



PATIENT

Darwin Lockrobin

SPECIES

Canine

BREED

Cross Breed

SEX

Male

AGE

11 Years

WEIGHT

9.2

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Hollie Sharp

HOSPITAL NAME

Animal Trust Ellesmere
Port

REFERRING VET

Dr. Andrew Robertson

INVOICE

35767

DATE

12/5/25

PRESENTING CLINICAL SIGNS

History: slowly growing lesion on LH caudal aspect of proximal thigh, no lameness, no pain. Roughly 8x6x6cm firm swelling on caudal aspect of proximal thigh on LH - hard to find margins Met check Thorax. Suspicion of Soft Tissue Sarcoma, will want to biopsy/refer for CT scan if inconclusive results FNA. FNA SAMPLES TAKEN TODAY.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND STIFLE JOINTS

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

The tracheobronchial lymph nodes are mildly 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 ventral dependent aspects of the right middle lung lobe and right caudal lung lobe present a zone with consolidation of the lung parenchyma and air-bronchograms, the volume of the affected areas of the lung is mildly decreased.

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

Hind Limbs

At the caudal aspect of the left thigh, in the fascial plane between the semitendinosus and semimembranosus muscle, a fat attenuating mass is appreciated, presenting partially mild feathered margins. The fat attenuating mass at the caudal aspect of the left thigh is extending proximally up to the level of the left ischial tuberosity and distally up to the level of the distal third of the diaphysis of the femur. The fat attenuating mass is measuring approximately 5.1 x 3.5 x 4.7 cm. The left sciatic nerve is coursing along the craniolateral aspect of the fat attenuating mass.

Both stifle joints present smooth margins of the periarticular bones and no evidence of an intracapsular soft tissue swelling.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intermuscular lipoma caudal aspect left thigh with possible infiltrative growth and no osseous involvement
- Ventrally distributed alveolar pattern with mild decreased volume of the lung
- Mild lymphadenopathy tracheobronchial lymph nodes
- Normal stifle joints

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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The clinically appreciated swelling at the caudal aspect of the left thigh is caused by an intermuscular lipoma – with possible infiltrative growth. Complete surgical, resection is considered feasible – if there is localized infiltrative growth the odds for local reoccurrence after surgical resection will be increased. Be aware of the sciatic nerve being in contact with the fat attenuating mass along the craniolateral aspect.

The ventral alveolar lung pattern in combination with the prominent tracheobronchial lymph nodes can be indicative for pneumonia.



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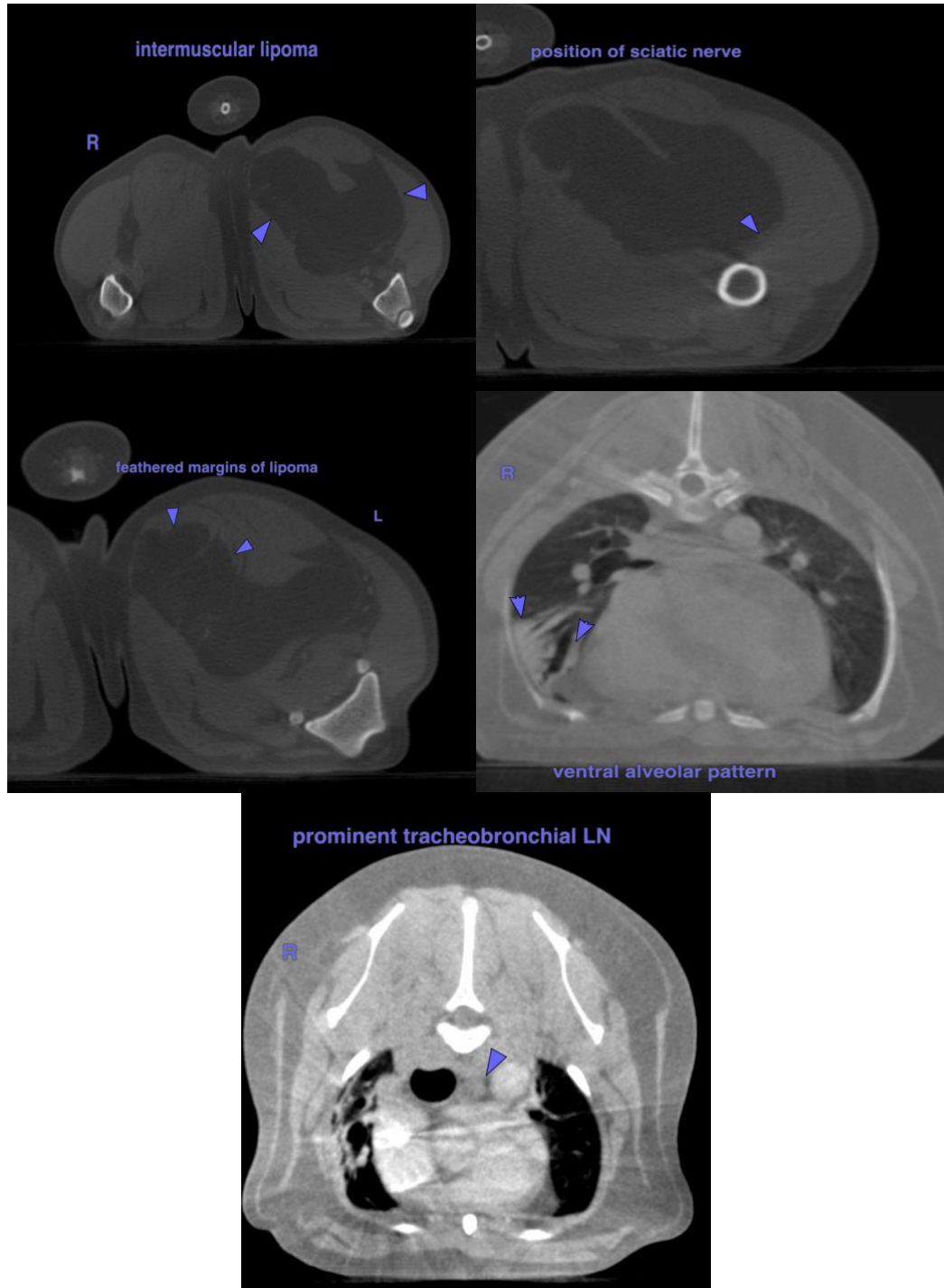
Dr. Andrew Robertson

INVOICE

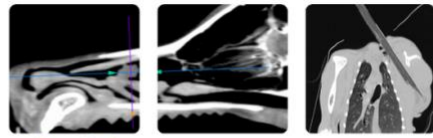
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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