



PATIENT

Scout Campanile

SPECIES

Canine

BREED

German Shepherd

SEX

Female Spayed

AGE

9Y, 3M, 8D

WEIGHT

50.00lbs

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Joseph D'Abbraccio,
DVM

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

Joseph D'Abbraccio,
DVM

INVOICE

72533

DATE

11-6-25

PRESENTING CLINICAL SIGNS

Scout was presented for a scheduled dental cleaning, but an ulcerative mass on the left front foot was also noted and evaluated. Two masses identified on the left front foot: one on the paw and a fleshy, bulbous mass adjacent to the dew claw causing digital expansion. CT scan to evaluate for metastatic disease. ASSESSMENTS Ulcerative mass on left front dew claw r/o squamous cell carcinoma vs. melanoma vs. other neoplasia. Second mass on left front paw digit II, r/o neoplasia vs. granuloma.

Enlarged left prescapular lymph node r/o metastatic neoplasia vs. reactive lymphadenopathy. Dental disease with gingivitis and gingival hyperplasia. Left Front Digit One Amputation performed 11/5/2025

Abnormal PE/Chem/CBC/UA Results: PE:Oral Cavity: Mild to moderate dental tartar with gingivitis and gingival hyperplasia on upper left arcade to 206. Lymph Nodes: Enlarged prescapular lymph node on the left side. Integument: Ulcerative mass on the left front foot paw. Fleshy mass adjacent to the first toe (dew claw) on the left front foot causing expansion and bulbous appearance of the toe. Ulcer mass on digit II of the left front foot, described as similar to a lick granuloma. Musculoskeletal: Left front foot, first toe (dew claw) expanded and bulbous. CBC:Monocytes 0.969 K/ μ L Chem: WNL Left Front Digit One biopsy pending

COMPUTED TOMOGRAPHY OF THE LEFT CARPUS & THORAX

Plain study provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Left Carpus

The bony structures of the distal left forelimb are inconspicuous. Signs of an aggressive or reactive lesion are not noted. There is a soft tissue dense swelling noted at the level of the first toe and the second toe facing each other. Radiopaque foreign material is not detected. In addition to that, the long bones of the left forelimb are unremarkable as far as displayed.

The prescapular lymph node on the left side is moderately enlarged, presenting a normal shape with prominent peripheral fat striations.

Thorax

The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. There is no evidence of pleural thickening, fluid accumulation or free pleural gas. The pulmonary density is within normal limits; there is no evidence of focal or nodular pulmonary lesions. The mediastinum is regular in width and density. The mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. The thoracic trachea and esophagus present as expected. The heart is inconspicuous as far as can be assessed with CT. The diaphragm appears normal.

The extra-thoracic soft tissues, the thoracic spine as well as the ribs and sternum are unremarkable. There is no evidence of an aggressive bone lesion and/or abnormal sclerosis.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal findings of the thorax



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- Unspecific soft tissue dense swelling first/second left toes
- Moderate prescapular lymph adenomegaly left side

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The detected swelling surrounding the first and second toe on the left side are unspecific and could represent an inflammatory issue as well as a neoplastic process. At least there are no bony reactions noted as seen with an aggressive or invasive neoplasia. This does not exclude soft tissue sarcoma or carcinoma.

The enlarged prescapular lymph node on the left side is still consistent with a reactive lymph node as seen with lymphadenitis. As far as can be assessed, there are no signs of pulmonary or mediastinal metastases. Biopsy and histopathology – as already performed- are needed for further assessment.





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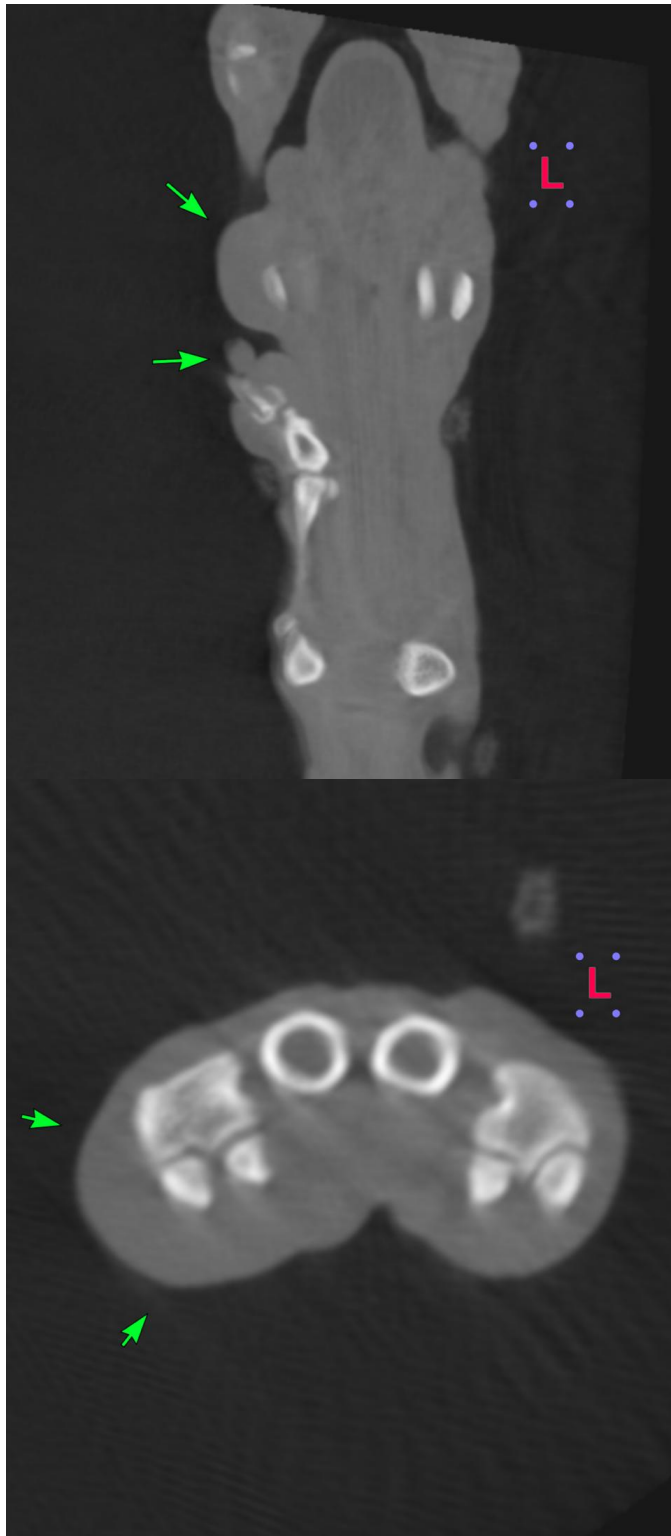
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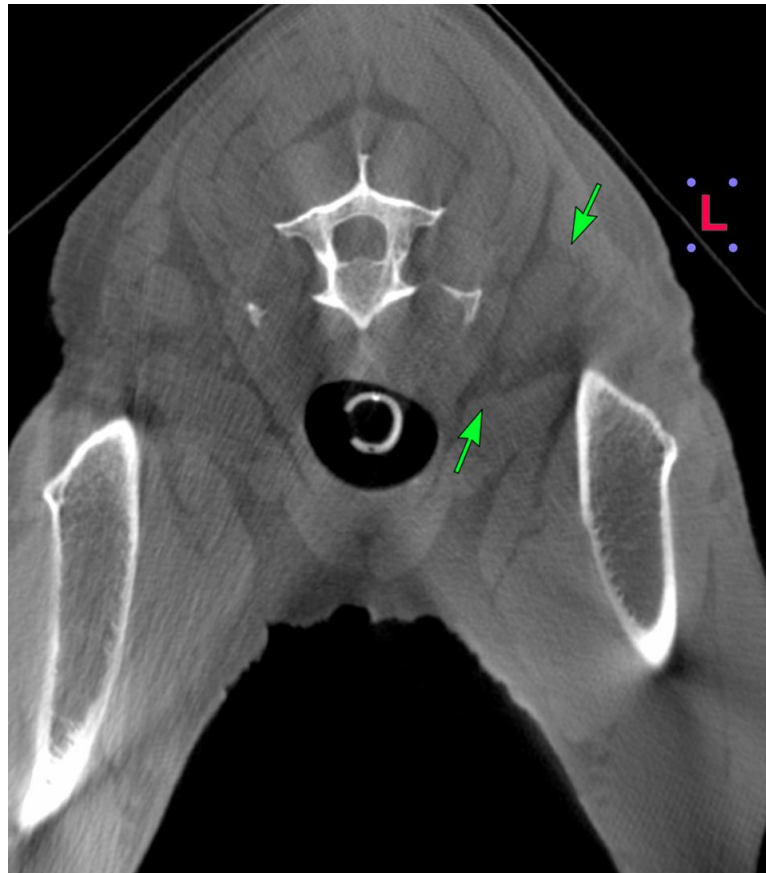
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
info@sonopath.com