



**PATIENT**

Haiti Llompart

**PRESENTING CLINICAL SIGNS**

The patient came in presenting a subcutaneous firm rapidly growing mass. Rule-out lytic bone involvement. In the last two weeks it has increased more in size. CT Scan was recommended for surgical planning.

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- unremarkable Owner declined cytology or histology.

Canine

**COMPUTED TOMOGRAPHY OF THE THORAX AND FRONT LIMBS**

**BREED**

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

Medium to Large  
Mixed

**COMPUTED TOMOGRAPHIC FINDINGS**

Both shoulder joints present smooth osseous margins and no abnormalities of the surrounding soft tissue structures are appreciated.

**SEX**

The medial coronoid process of the left elbow joint presents a mild irregular lateral contour with a small crescent shaped depression. Otherwise, the osseous margins of the left elbow joint are smooth.

SF

**AGE**

The periarticular bones of the right elbow joint have smooth osseous margins and no abnormalities of the surrounding soft tissue structures are appreciated.

12 Years

In the subcutaneous tissue at the caudolateral aspect of the left proximal ulnar diaphysis, a well-defined, ovoidal, uniform soft tissue attenuating and mild heterogeneous contrast enhancing mass is seen; measuring 5.3 x 3.2 x 7.9 cm in size. The mass is in close contact with the flexor and extensor muscle at the same level. The segment of the left ulna being in contact with the mass presents smooth osseous margins - but mild enthesophyte formation level with the insertion of the interosseous ligament (same findings in the right front limb as well).

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Veterinary Image  
Center

The axillary, 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 carpal joints and pictured parts of both front paws present no abnormalities.

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

**REFERRING VET**

Dr. F. Ortiz Vidal,  
DVM

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 volume of the left cranial lung lobe is moderately decreased and compression atelectasis of the parenchyma of the left cranial lung lobe is appreciated. The remainder of the lung parenchyma present the expected architecture and attenuation behavior with interspersed punctuate mineralization.

**INVOICE**

52241

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

**DATE**

6-1-22



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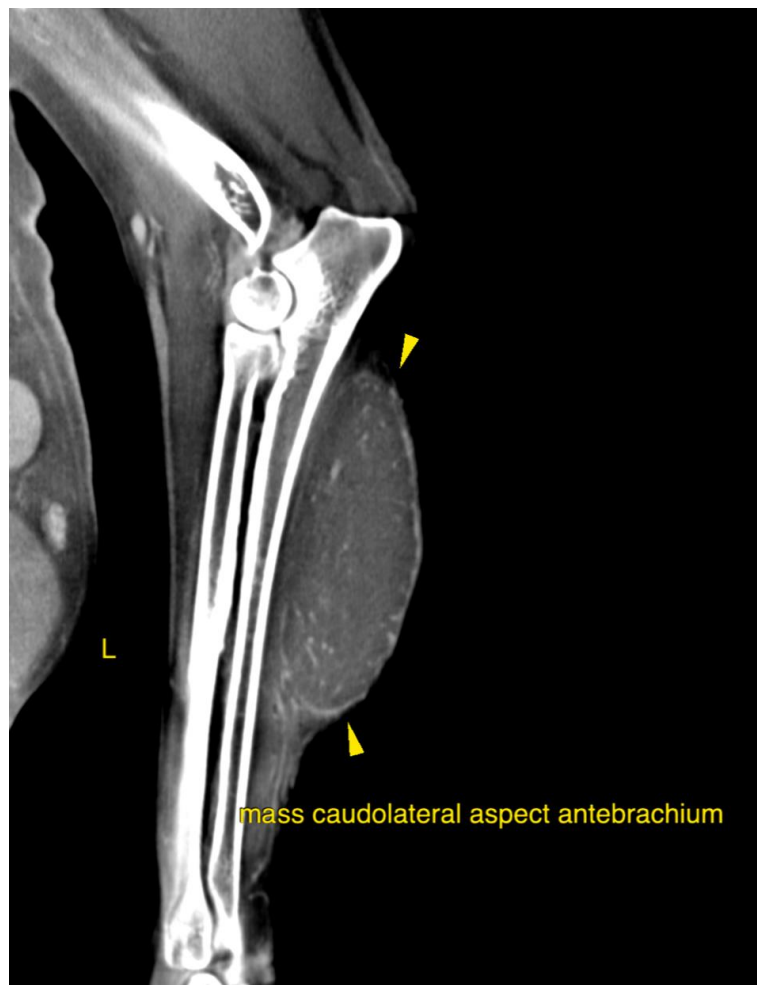
6-1-22

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Subcutaneous soft tissue mass caudolateral aspect left antebrachium
- Mild irregular conformation left medial coronoid process of the elbow joint – suspect normal anatomical variant
- Pulmonary osteomas/subpleural mineralizing plaques – incidental
- Compression atelectasis caudal part left cranial lung lobe due to general anesthesia
- Enthesopathy interosseus ligament antebrachium bilaterally
- No evidence of pulmonary metastatic disease

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are consistent with the history of soft tissue neoplasm at the caudolateral aspect of the left antebrachium. Differentials include sarcoma, hemangiopericytoma, round cell tumor, (carcinoma). There is no evidence of osteolytic lesions.





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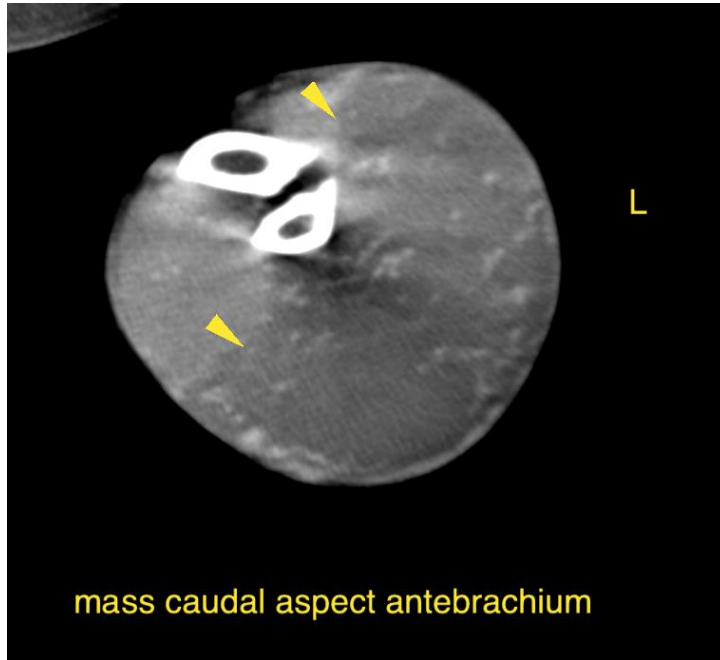
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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  
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