



PATIENT

Cooper Scott

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

8

WEIGHT

38.5

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

ASC Oceanside

REFERRING VET

Dr. Infernuso

INVOICE

35837

DATE

2/13/26

PRESENTING CLINICAL SIGNS

- Right SC mass 10x19x8 cm right lateral caudal thorax

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

In the subcutaneous tissue at the right dorsolateral abdominal wall, caudal to the right scapula and medial to the right latissimus dorsi muscle, a well-defined, ovoid shaped fat attenuating mass is seen; measuring 14.5 x 5.8 x 18.2 cm. The fat attenuating mass is extending caudally up to the level of the 12th right rib.

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, but zones with dystelectasis.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large lipoma along the right thoracic wall, no evidence of invasive growth
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically appreciated mass is a large lipoma along the thoracic wall; complete surgical resection is considered feasible.



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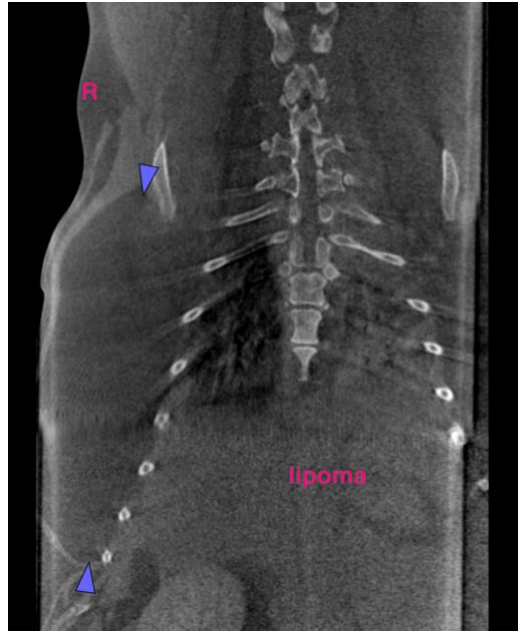
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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