



## PATIENT

Bailey Persell

## SPECIES

Canine

## BREED

Labrador Retriever Mix

## SEX

Female Spayed

## AGE

11Y, 11M, 8D

## WEIGHT

63.80lbs

## INTERPRETED BY

Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

## IMAGING PERFORMED BY

Joseph D'Abbraccio, DVM

## HOSPITAL NAME

Catskill Veterinary  
Services, PLLC

## REFERRING VET

Joseph D'Abbraccio, DVM

## INVOICE

72831

## DATE

12-2-25

## PRESENTING CLINICAL SIGNS

11/21/2025: Reason for Visit: Removal of mast cell tumor on ear tip. History: Owner presented for evaluation of a mass on the ear, initially thought to be a tick and present for approximately one month. Owner reports concern about multiple bumps and subcutaneous masses on the body, previously assessed as likely fatty tissue. Owner notes the patient has been licking the floor for an unspecified duration. Anal glands were recently expressed at another appointment. No information provided regarding current medications, preventatives, or diet. Onset of Symptoms: Mass on ear first noticed approximately one month ago. Progression of Symptoms: No specific progression of symptoms described by the owner. C/S/V/D (Coughing, Sneezing, Vomiting, or Diarrhea): Owner did not report coughing, sneezing, vomiting, or diarrhea.

Abnormal PE/Chem/CBC/UA Results: PE: Appearance: Multiple subcutaneous masses and a 5 mm ulcerated mass on the tip of the pinna present; otherwise, no abnormalities in coat condition, posture, or cleanliness described; Fear/Anxiety/Stress Score: 2/5 - Nervous but cooperative.; Ears: AU: 5 mm ulcerated mass on tip of pinna; otherwise clean, no inflammation.; Oral Cavity: Mild dental tartar.; Integument: Multiple subcutaneous masses present. 5 mm ulcerated mass on the tip of the pinna. CBC: Monocytes 0.869; Chem: WNL

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, & ABDOMEN

Plain studies of the head and thorax and plain and post contrast studies of the abdomen are available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Head

Pinna tips not included.

The submandibular and retropharyngeal lymph nodes are normal in size and morphology.

The thyroid gland presents within normal limits.

Multiple subcutaneous and intermuscular lipomas are noted throughout the body wall.

One large intermuscular lipoma is located in the left ventral neck extending caudodorsally beneath the left scapula.

Two left pectoral intermuscular lipomas are seen.

One approximately 3 cm sized subcutaneous lipoma is located right ventral to the larynx.

### Thorax

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio.

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. No pulmonary nodules or other patterns suggestive of metastatic disease are seen.



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

## Abdomen

There is an intermuscular lipoma in the left thigh.

Mild hepatomegaly with slightly irregular contouring of the liver lobes is seen. Multiple extrahepatic biliary duct and gallbladder microliths are present. Portal halo signs are noted. Occasional small hepatic nodules are seen.

The left adrenal gland presents small myelolipomas. The right adrenal gland presents within normal limits.

Small accessory spleen is noted. Multiple faintly hyperenhancing splenic nodules are noted.

The right coxofemoral joint presents moderate osteoarthritis.

The patient's body condition score is elevated.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple benign appearing lipomas in the cervical, subscapular, pectoral, and laryngeal regions and throughout the body wall.
- No evidence of metastatic disease in the regional lymph nodes of the head region, lungs, or mediastinum.
- Hepatopathy with multiple biliary microliths and portal halo signs.
- Small hepatic and splenic nodules.
- Left adrenal myelolipomas – benign incidental findings.
- Moderate right coxofemoral osteoarthritis.
- Accessory spleen – incidental benign.
- Elevated body condition score.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings are dominated by multiple benign lipomatous lesions in the cervical and pectoral soft tissues as well as throughout the body wall all with imaging characteristics of benign lipomas. There is no CT evidence of metastatic disease associated with these or other processes.

The hepatic changes are most compatible with chronic hepatobiliary disease such as chronic cholangitis / cholangiohepatitis, hepatobiliary dyskinesia, or biliary sludge related irritation, nodular hyperplasia, cysts, or age related parenchymal remodeling.

The splenic nodules are nonspecific but most likely represent benign hyperplastic nodules or extramedullary hematopoiesis.

The left adrenal myelolipomas are small, likely benign, and incidental.

Clinical correlation with liver enzymes, bile acids, and general geriatric profile is recommended. If hepatobiliary values are abnormal or clinical signs occur, consider liver function testing as well as biopsy and histopathologic examination.



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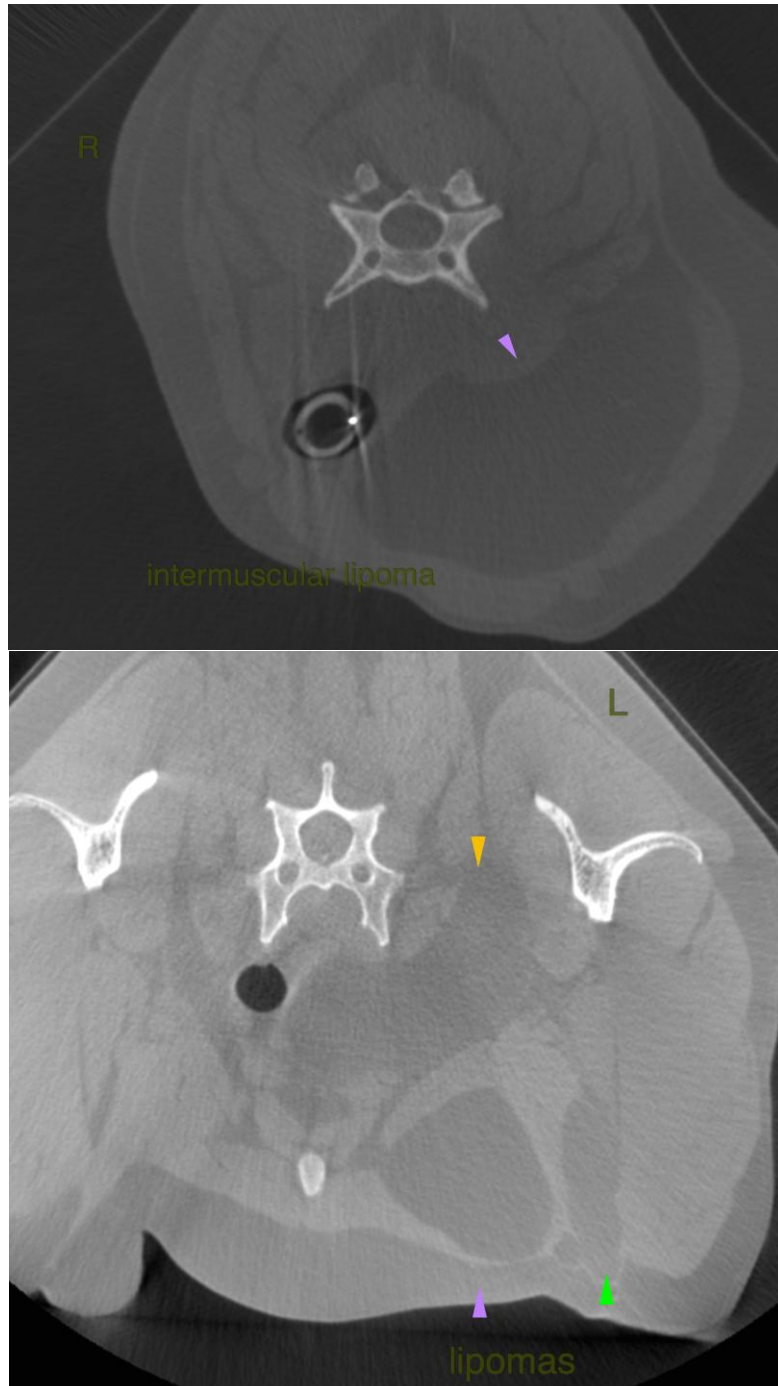
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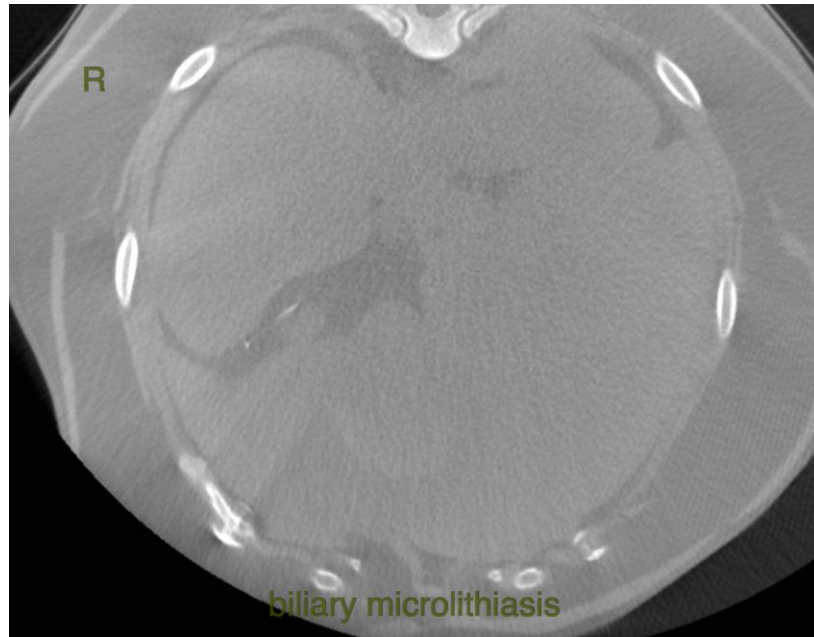
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Nele Eley (Ondreka)**, DVM, Dr. med. vet., DipECVDI  
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