



## PATIENT

Shiloh Bernitt

## SPECIES

Canine

## BREED

Pitbull Mix

## SEX

Male Neutered

## AGE

3Y, 6M, 9D

## WEIGHT

50.60lbs

## INTERPRETED BY

Sebastian Schaub, 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

73307

## DATE

1-13-26

## PRESENTING CLINICAL SIGNS

Owner presented for evaluation of a chest mass first noticed approximately one year ago, around February of the previous year. Owner reports no current issues with eating, drinking, urination, or defecation. No coughing, sneezing, vomiting, or diarrhea reported. No current medications or flea, tick, or heartworm prevention. Diet consists of Purina Pro Plan, described as an active mix, '17 something'. Owner notes the mass has grown over time, with friends and another veterinarian remarking on its increased size. Owner expresses concern about the mass and its potential to recur, asking about prevention. Onset of Symptoms: Chest mass first noticed approximately one year ago, around February of the previous year. Progression of Symptoms: Owner notes the mass has grown in size since it was first noticed.

Abnormal PE/Chem/CBC/UA Results: PE: Fear/Anxiety/Stress Score: 2/5 - Nervous, fearful, but cooperative.; Integument: 7.5 cm x 6 cm x 7.5 cm firm, non-movable mass on the right side of the chest.; CBC: WNL; Chem8: Na: 144 mmol/L; K: 4.4 mmol/L; Cl: 116 mmol/L; TC02: 23 mmol/L; BUN: 18 mg/dL; Crea: 1.0 mg/dL; Glu: 91 mg/dL; iCa: 1.45 mmol/L; AnGap: 10 mmol/L; Hct: 46 %PCV; Hb 15.6 g/dL;

## COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Thorax

In the subcutaneous tissue at the caudoventral aspect of the neck, a uniform fat attenuating, roundish mass is seen; measuring approximately 7 cm in diameter is appreciated. The fat attenuating caudoventral cervical mass is merging with the cranial segment of the right superficial pectoral muscle that presents a feathered appearance.

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.

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.

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

### Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.



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The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

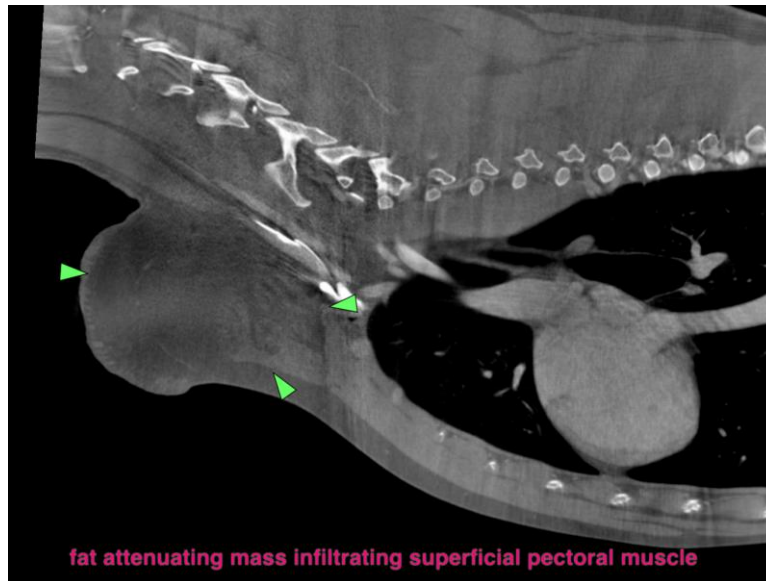
The bony and surrounding soft tissue structures reveal no abnormalities.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Infiltrative lipoma caudoventral aspect of the neck - invading the right superficial pectoral muscle
- No evidence of pulmonary metastatic disease
- Normal abdomen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically appreciated mass at the caudoventral aspect of the neck/cranioventral aspect of the neck is consistent with an infiltrative lipoma - infiltrating the cranial aspect of the right superficial pectoral muscle.





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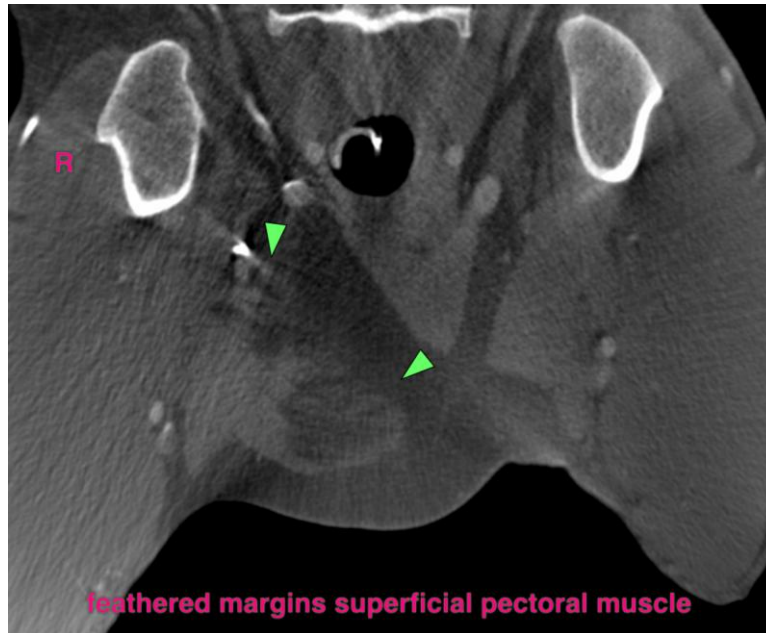
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
[info@sonopath.com](mailto:info@sonopath.com)