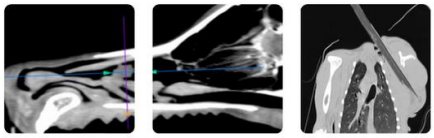


PATIENT

Nina D'Abbraccio

SPECIES

Canine

BREED

Labrador Retriever

SEX

Female Spayed

AGE

9Y, 5M, 28D

WEIGHT

86.00lbs

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

73432

DATE

1-21-26

PRESENTING CLINICAL SIGNS

History:

- Nina was presented today for a CT to check for metastasis. The patient is also scheduled for toe amputation (RF digit 5) today.
- Previous CT report:
- The CT study reveals an aggressive soft tissue and bone lesion of the second digit of right pes, involving the middle and distal phalanges. The primary differential diagnoses include digital neoplasia (squamous cell carcinoma, melanoma, sarcoma) and, less likely, infectious osteomyelitis/pododermatitis. Histopathological confirmation is recommended.
- Additionally, multiple small, vascularly distributed mineral foci are observed bilaterally within the plantar soft tissues. Differential diagnoses include vascular calcification/dystrophic mineralization and metastatic calcification *. Regarding the term metastatic calcification, this refers to mineralization of normal tissue, which could be secondary to abnormal calcium metabolism (e.g., hypercalcemia), and should not be confused with neoplastic metastasis.
- Thoracic findings consistent with passive pulmonary atelectasis. There is no evidence of pulmonary metastatic disease.
- Abdominal findings include gastric mineral fragments (likely incidental/ingesta-related) and bilateral renal cortical infarcts, which warrant clinical correlation for possible renal degenerative changes or underlying vascular disease.
- Orthopedic management may be warranted for shoulder degenerative changes depending on clinical signs.

Abnormal PE/Chem/CBC/UA Results: CBC: WBC 17.76; Neutrophils 15.65; Lymphocytes 0.91; Monocytes 1.14; Eosinophils 0.02; Platelets 516; PDW 8.9; Plateletcrit 0.54; Chem: BUN 28; ALT 202; ALP 1,448; GGT 33;

COMPUTED TOMOGRAPHY OF THE 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 body condition score is 7-8/9.

Along the thoracic spine, multifocal spondylosis formation is seen.

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.

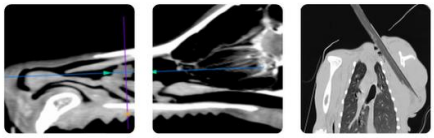
The cardiovascular structures including the pulmonary vasculature are within normal limits.

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



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

Both kidneys present within normal limits for size and organ architecture and present concave depressions of the renal surface. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands present an increased diameter, measuring up to 12 mm in diameter.

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

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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

- Adrenomegaly
- Pulmonary osteomas
- Chronic nephropathy
- Spondylosis deformans
- No evidence of pulmonary metastatic disease
- Obesity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenomegaly is suggestive for (non)functional adrenal hyperplasia – testing of the pituitary adrenal axis can be used as advanced diagnostic test.

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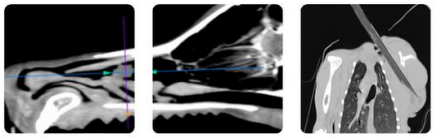

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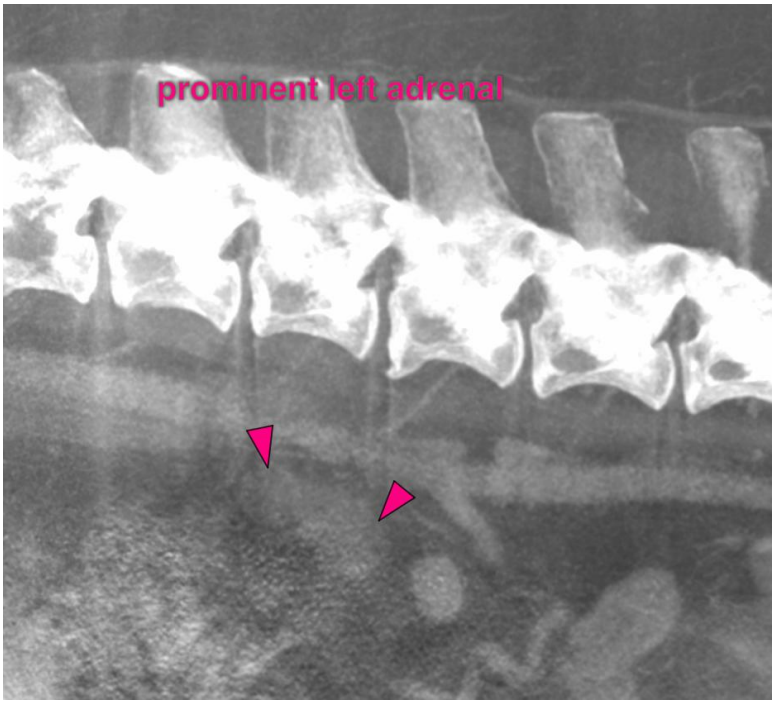

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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