



PATIENT

Scout Maloney

SPECIES

Canine

BREED

Bully Mix

SEX

FS

AGE

2 Years, 10 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health
Partners

REFERRING VET

Dr. Lea Mehrkens

INVOICE

51958

DATE

5-6-22

PRESENTING CLINICAL SIGNS

Scout, a 2 year old Female Spayed Bully, was presented to the Toronto Animal Health Partners Surgery Service for evaluation of a left pelvic limb lipoma. The firm, non-mobile mass is 15cm and located in the hip region under muscle belly. The mass was initially noticed October 2021 and smaller in size. Cytology done 12/31/21 returned as lipoma. Normal EDUD; No VDSC.

Abnormal PE/Chem/CBC/UA Results: The area we are looking at is the left pelvic limb where there is an infiltrative lipoma. Wanting to know which muscles are all involved.

COMPUTED TOMOGRAPHY OF THE PELVIS

A pre- and post-contrast CT study of the pelvis in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

At the lateral aspect of the left thigh and gluteal region, an ill-defined fat attenuating mass is seen, merging with left the medial, deep & superficial gluteal muscle and left biceps femoris muscle, causing feathering of the respective muscle bellies by the interspersed fat. The fat attenuating mass is extending distally within the biceps femoris muscle up to the level of the stifle joint. In the cranioproximal aspect the fat attenuating mass is extending up to the cranial margin of the left ilium and caudally fatty changes can be appreciated up to the level of the left ischial tubercle. The left sciatic nerve is in contact with the ill-defined fat-attenuating mass and deviated medially.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large infiltrative lipoma left gluteal region and lateral aspect of left thigh

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with an infiltrative lipoma, affecting all gluteal muscles and the entire length of the left biceps femoris muscle. The extend of the lesion will likely make complete surgical resection not feasible in this case and the chances of radiation therapy followed by surgery might be discussed with oncologist.



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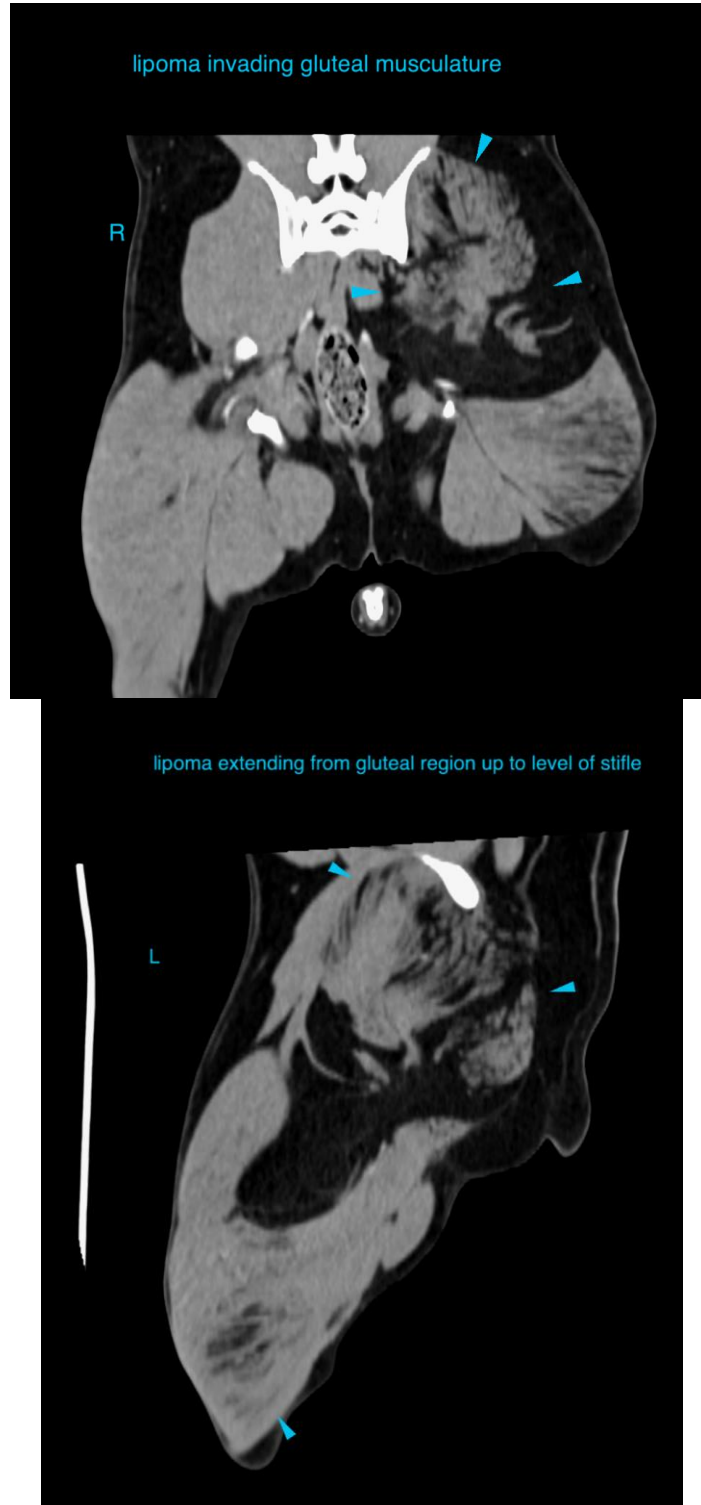
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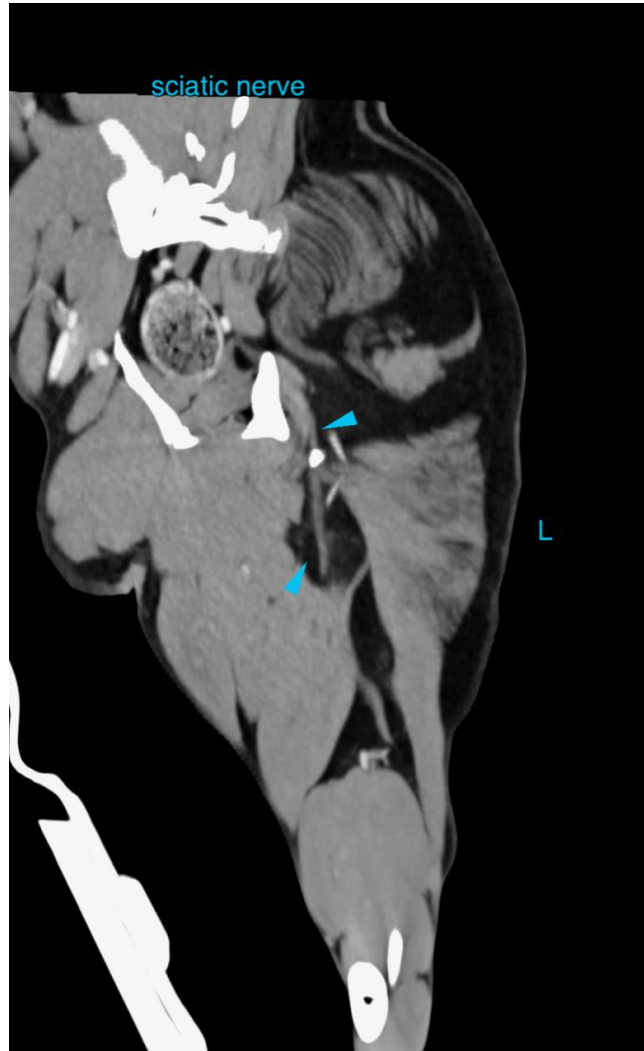
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com