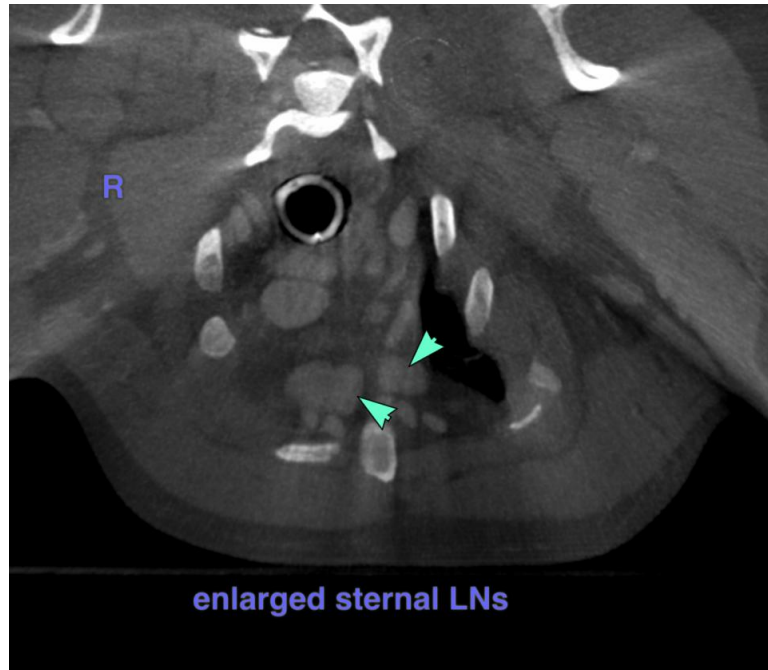
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)