



PATIENT

Bella Kaur

SPECIES

Canine

BREED

Pomeranian

SEX

FS

AGE

8

WEIGHT

10

INTERPRETED BY

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

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Kam

INVOICE

75532

DATE

6-17-26

PRESENTING CLINICAL SIGNS

6x8 cm semi firm mass on left caudal thigh region
was palpated

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND PELVIS

A pre- and post-contrast CT study of the whole body is provided for review totaling 2 series. One pre-contrast series of the whole body (bone algorithm). One post-contrast series of the whole body (bone algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

The trachea and mainstem bronchi are within normal limits.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

Moderate gravity-dependent pulmonary atelectatic changes are present within the caudodorsal lung lobes, characterized by ground-glass attenuation and small foci of dependent consolidation.

The remaining pulmonary parenchyma is unremarkable, with no evidence of pulmonary nodules, masses, or metastatic disease.

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

Cardiac silhouette and pulmonary vasculature are within normal limits.

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

The thoracic esophagus is unremarkable. An indwelling metallic esophageal tube is present.

PELVIS

A large, homogeneous fat-attenuating mass with partially defined margins is identified arising from the left perineal region and extending into the proximal aspect of the left pelvic limb. The mass is intermuscular in location, separating the gracilis, adductor brevis, and semimembranosus muscles, producing a marked local mass effect. No associated osseous destruction or cortical invasion is identified. The mass measures at least 3.5 x 7.2 x 8.6 cm.

Mild displacement of the vagina by the lipomatous mass effect. The rectum and anal sacs are unremarkable.

Right coxofemoral joint incongruity with small periarticular osteophytes is present.

Within the medullary cavity of the L6 vertebral body, there is a well-defined hypoattenuating lesion measuring approximately 8.3 x 4.6 mm, surrounded by a thin sclerotic rim and causing mild focal expansile remodeling of the adjacent trabecular bone. No cortical destruction or aggressive osseous changes are identified. No additional osseous lesions are detected within the lumbar or lumbosacral vertebral column.



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No evidence of enlarged sacral or iliac medial lymph nodes.

Bella Kaur

In the periphery of the collimation, mild bilateral periarticular osteophytosis affects both stifle joints, including the patellar apices.

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Marked accumulation of subcutaneous adipose tissue is present over the lumbar region, consistent with excessive body fat deposition.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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FS

- Large intermuscular fat-attenuating mass extending from the left perineal region into the proximal left pelvic limb, most consistent with a lipomatous neoplasm. Differential diagnoses include infiltrative lipoma, less likely well-differentiated liposarcoma. Histopathologic evaluation is recommended for definitive diagnosis.
- No CT evidence of pulmonary or thoracic metastatic disease. Mild dependent pulmonary atelectatic changes, consistent with anesthesia/recumbency.
- Small, well-circumscribed medullary lesion within the L6 vertebral body with a sclerotic rim and mild expansile remodeling. The imaging appearance favors a benign (benign bone cyst or other benign intramedullary lesion); however, follow-up imaging is recommended to document stability.
- Right coxofemoral incongruency and mild degenerative joint disease.
- Marked subcutaneous adipose tissue accumulation, consistent with excessive body condition.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large intermuscular fat-attenuating mass likely corresponds to the palpable lesion and demonstrates imaging features most suggestive of a lipomatous neoplasm, with infiltrative lipoma considered the primary differential diagnosis due to its location and pattern of extension between adjacent muscles. Histopathologic confirmation of the soft tissue mass is recommended to establish the definitive diagnosis and guide therapeutic planning.

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There is no CT evidence of adjacent osseous invasion or thoracic metastatic disease.

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The small L6 vertebral body lesion has a non-aggressive imaging appearance but remains indeterminate. Correlation with clinical signs and interval imaging or further characterization should be considered if clinically indicated.

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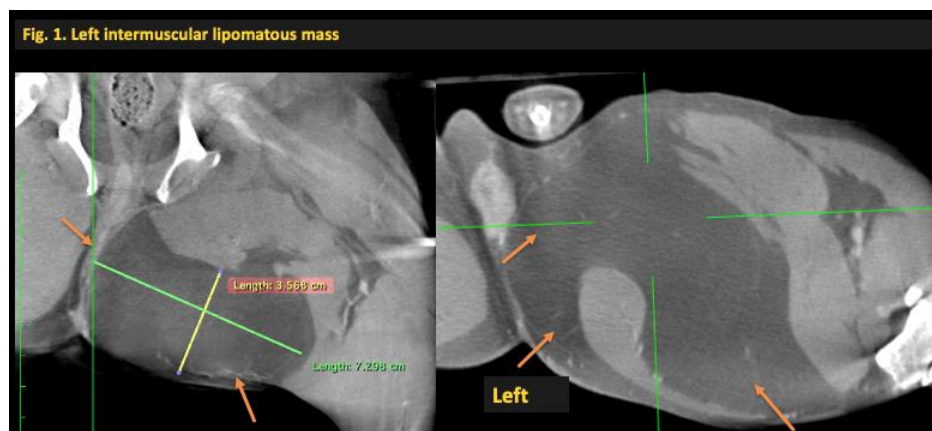


Fig. 1. Left intermuscular lipomatous mass



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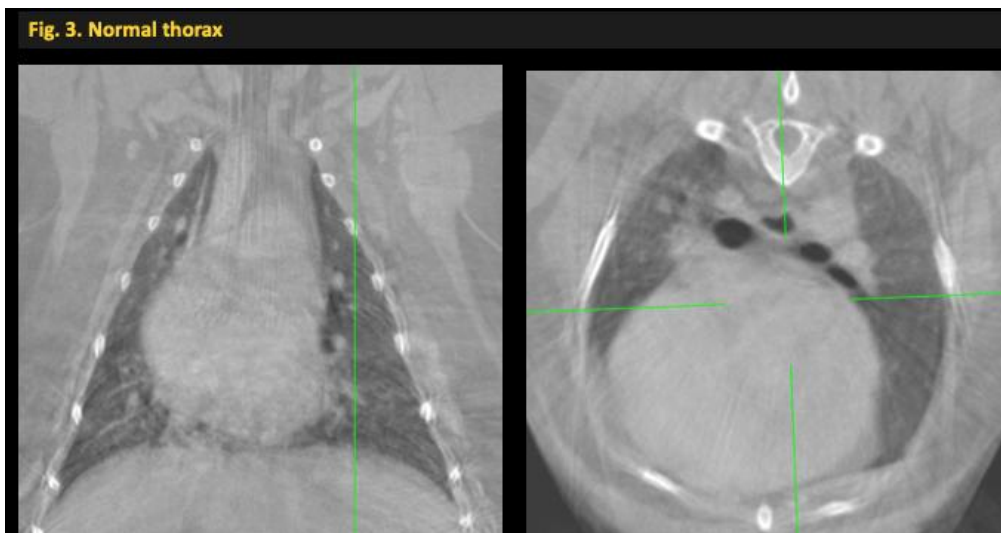
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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