



PATIENT

Dr. Watson
Mohammed

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

12

WEIGHT

43.9

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Kam

INVOICE

74100

DATE

3-9-26

PRESENTING CLINICAL SIGNS

- paraparesis on both hind limbs, CP deficits on hind limbs. ambulatory on hind limbs
- hind limb ataxia and weakness, thickened both stifle joints, patient has difficulty getting up
- 11x7 cm firm mass attached to the underlying muscles on right lateral flank was noted.

COMPUTED TOMOGRAPHY 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

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 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.

Multifocal throughout the lung parenchyma, randomly distributed well-defined, soft tissue attenuating nodules are appreciated.

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.

At the caudoventral aspect of the caudal extremity of the spleen, a well-defined, nodule is seen – presenting the same attenuation and contrast enhancement pattern like the spleen; measuring 10 mm in diameter.

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 of the right flank, an irregular shaped, uniform soft tissue attenuating and heterogeneous contrast enhancing mass with feathered margins is partially included in the field of view, measuring approximately 10.6 x 7.6 x 8.4 cm. The surrounding fat presents moderate soft tissue striation.



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In the subcutaneous tissue at the left lateral aspect of the penis, a well-defined, lipoma is seen.

Multifocal along the lumbar spine, spondylosis and spondylarthrosis formation is seen. The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 50% of the cross-sectional area of the vertebral canal at the same level.

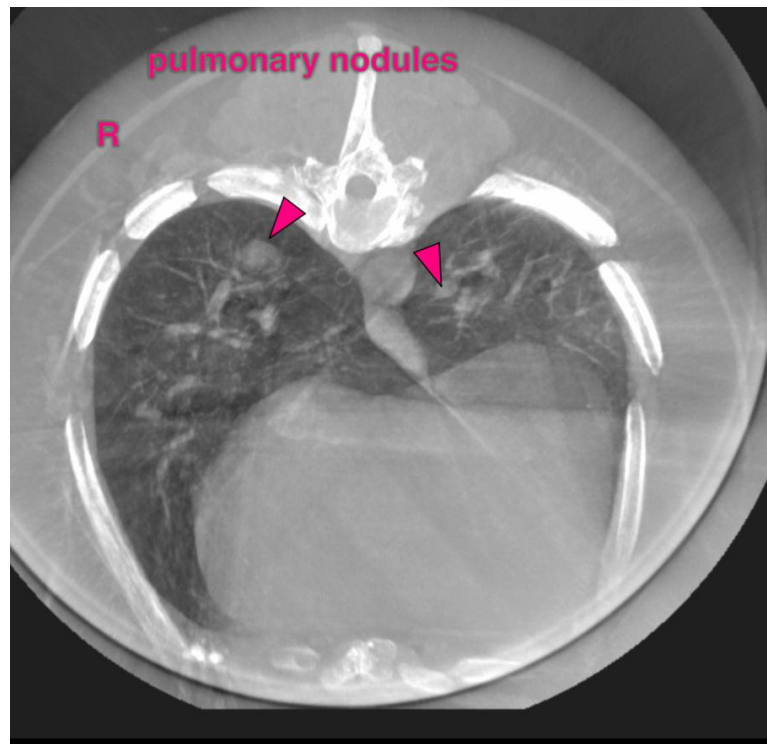
Both coxofemoral joints present moderate to marked osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Ill-defined subcutaneous soft tissue mass right flank presenting local invasive growth
- Structured nodular interstitial lung pattern
- Intervertebral disc protrusion L7/S1 without compression of the cauda equina fibers
- Subcutaneous lipoma left lateral aspect of the prepuce
- Osteoarthritis coxofemoral joints due to hip dysplasia
- Spondylosis deformans & serial spondylarthrosis
- Splenunculus region of caudal extremity of the spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue mass of the right flank is consistent with primary soft tissue neoplasia – the odds for sarcoma are high – and secondary pulmonary metastatic spread. FNA sampling/biopsy of the subcutaneous mass can be considered for specification.





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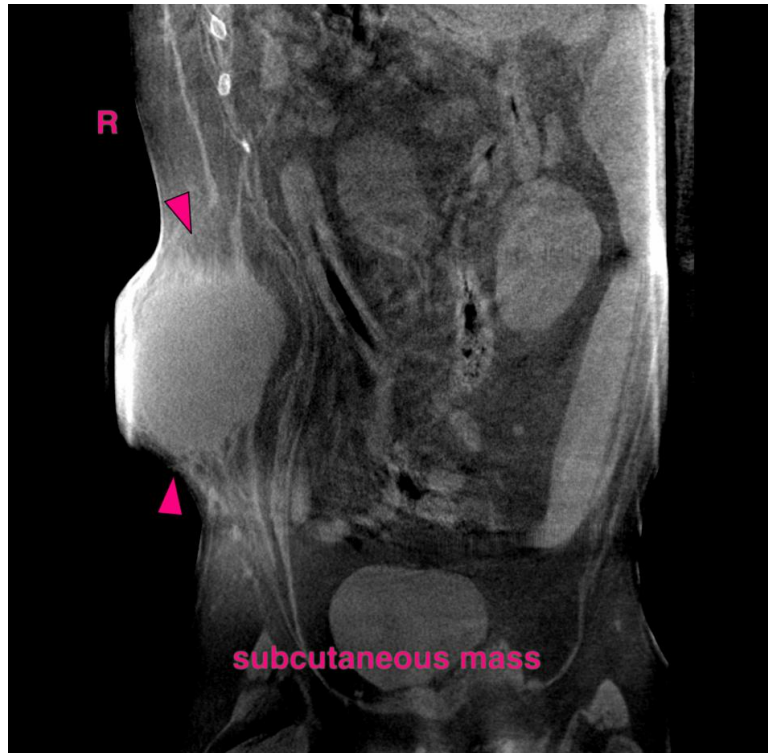
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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