



**PATIENT PRESENTING CLINICAL SIGNS**

Spanky Sabella Large mass left lateral thorax - suspect sarcoma.

**COMPUTED TOMOGRAPHY OF THE THORAX**

**SPECIES** A high resolution pre- and post-contrast CT study of the thorax is provided for review.

Canine **COMPUTED TOMOGRAPHIC FINDINGS**

**BREED** In the subcutaneous tissue of the left caudolateral thoracic wall, a well-defined, ovoid shaped, uniform soft tissue attenuating and contrast enhancing mass is appreciated measuring 9.4 x 5.9 x 10.6 cm in size. The soft tissue mass appears to be separated from the thoracic wall by the cutaneous trunci muscle. The surrounding subcutaneous fat presents mild fat-stranding.

Puggle The left axillary lymph node is mildly prominent.

**SEX** Multiple variable sized subcutaneous lipomas are seen along the thoracic wall; measuring up to 4.2 cm in size.

Neutered Male 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.

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

15 Years 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.

**INTERPRETED BY** The lung parenchyma presents the expected architecture with randomly distributed interspersed punctuate mineralization. Dysteleostasis of the caudodorsal aspects of the lung parenchyma is appreciated.

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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

Mobile Pet Imaging **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- History of sarcoma left thoracic wall
- Mild lymphadenopathy left axillary lymph node
- Multiple subcutaneous lipomas along the thoracic wall
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

**REFERRING VET**

Meaux

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

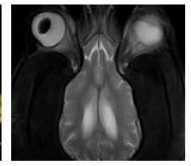
**INVOICE** The soft tissue mass at the left caudolateral thoracic wall is supporting the diagnosis of sarcoma, complete surgical excision of the mass appears feasible, there is no evidence of invasion of the thoracic wall. Based on results of histopathology, recommend discussing adjuvant treatment options – such as chemotherapy or radiation therapy – with oncologist.

54359

**DATE**

Recommend FNA sampling of the left axillary lymph node to rule out metastatic disease.

9-29-22



**PATIENT**

Spanky Sabella

**SPECIES**

Canine

**BREED**

Puggle

**SEX**

Neutered Male

**AGE**

15 Years



**INTERPRETED BY**

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**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

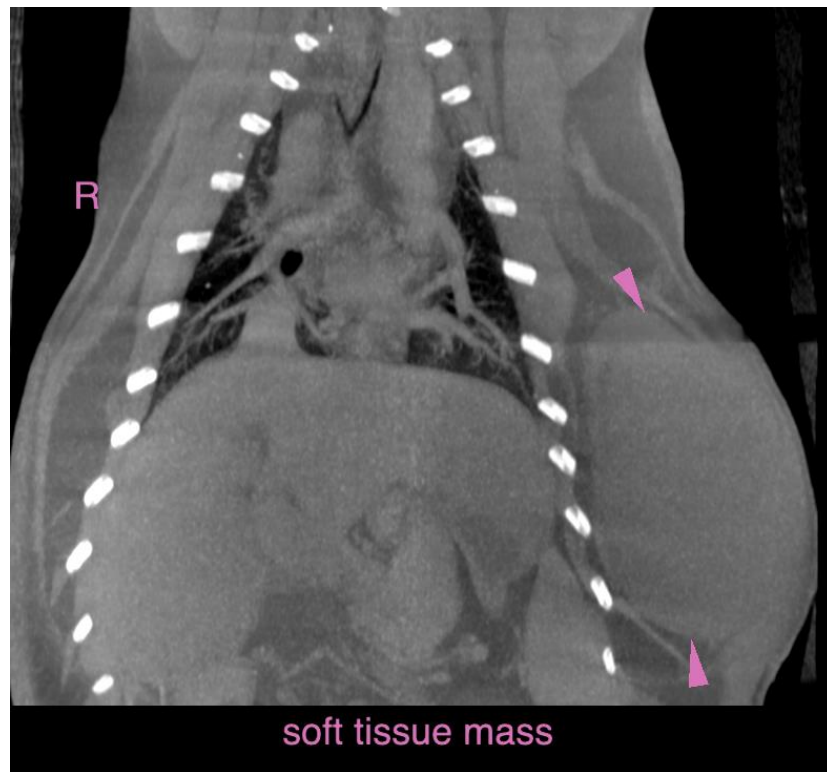
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**SPECIES**

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**BREED**

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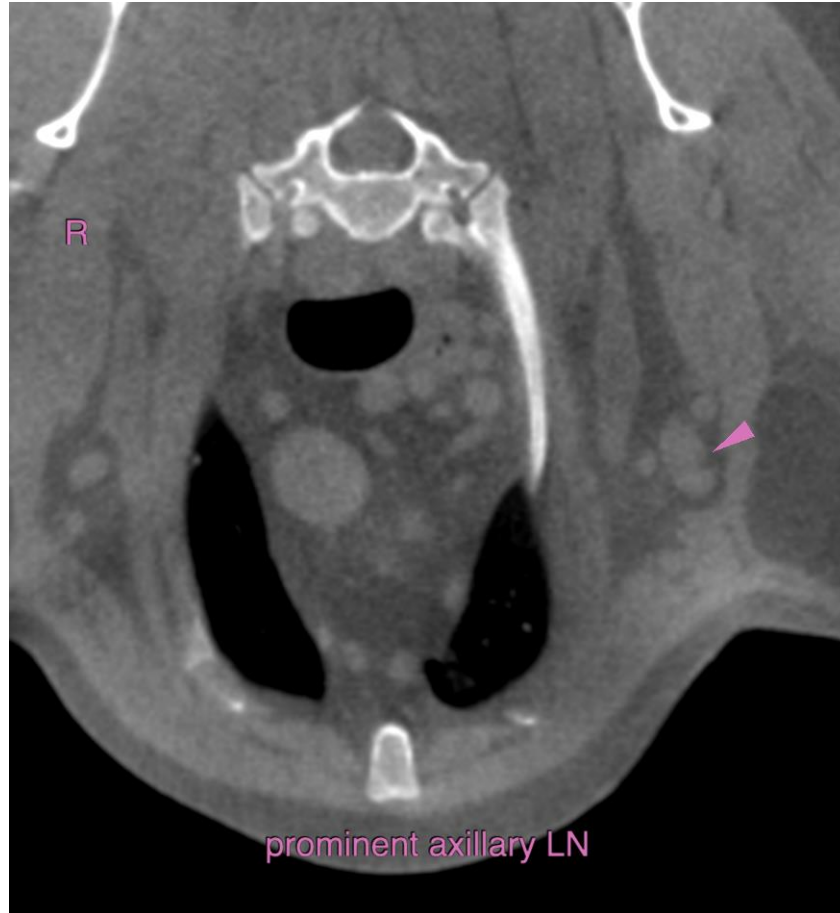
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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