



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Phoenix Stern
PRESENTING CLINICAL SIGNS History: Previously excised lipoma over the right proximal scapula region. Appears to have regrown in the last few months. Firm and relatively immobile. CT appears to be intermuscular lipoma. Rule out STS. Contrast given.

SPECIES Abnormal PE/Chem/CBC/UA Results:

Canine COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX

BREED Labrador
 A pre- and post-contrast CT study of the thorax in a soft tissue and lung reconstruction are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX Neutered Male
AGE 3 Years
 In the right dorsolateral aspect of T6 to T9 a fat-attenuating swelling is visible in the fascial plane between the cutaneous trunci muscle and the overlying right trapezius muscle, a ovoid shaped, fat-attenuating mass is visible, measuring approximately 2.3 x 4.3 x 5.9 cm in size and causing convex dorsal bulging of the overlying trapezius muscle. The dorsal margins of the associated cutaneous trunci muscle is mildly irregular. A second fat attenuating mass is visible within the right trapezius muscle at the same level, presenting a moderate soft tissue striation emanating from the trapezius muscle resulting in feathered dorsal margins of the trapezius muscle at the same level. The fat attenuating mass in the right trapezius muscle is measuring 3.6 x 2.4 x 5.4 cm in size. The overlying subcutaneous fat presents a mild soft tissue striation.

INTERPRETED BY Sebastian Schaub, DVM Dr. med. vet. DipECVDI
 Starting level T5/T6 up to T9/T10, the right iliocostalis thoracic muscle presents an increased volume and coarse fatty pattern with surrounding ill-defined increased volume of the fat within the fascial planes. Level with the 7th intercostal space, mild heterogeneous fat attenuating material is mildly protruding into the thoracic cavity just lateral to the respective vertebra.

Multifocal mild spondylosis formation is seen along the thoracic spine.

HOSPITAL NAME Animal Health Partners
 The tendon of the supraspinatus muscle bilaterally presents mild mineralizations.

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.

REFERRING VET Debbie Reynolds
 The cardiovascular structures including the pulmonary vasculature are within normal limits.

INVOICE 12663
 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.

DATE

8/21/21



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

Phoenix Stern

COMPUTED TOMOGRAPHIC DIAGNOSIS

- SPECIES**
- Intramuscular lipoma right trapezius muscle and intermuscular lipoma between right trapezius and cutaneous trunci muscle level T6-T9
- Canine
- Infiltrative lipoma right iliocostalis thoracis muscle, level T6 to T10
 - Calcifying tendinopathy supraspinatus muscle bilaterally
 - Spondylosis deformans
- BREED**
- No evidence of pulmonary metastatic disease

Labrador

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX The findings are consistent with an intramuscular within the right trapezius muscle and an intermuscular lipoma between the right trapezius and cutaneous trunci muscle approximately at the same level – the cutaneous trunci muscle level with the fatty mass presents mild feathered margins rendering both lipomas of an infiltrating type.

Neutered Male

AGE Complete surgical resection warrants resection of the associated musculature and appears feasible. There is an infiltrative lipoma of the right iliocostalis thoracis muscle invading also the intercostal musculature level with the 7th intercostal space. Surgical resection of the respective lipoma can be tried, but due to its close association with the epaxial musculature at the same level, invasion of the thoracic wall and ill-defined margins complete resection might not be feasible and the odds for reoccurrence are high. Progressive growth of this mass can result in invasion of the vertebral canal and neurological clinical signs can develop.

3 Years

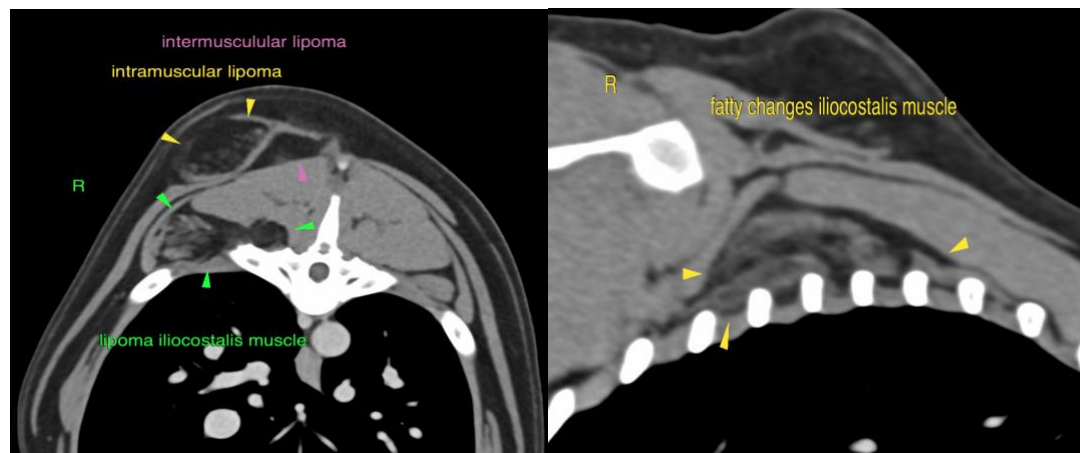
INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

Liposarcoma can be a differential in all locations but is considered less likely.

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REFERRING VET

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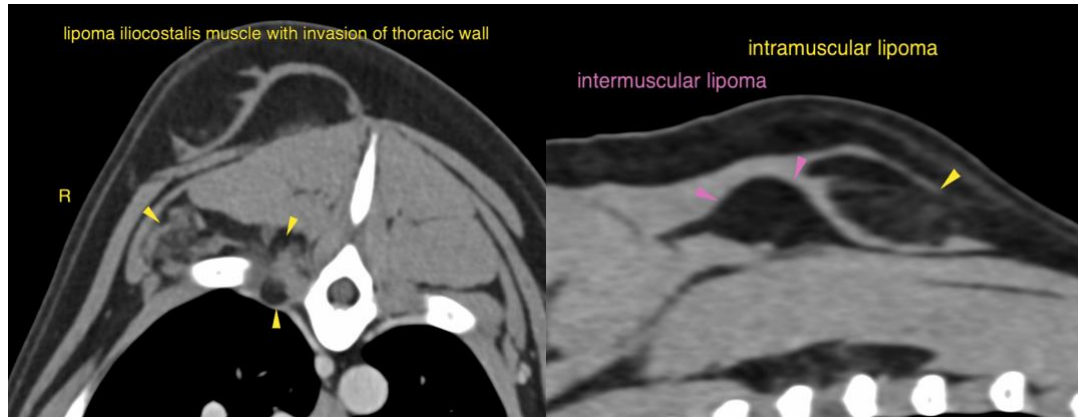
Phoenix Stern

SPECIES

Canine

BREED

Labrador



SEX

Neutered Male

AGE

3 Years

The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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