

PATIENT

Sarah Howlett

SPECIES

Canine

BREED

Labrador Retriever

SEX

Female Spayed

AGE

10

WEIGHT

41.6kg

INTERPRETED BY

Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

**IMAGING
PERFORMED BY**

Matthew O'Neil

HOSPITAL NAME

Westford Veterinary
Emergency and
Referral Center

REFERRING VET

Mallory Watson

INVOICE

73726

DATE

2-12-26

PRESENTING CLINICAL SIGNS

- Subcutaneous mass on left lateral thorax. At time of surgical consultation (2/6/26), mass was firm, mobile, and approximately 8x8cm. Lipid material with cystic changes and rare spindle cells--fluid drained from the mass at the end of January with rDVM.

Abnormal PE/Chem/CBC/UA Results: None

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

A pre- and post-contrast CT study of thorax are provided for review totaling 2 series. One pre-contrast series (soft tissue algorithm). One delayed post-contrast series (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

There is a rounded, well-defined subcutaneous mass located in the left lateral thoracic wall at the level of the 4th-5th intercostal space, just caudal to the left scapula. The mass is predominantly fat attenuating with mixed internal soft tissue attenuation. It measures approximately 5.5 × 4.9 × 3.4 cm.

Mild heterogeneous contrast enhancement is observed, with a thin soft tissue capsule. The lesion silhouettes the cutaneous trunci muscle and the latissimus dorsi muscle. No clear evidence of deep muscular invasion is identified.

The trachea and mainstem bronchi are within normal limits.

A few hyperattenuating mineral subpleural foci are present within the pulmonary parenchyma. The remaining pulmonary parenchyma demonstrates normal attenuation. No pulmonary micronodules, nodules, or mass lesions are identified.

The bronchial tree shows normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vessels are within normal limits.

The pleural space, diaphragm, and thoracic wall are unremarkable.

The thoracic esophagus is unremarkable.

Marked osteophytosis and enthesophytes are present at the insertions of the biceps brachii and supraspinatus tendons, shoulder joints.

Complete and incomplete ventral bridging spondylosis deformans is observed at C5 - C6 and T11 - T12.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Well-defined, predominantly fat-attenuating subcutaneous mass in the left lateral thoracic wall, with mild heterogeneous enhancement and thin capsule. Primary differential diagnoses include lipoma, liposarcoma, or infiltrative lipoma.
- Incidental mineralized subpleural pulmonary foci, pulmonary osteomas.
- No evidence of intrathoracic metastatic disease is identified.
- Marked bilateral shoulder osteoarthritis with possible concurrent tendinopathy (> left side).
- Multifocal spondylosis deformans (C5 - C6, T11 - T12).



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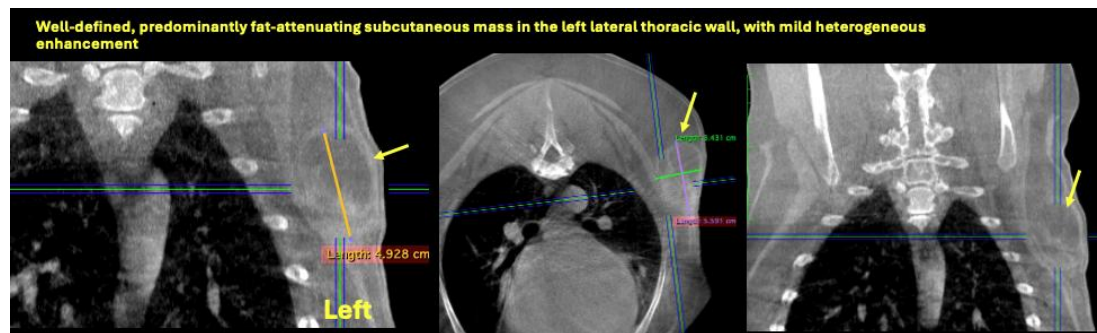
2-12-26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left lateral thoracic wall mass is predominantly fat-attenuating, well-circumscribed, and encapsulated, which favors a benign lipomatous lesion. However, given the prior cytologic description of rare spindle cells and cystic/lipid material, imaging alone cannot definitively exclude a liposarcoma or an infiltrative lipoma.

No CT evidence of pulmonary or mediastinal metastasis.

The degenerative orthopedic findings are likely incidental and age-related but may correlate with clinical orthopedic signs if present.





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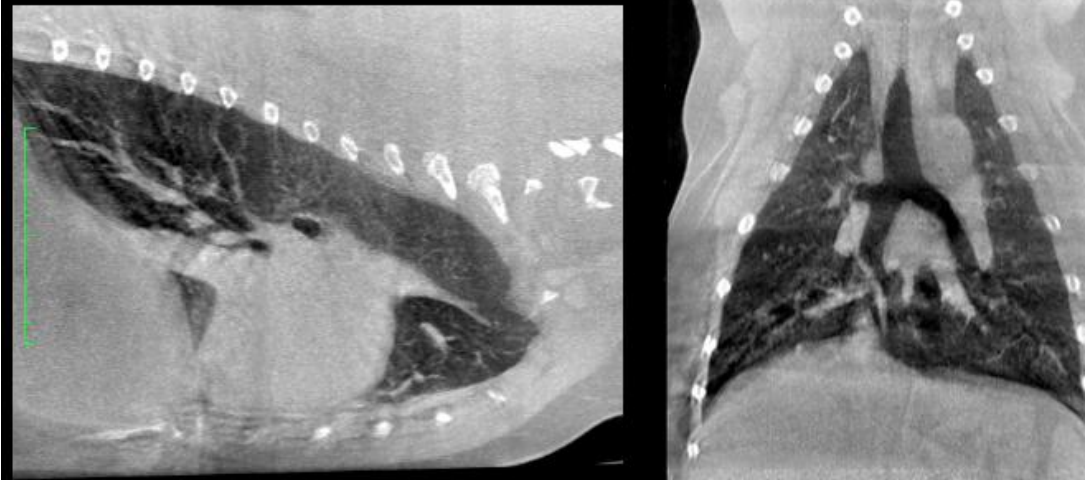
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Normal intrathoracic structures



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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com