



PATIENT

Murphy Fowler

SPECIES

Canine

BREED

Goldendoodle

SEX

MN

AGE

11Y, 7M

WEIGHT

27.2kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

David Rivera

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Dr. Kamran
Babamohammadi

INVOICE

74107

DATE

3-9-26

PRESENTING CLINICAL SIGNS

- intramuscular right lateral thorax mass
- cytology showed spindle cell
- incisional biopsy suspect hemangiosarcoma
- diffuse bruising extending from ventral abdomen to right lateral thorax

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

In the right axillary region, an ill-defined, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen; measuring approximately 8.6 x 4.7 x 11.4 cm. The fat in the right axillary region presents moderate soft tissue striation. Abaxial splaying of the right front limb by the mass effect of the axillary mass is appreciated.

Along the thoracic wall, multiple, variable sized, well-defined, lipomas are seen.

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

Only the cranial abdomen is included in the field of view.

Significant motion artefacts are seen throughout the abdomen, limiting evaluation of the smaller abdominal structures.

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.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

In the subcutaneous tissue at the cranioventral abdominal wall, a well-defined, roundish lipoma is seen; measuring 2.2 x 1.2 x 3.3 cm.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large ill-defined right axillary soft tissue mass with surrounding cellulitis



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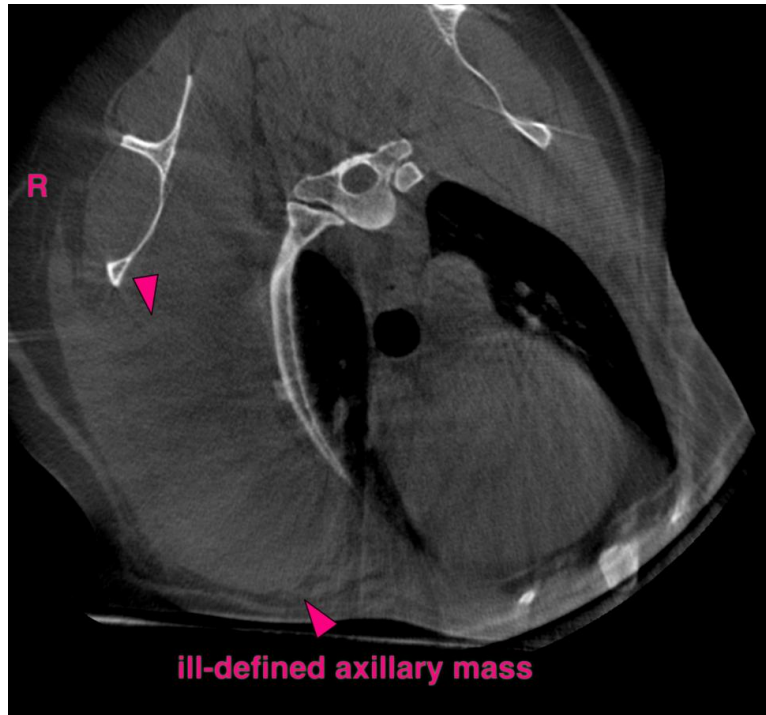
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- Multiple lipomas along the thoracic and abdominal wall
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are supporting the diagnosis of right axillary spindle cell tumor – complete surgical excision of the mass may not be feasible and will warrant amputation of the right front limb including scapulectomy. There is an inherent high risk for local reoccurrence.



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.

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