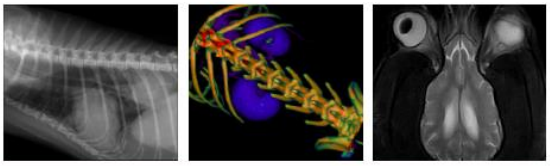


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bella Weigel

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Spayed Female

AGE

11 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Crystal Ebert

INVOICE

14747

DATE

4/15/22

PRESENTING CLINICAL SIGNS

History: Patient with multiple masses throughout body. Left axillary mass has been growing and changing in texture. FNA found spindle cell tumor. Increased ALP and dilute urine with quiet sediment. Bile acids were within normal limits and liver ultrasound was within normal limits. Has not had fine needle aspirates of other masses at this time.
Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

The vertebral endplates T5/T6 present moderate spondylosis formation.

In the left axillary region, a large, well-defined, uniform fat attenuating mass, demarcated by a thin, soft tissue attenuating capsule is visible; measuring approximately >8 x 7.6 x 15 cm in size – the mass is partially cropped by the field of view.

In the cranial right axillary region, a well-defined, roundish fat attenuating mass is appreciated, measuring up to 5 cm in size.

Multiple lipomas are seen along the epaxial musculature of the thoracic spine.

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.

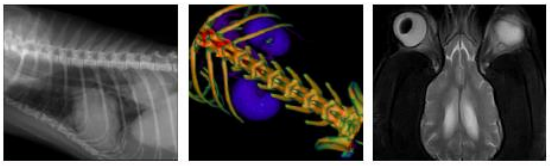
The cardiovascular structures including the pulmonary vasculature are within normal limits.

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 caudodorsal dependent aspects of the lung parenchyma present regions with dystelectasis. 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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided large axillary lipoma
- Multiple smaller lipomas in the subcutaneous tissue and the epaxial musculature along the thoracic spine



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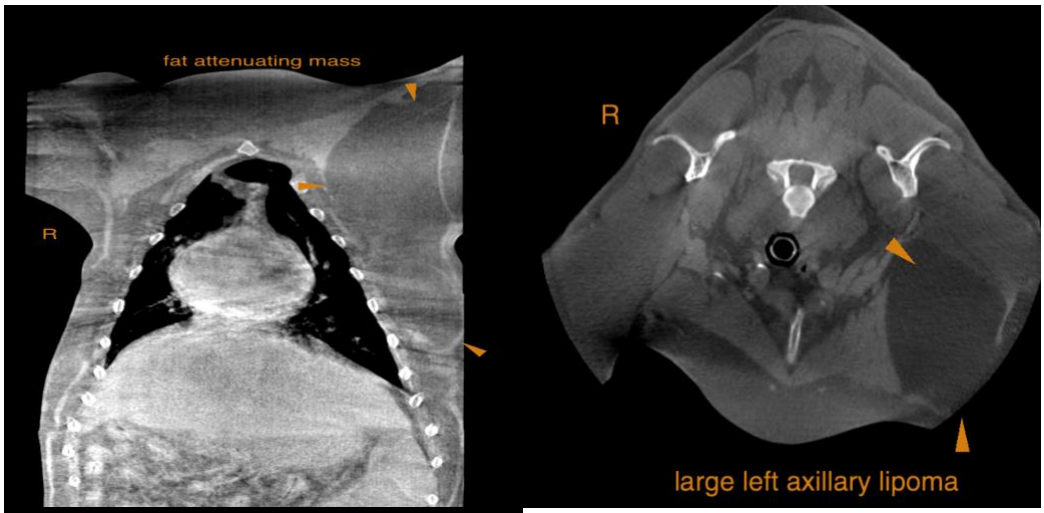
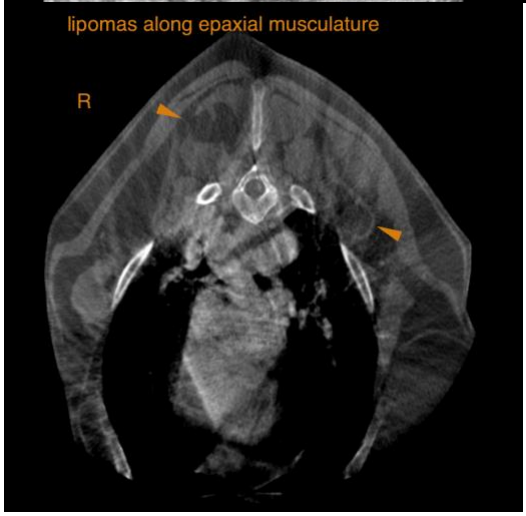
- Regions of compression atelectasis of the lung
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with multiple lipomas along the subcutaneous and fascial planes along the thoracic wall with the largest lipoma being in the left axillary region. I do not see evidence of a soft tissue mass or abnormal architecture of the lipomas supporting the diagnosis of sarcoma - but parts of the left axillary mass are cropped by the field of view and a zone with soft tissue attenuating mass cannot be ruled out entirely.





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.

SonoPath Teleradiology

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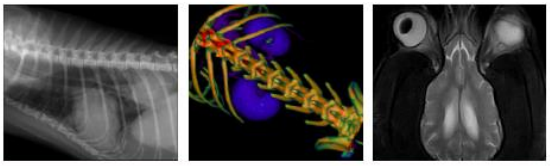

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com