



PATIENT

Lazarus Heald

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11Y

WEIGHT

5.16kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Jessica

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Dr. Fugazzi

INVOICE

72855

DATE

12-4-25

PRESENTING CLINICAL SIGNS

Lazarus is an 11yr MN DSH presenting today for mass on left abdomen/flank area. Owners stated they noticed it almost 2 weeks ago when they were petting him. Owners reported it grew very quickly. They took him to rdvm where they did an FNA and are suspecting a soft tissue sarcoma. Chest rads were also done at that time and no evidence of metastasis was noted. He has been previously healthy. He was rescued at 4 weeks of age after being found in a puddle. No underlying health issues owners are aware of and he is not currently taking any medications.

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

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 with dystelectasis accentuated throughout the left 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 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.

At the left caudolateral abdominal wall, centered on the obliquus externus muscle, an ill-defined, irregular soft tissue attenuating mass with interspersed stippled mineralization and a heterogeneous contrast enhancement pattern is appreciated; measuring approximately 3.7 x 3.2 x 6.8 cm. The mass of the left caudal abdominal wall has feathered caudal and lateral margins. The left abdominal wall level with the mass is deviated medially.



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The left external iliac lymph node is prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Ill-defined soft tissue mass emanating from the obliques externus muscle left caudolateral abdominal wall with dystrophic mineralization
- Lymphadenopathy left external iliac lymph node
- No evidence of pulmonary or abdominal metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue mass of the left abdominal wall is fitting the history of soft tissue sarcoma – the mass presents indistinct margins, indicative for invasive growth. Complete surgical excision may not be feasible and would warrant resection of major parts of the obliquus externus muscle and overlying cutaneous tissue – there is a high inherent risk for reoccurrence of the mass.

The odds for metastatic spread to the left external iliac lymph node are high.





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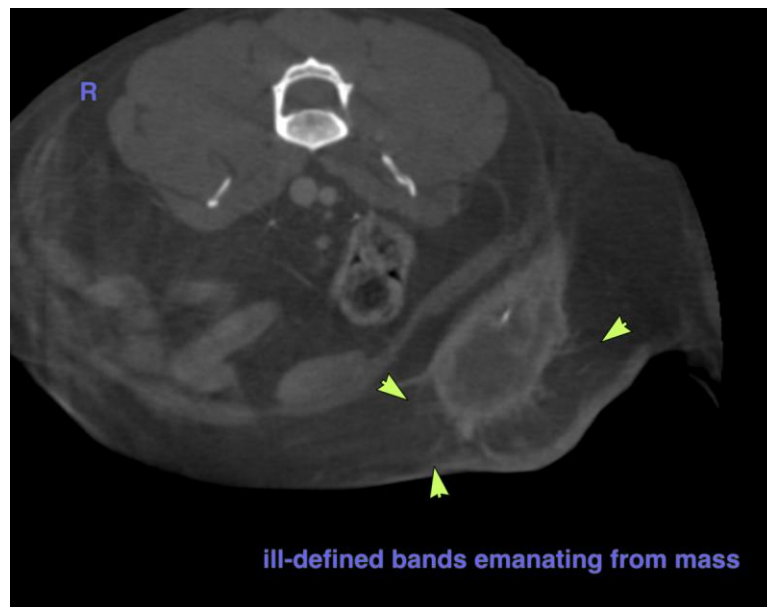
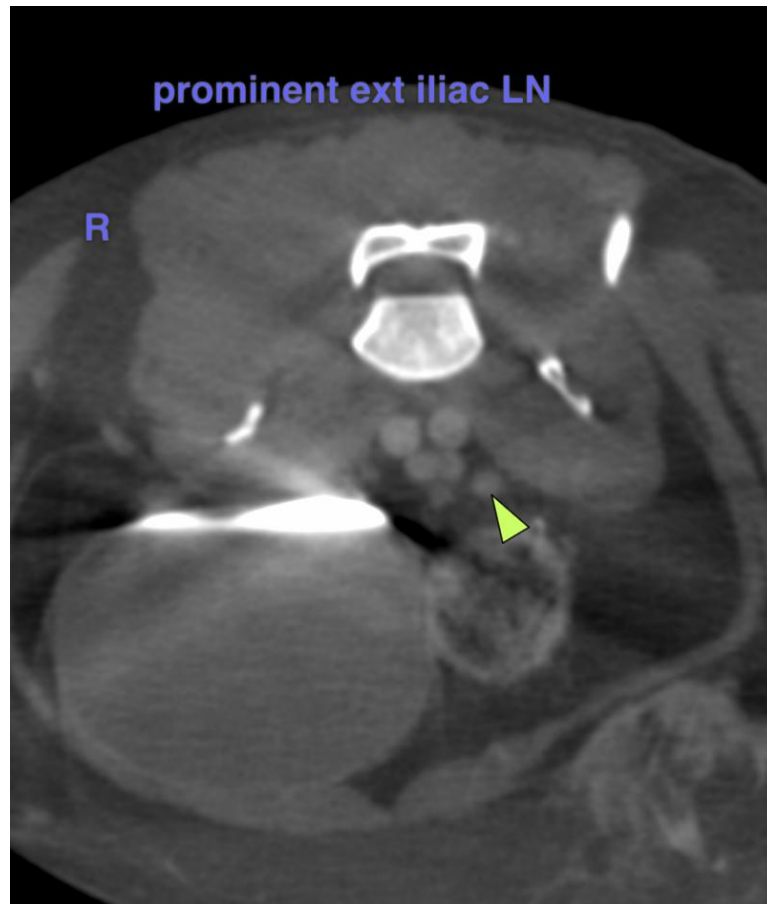
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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