



PATIENT

Tully Mielki

SPECIES

Canine

BREED

Goldendoodle

SEX

Male Neutered

AGE

9 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Scottsdale Veterinary
Clinic

REFERRING VET

Dr. Engleschall

INVOICE

51992

DATE

5-6-22

PRESENTING CLINICAL SIGNS

CT consult history: 2inch soft sq mass left sternum. Left forelimb lameness starting 3 weeks ago, lameness resolved and then started again 1 week ago. Was toe touching lame. Valley Fever titer IgG positive <1:2. Radiographs of left forelimb unremarkable. Was started on Galliprant 60mg SID and Amantadine 105mg SID 4/28. On exam today lameness grade 2/5, weight bearing. No pain on range of motion or palpation. CBC/Chemistry (neutrophilia 16.14k, ALT 821, ALP> 993). History of seizures- is on Keppra and Phenobarbital. Historically elevated liver values.

COMPUTED TOMOGRAPHY OF THE FRONT LIMBS

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

COMPUTED TOMOGRAPHIC FINDINGS

Electronic imaging markers are flipped, regarding the anatomy and R is indicating the left side of the patient and vice versa.

The osseous and surrounding soft tissue structures of the shoulder joints are within normal limits.

In the medial aspect, the right superficial pectoral muscle presents a well-defined, intramuscular, ovoid shape, uniform fat attenuating lesion, measuring 3.1 x 1.1 x 6.9 cm in size.

The osseous margins of the left elbow joint are smooth, and the medial coronoid process is well-defined with a homogeneous density. In the subcutaneous tissue at the mediolateral aspect of the left elbow joint, a small, well-defined nodule, measuring 5.9 x 1.8 x 9.0 mm is noted.

The left carpal joint is within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intramuscular lipoma medial aspect left superficial pectoral muscle – lateral to sternum
- Non-specific subcutaneous nodule mediolateral aspect left elbow joint
- Normal shoulder joints bilaterally
- Normal left elbow joint
- Normal left carpal joint

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is an intramuscular lipoma within the left superficial pectoral muscle – possibly consistent with the history of subcutaneous mass at the left lateral aspect of the sternum. Either monitoring the mass if there is progressive growth or surgical resection can be considered here.

No abnormalities of the osseous and soft tissue structures of the left front limb can be appreciated, explaining the left front limb lameness. Complementing workup by ultrasound examination of the shoulder joint can be used to check for pathology of the bicipital tendon or rotator cuff injury – but no signs for joint effusion in the current CT study, supporting the diagnosis.



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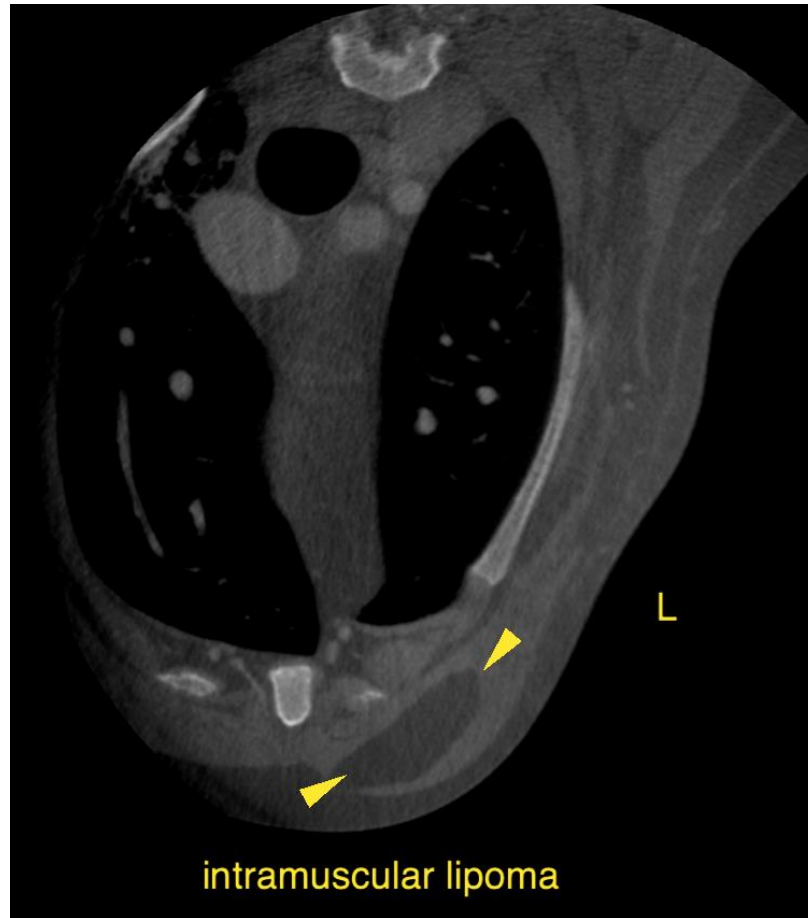
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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