

## PATIENT

Parker Henry

## SPECIES

Canine

## BREED

Havanese

## SEX

Neutered Male

## AGE

7Y

## WEIGHT

5.0kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Victoria Bradshaw

## HOSPITAL NAME

Gulf Shore Veterinary  
Specialty Surgery

## REFERRING VET

Dr. Byron Young DVM,  
MS, DACVS

## INVOICE

72930

## DATE

12-9-25

## PRESENTING CLINICAL SIGNS

Parker presents for mass involving the left thigh that has grown recently. FNA was performed after CT, sample appeared fatty.

## COMPUTED TOMOGRAPHY OF THE THORAX, ABDOMEN AND STIFLE JOINTS

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Thorax

T13 presents a transverse process at the right aspect and a physiological rib at the left aspect.

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.

### 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.

In the gallbladder, a spindle shaped, well-defined, ovoid shaped mineral attenuating calculus is seen; measuring 9 x 3 x 10 mm.

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.

In the subcutaneous tissue at the left aspect of L4, a well-defined, uniform soft tissue attenuating nodule is seen; measuring 13 mm in diameter.

### Stifle joints



## PATIENT

Parker Henry

## SPECIES

Canine

## BREED

Havanese

## SEX

Neutered Male

## AGE

7Y

## WEIGHT

5.0kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Victoria Bradshaw

## HOSPITAL NAME

Gulf Shore Veterinary  
Specialty Surgery

## REFERRING VET

Dr. Byron Young DVM,  
MS, DACVS

## INVOICE

72930

## DATE

12-9-25

In the left popliteal region and extending along the medial aspect of the left stifle joint, a semicircular fat attenuating mass is seen; measuring approximately 6.2 x 4.8 x 7.1 cm. The mass partially merges with the distal aspect of the medial vastus muscle – presenting feathered margins between the muscle and fat attenuating mass. Proximally the mass is extending in the fascial plane between the semitendinosus and semimembranosus muscle up to the level of the mid third of the left femur and distally up to level of the proximal third of the left tibia.

The periarticular bones of both stifle joints present moderate osteophyte new bone formation. Both stifle joints present a moderate intracapsular soft tissue swelling. Post contrast administration the joint capsule of the stifle joints is thickened.

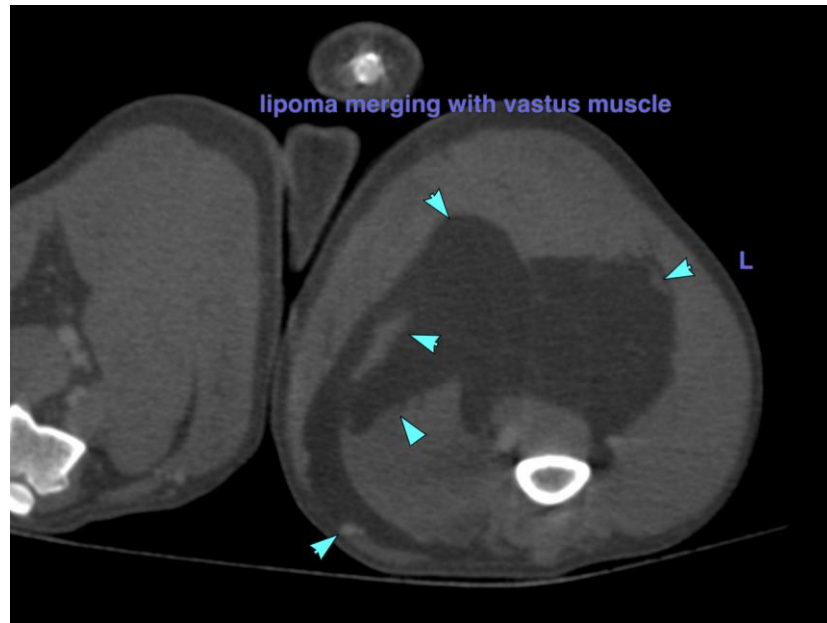
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Infiltrative lipoma left popliteal region
- Bilateral osteoarthritis stifle joints
- Joint effusion and synovitis stifle joint bilaterally
- Non-specific subcutaneous nodule left lateral aspect L4
- Cholelithiasis without mechanical obstruction
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically appreciated mass along the left stifle joint is consistent with infiltrative lipoma – merging with the distal aspect of the left medial vastus muscle.

The degenerative joint disease of the stifle joints is commonly a sequela to underlying pathology of the cranial cruciate ligament ± meniscal disease. A positive drawer sign or tibial compression test under general anesthesia will support the diagnosis – partial rupture of the cranial cruciate ligament and potential thickening of the synovial capsule can result in only mild instability.





## PATIENT

Parker Henry

## SPECIES

Canine

## BREED

Havanese

## SEX

Neutered Male

## AGE

7Y

## WEIGHT

5.0kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Victoria Bradshaw

## HOSPITAL NAME

Gulf Shore Veterinary  
Specialty Surgery

## REFERRING VET

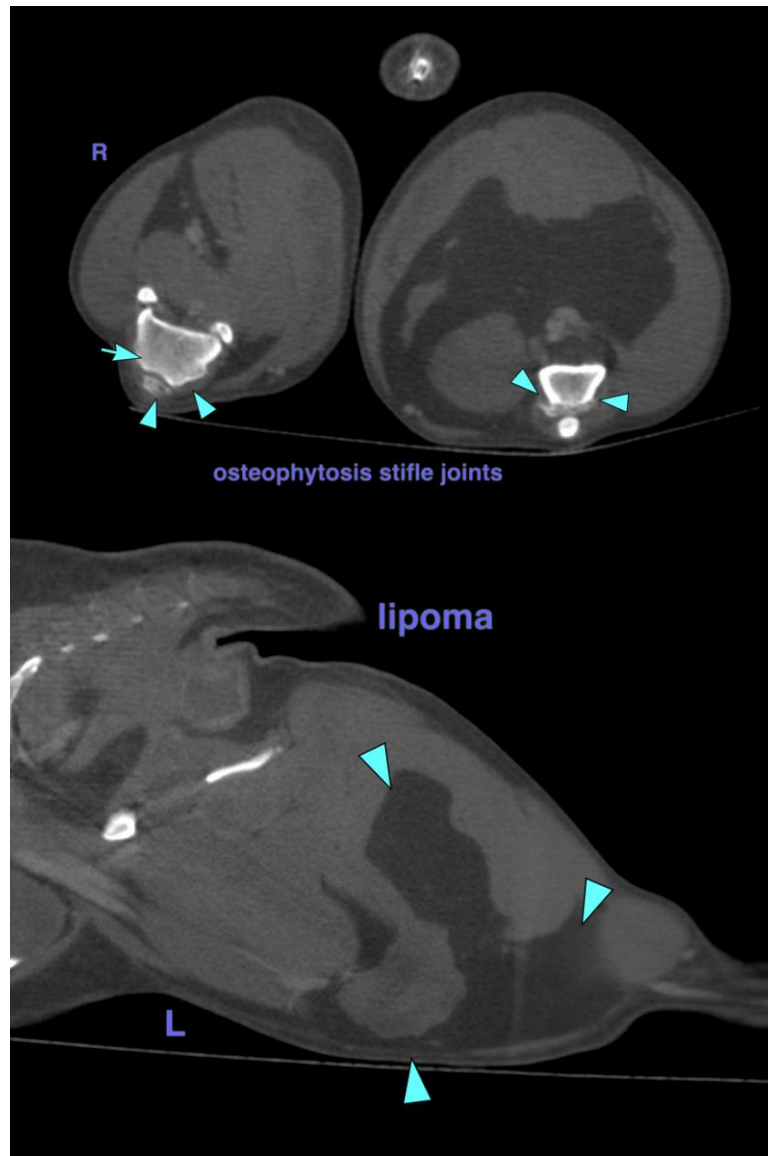
Dr. Byron Young DVM,  
MS, DACVS

## INVOICE

72930

## DATE

12-9-25



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)