



PATIENT

Cecil Allan

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

8 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health
Partners

REFERRING VET

Dr. Lea Mehrkens

INVOICE

52500

DATE

6-17-22

PRESENTING CLINICAL SIGNS

mass on left lateral chest. The mass was initially noticed 1.5-2 years ago. The mass measures 15 cm x 17 cm, firm, mobile. Mass causes discomfort. The mass had been growing gradually, but began growing rapidly in the past several months, approximately 1 inch per month. Normal EDUD; No VDSC; Cecil noted to be more tired recently, but overall energetic.
Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

In the subcutaneous tissue at the left thoracic wall, caudal to the left scapula, a well-defined, uniform fat-attenuating mass, demarcated by a thin soft tissue capsule is appreciated; measuring 14.6 x 8.3 x 20.5 cm in size. The mass is located medial to the left latissimus dorsi muscle.

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 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.

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The hepatic volume is moderately increased the liver is protruding beyond the costal arch; the gastric axis is deviated caudally. The caudoventral hepatic margins are rounded.



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In the gallbladder, a small soft tissue opaque body is attached to the right lateral wall, measuring 4 mm in diameter.

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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The vertebral endplates L6/L7 present moderate spondylosis formation. The periarticular bones of both coxofemoral joints present mild osteophyte new bone formation, L>R.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large lipoma left thoracic wall
- Hepatomegaly
- Small soft tissue lesion attached to wall of the gallbladder
- Degenerative osteoarthritis coxofemoral joints bilaterally, L>R
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large mass at the left thoracic wall is consistent with lipoma, there is no evidence of infiltrative growth and complete surgical excision is considered feasible.

The small soft tissue attenuating body attached to the wall of the gallbladder can present an adhering inspissated bile (considered most likely) or mucosal polypoid lesion.

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Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.

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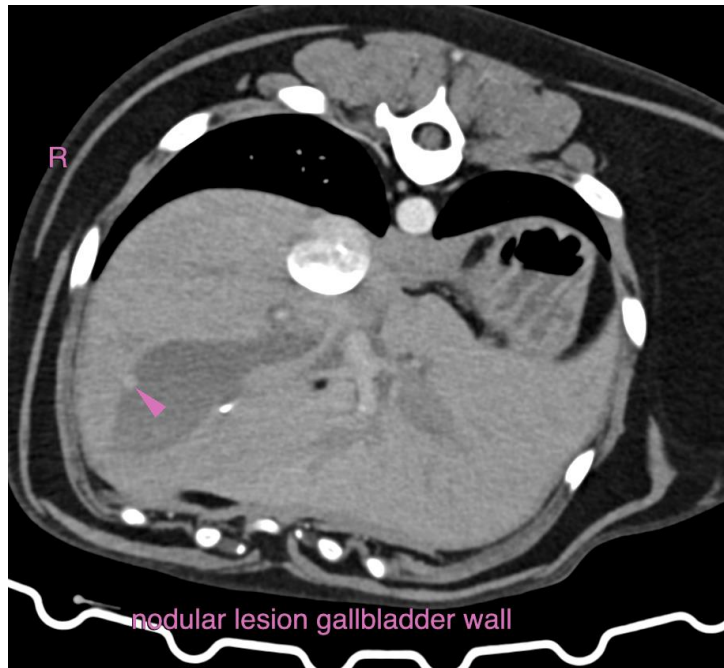
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nodular lesion gallbladder wall



large lipoma thoracic wall



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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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