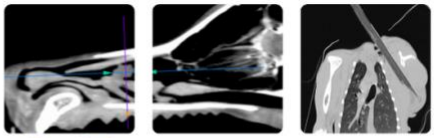

PATIENT

Yaiger Hepler

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

12 Years 14 Days

WEIGHT

94.40

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Joseph D'Abbraccio, DVM

HOSPITAL NAME

Catskill VS, PLLC

REFERRING VET

Joseph D'Abbraccio, DVM

INVOICE

35176

DATE

12/31/25

PRESENTING CLINICAL SIGNS

History: Yaiger presents today for CT and Mass removal. - Yaiger presented for evaluation of a chest mass noted for approximately two years with significant growth over the past year. - Mass does not appear to cause discomfort but has increased in size rapidly. - Patient is eating and drinking normally, with no reported coughing, sneezing, or vomiting; Last Meal: last night ~5pm - Receives a joint supplement (Movoflex); gaba/traz for today given this morning - Previous diagnostics include fine needle aspiration and ultrasound at Town and Country Vet, with aspiration results indicating a fatty tumor and ultrasound confirming mass is external to the breastplate and not impinging on jugular or esophagus. ASSESSMENTS Large subcutaneous thoracic mass, presumptive lipoma r/o infiltrative lipoma vs. other neoplasia; Multiple subcutaneous masses, presumptive lipomas; Dental tartar accumulation; Left otitis externa. Mass removal was performed today.

Abnormal PE/Chem/CBC/UA Results: PE: Ears: AS: Mild odor and possible infection, recommend cleaning. AD: Clean, no inflammation. Oral Cavity: Tartar buildup. Integument: Large subcutaneous mass on the chest, approximately 10 cm x 8 cm x 11 cm. Multiple subcutaneous masses present on the legs and side. Increased hair shedding. Dander present. CBC: Reticulocytes 8.5 K/µL Chemistry: ALP 263 U/L.

COMPUTED TOMOGRAPHIC STUDY 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 at the right ventral aspect of the neck, a well-defined, ovoid shaped, fat attenuating mass, demarcated by a thin soft tissue attenuating capsule is visible; measuring 11.6 cm in diameter and 14.2 cm in lengt; the mass is extending up to the level of the cranial thoracic aperture.

Multiple variable sized, well-defined, lipomas are seen along the thoracic wall and axillary region bilaterally.

Along the thoracic spine, multifocal spondylosis formation is seen.

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 with randomly distributed interspersed punctuate mineralization.

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

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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.

Nodular enlargement of the cranial pole of the right adrenal gland is appreciated, measuring 13 mm in diameter.

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.

S1 is asymmetric and articulating with the right sacroiliac joint and presents a transverse process at the left aspect.

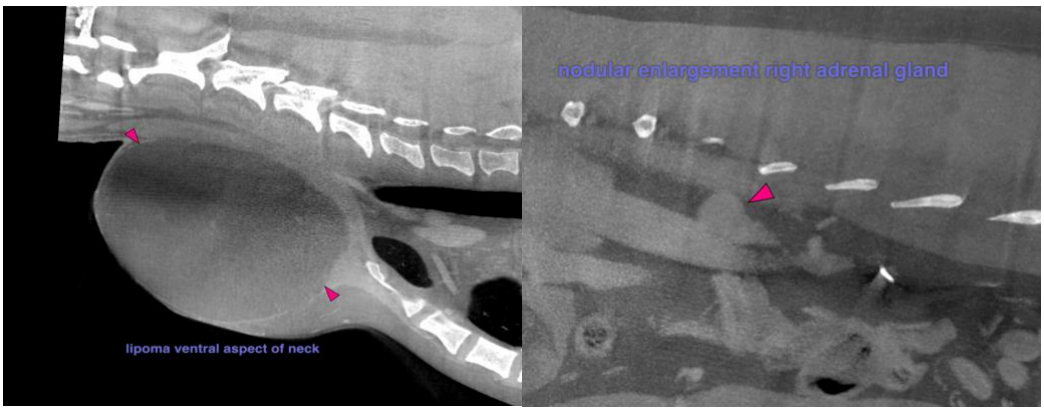
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large subcutaneous lipoma right ventral aspect of the neck
- Nodular enlargement right adrenal gland without vascular invasion
- Multiple variable sized lipomas along the thoracic wall and axillary region bilaterally
- Asymmetric lumbosacral transitional vertebra
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is confirming the diagnosis of a lipoma at the ventral aspect of the neck, presenting no signs of infiltrative growth. The right jugular vein is in contact with the mass and deviated dorsally.

The nodular enlargement of the right adrenal gland can present (non)functional nodular hyperplasia or early stage of neoplastic transformation of the right adrenal gland – such as adenoma, adenocarcinoma, pheochromocytoma.



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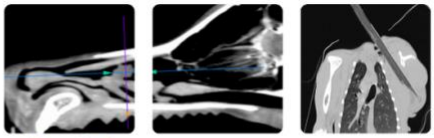

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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