



PATIENT

Reggie Chanatry

SPECIES

Canine

BREED

Hound Mix

SEX

Neutered Male

AGE

5 Years 7 Months 30
Days

WEIGHT

47.80 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Joseph D'Abbraccio,
DVM

HOSPITAL NAME

Catskill VS, PLLC

REFERRING VET

Joseph D'Abbraccio,
DVM

INVOICE

35457

DATE

1/16/26

PRESENTING CLINICAL SIGNS

History: 1/15/2026: Reggie presents today with the following concerns: Two weeks ago, Reggie had an episode where he wasn't acting like himself. The patient vomited, was shaking, and layed down in the snow outside. Owners brought him to their primary vet (VCA Burrstone Animal Hospital) and took radiographs. The primary vet explained that radiographs showed a possible tumor in the abdomen with possible free fluid. Recommended taking Reggie to a radiologist. The radiologist recommended seeking treatment for possible fluid around the spleen area. The length of symptoms: Symptoms started on January 5th Any vomiting? Yes, vomited once 2 weeks ago, no vomiting since then Is the patient on any medication Yes, Gabapentin 300mg, Apoquel, Metronidazole 250mg
Abnormal PE/Chem/CBC/UA Results: PE: Oral Cavity: Mild dental tartar and gingivitis.;
Gastrointestinal/Abdominal: Abdominal palpation is wnl CBC: MCHC 31.9; Reticulocyte 128.4; Lymphocytes 0.95; PDW 8.8; Chem: WNL.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

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, with randomly distributed interspersed punctuate mineralization.

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

Abdomen

The peritoneal fat presents mild soft tissue striation – accentuated in the region of the spleen.

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.

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.



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Protruding from the caudal aspect of the body of the spleen a uniform soft tissue attenuating mass is appreciated; post contrast administration the mass at the caudal aspect of the body of the spleen presents a peripherally accentuated contrast enhancement and fluid attenuating center – multiple contrast enhancing septa are emanating from the capsule into the center.

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

- Subcapsular peripherally accentuated contrast enhancing mass body of the spleen
- Mild peritonitis/peritoneal effusion
- Normal thorax, no evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is confirming the presence of a splenic subcapsular soft tissue mass, due to the large hypoattenuating center a subcapsular splenic hematoma is a potential – can be secondary to preceding trauma or underlying neoplastic disease (e.g. lymphoma, hemangiosarcoma). Splenectomy is considered as the therapy of choice.



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.



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