



**PATIENT**

Meeko McAllister

**PRESENTING CLINICAL SIGNS**

\*\*Historical suspected adverse event to Cerenia or Cetrine - facial swelling\*\* Infiltrative lipoma in left axillary region - Cytologically confirmed 2/2021 - Rapid growth - staging performed 10/12/21, confirmed infiltrative nature via CT - Definitive radiation therapy (3Gy x 18 fractions) at the University of Illinois, completed on 12/03/21 History of grand mal seizures - Approximately 1-2 events per year without medical intervention Suspected environmental allergies  
Abnormal PE/Chem/CBC/UA Results: BW wnl

**SPECIES**

Canine

**BREED**

American Eskimo Dog

**COMPUTED TOMOGRAPHY OF THE THORAX**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

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In the left axillary region, dorsal to the pectoral muscle and extending caudally along the left thoracic wall up to the level of the 6<sup>th</sup> left rib, a mild heterogeneous fat attenuating mass is visible, measuring approximately 5.6 x 6.0 x 17.3 cm in size; in the CT study dated 10/13/21 the fat attenuating mass measured approximately 3.8 x 9.2 x 12.5 (cranial part is cropped by the field of view.) cm in size. In the lateral and dorsal aspect, the fat attenuating mass is in contact with the brachial muscles. The large axillary vessels and the brachial plexus are crossing the mass dorsally. The deep left pectoral muscle presents with feathered indistinct margins to the fat-attenuating mass. In the remaining pictured aspects, the fat-attenuating mass is well-defined and demarcated by a thin soft tissue capsule.

**AGE**

9

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

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Advanced Animal  
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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.

**REFERRING VET**

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

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- History of large infiltrative lipoma left axillary region and radiation therapy, mild progressive growth
- No evidence of pulmonary metastatic disease

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

4-27-22

In comparison to the previous CT study, I would consider the size of the left axillary infiltrative lipoma stationary – cranial part of the mass is cropped in the previous CT study, so the length is likely underestimated. The variation in height and width can be a sequela to different positioning between the two CT studies.

As the mass appears to present with infiltrative growth into the pectoral musculature only, the



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chances of surgical excision might be discussed with surgeon.

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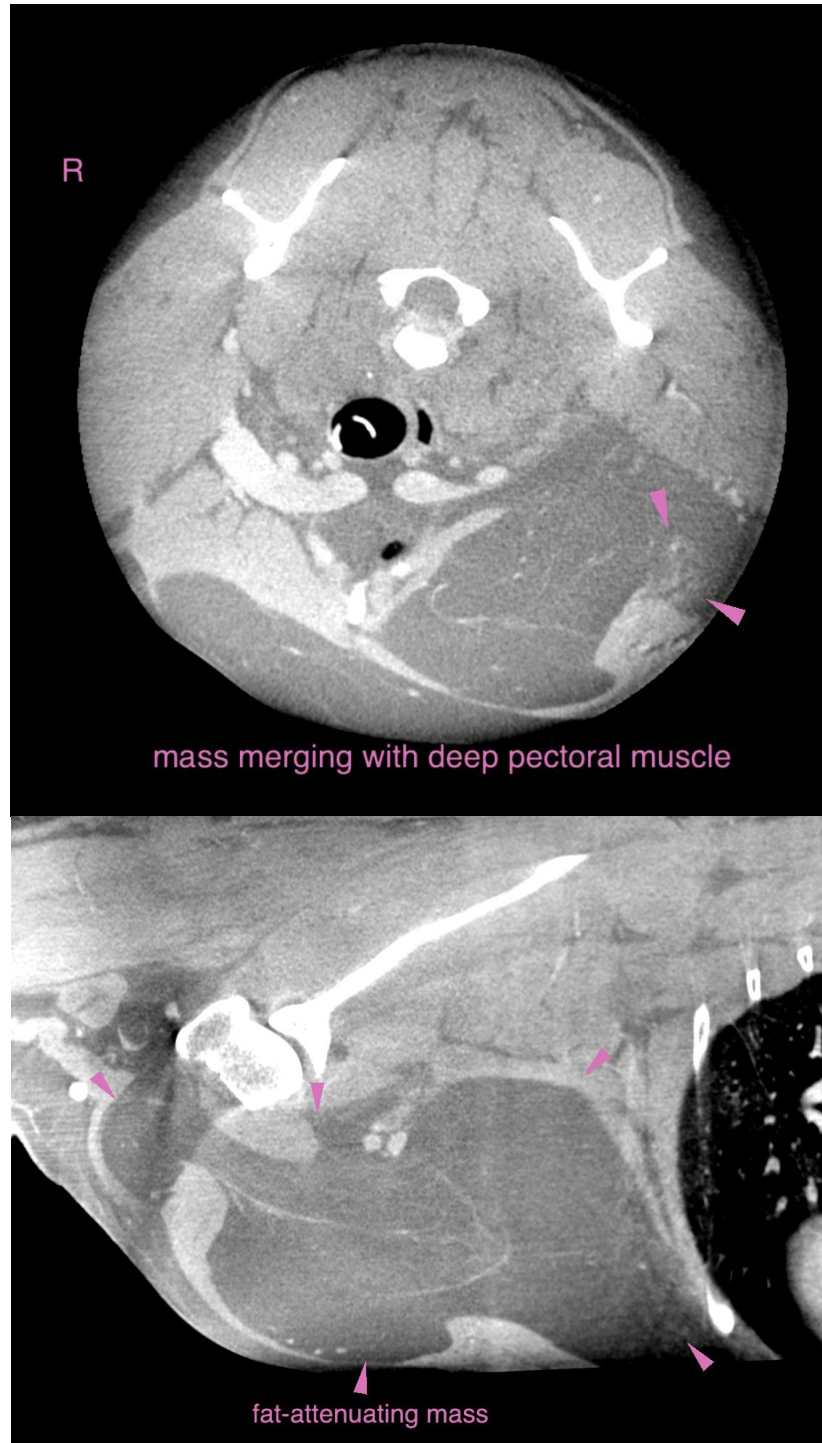
Blair Hollowell, DVM

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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.

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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.

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MN

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