



PATIENT

Shadow Justice

SPECIES

Canine

BREED

Flat Coated Retriever

SEX

Neutered Male

AGE

10 Years

WEIGHT

46.5 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

LAN

HOSPITAL NAME

Southern Oregon VSC

REFERRING VET

Dr. Emily Riddle

INVOICE

36080

DATE

3/3/26

PRESENTING CLINICAL SIGNS

History: Left axillary mass evaluate for surgical resection, suspect adipose based on FNA. Also, evaluation of abdomen and thorax for metastasis of disease and comorbidities.

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

The body condition score is 8-9/9.

Thorax

Caudal to the left axillary region, a well-defined, roundish fat attenuating mass is seen; measuring approximately 11 x 10 x 11 cm. A second fat attenuating, ovoidal shaped mass is seen in the cranial aspect of the left pectoral muscles; measuring 7.4 x 4.0 x 4.0 cm.

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.

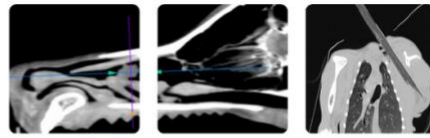
Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

Nodular enlargement of the cranial pole of the right adrenal gland is appreciated – measuring up to 19 mm in size.

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

In the hilar region of the body of the spleen, an ill-defined, roundish, irregular contrast enhancing mass is seen protruding mildly beyond the splenic surface, measuring approximately 2.2 cm in diameter.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.



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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The vertebral endplates L4/L5 present mild spondylosis formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

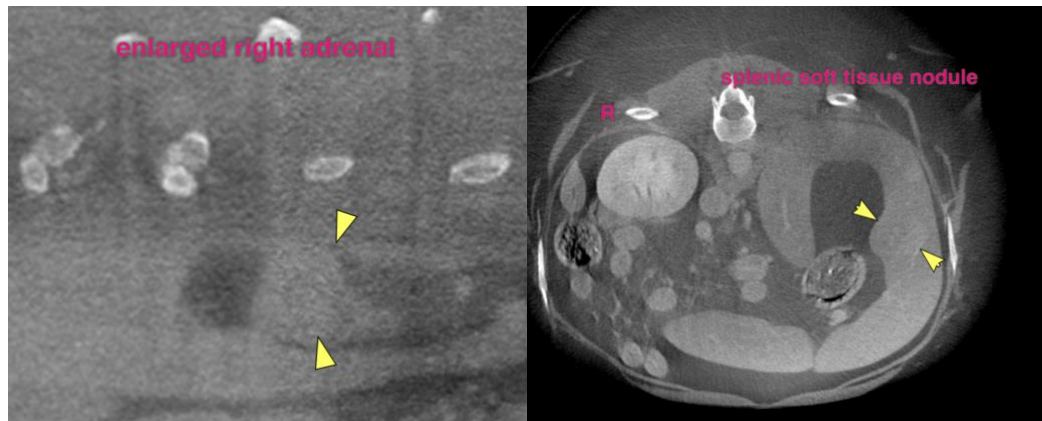
- Large lipoma left caudal axillary region
- Lipoma craniolateral aspect left pectoral muscles without evidence of infiltrative growth
- Splenic soft tissue nodule
- Nodular enlargement right adrenal gland without vascular invasion
- Obesity
- Spondylosis deformans L4/L5
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically appreciated mass in the left axillary region is consistent with a large lipoma – complete surgical excision is considered feasible ± resection of the lipoma associated with the left pectoral muscles.

The splenic soft tissue nodule can present benign nodular hyperplasia or early stage of neoplastic transformation (e.g. sarcoma, round cell tumor). Ultrasound guided FNA sampling can be performed as advanced minimally invasive diagnostic tool.

The nodular enlargement of the cranial pole of the right adrenal can present (non)functional nodular hyperplasia or neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma).





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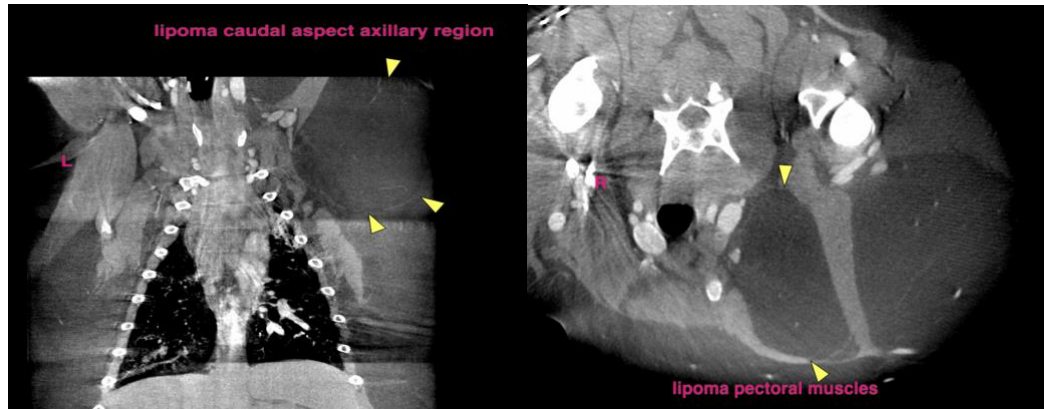
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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