



PATIENT

Oreo Evans Gonzalez

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Male Neutered

AGE

9Y, 5M, 8D

WEIGHT

15.20lbs

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

73426

DATE

1-21-26

PRESENTING CLINICAL SIGNS

History:

- Owner presented Oreo for a splenectomy consultation. Owner reported Oreo is eating and drinking well, with increased hunger, and is defecating normally. No vomiting, diarrhea, coughing, or abnormal sneezing reported currently. Oreo is currently receiving Medrol tablets (125mg, 1.5 tablets twice daily); previously on an NSAID for pain, discontinued over a week ago. No heartworm prevention administered. Diet consists of Hill's Science Diet Light, half a cup twice daily; last meal was around 7 PM the previous night. Owner noted Oreo is temperamental, especially with women, and prefers men. History provided of a prior episode on December 29th involving sudden onset of liquid diarrhea, lethargy, abnormal posture, and pain on handling and abdominal palpation, which resolved after treatment with medications including Noroclav. Owner has had Oreo for approximately six months after adoption from a shelter; previous owner surrendered him after nine years, possibly due to a heart murmur.
- Onset of Symptoms: Symptoms began on December 29th.
- Progression of Symptoms: Acute onset of symptoms on December 29th; symptoms resolved following administration of medication.

Abnormal PE/Chem/CBC/UA Results: PE: Fear/Anxiety/Stress Score: 4/5 - Fearful;
Cardiovascular: Grade IV/VI murmur, left side loudest.; CBC: Platelets 16; MPV 14.4; Plateletcrit 0.02;
Chem: ALT 138;

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 intervertebral disc space C6/C7 is collapsed, and the respective vertebral endplates present moderate sclerosis. In the cranial aspect of the vertebral body of T2 an ill-defined geographic osteolytic lesion is visible – presenting a hypoattenuating center.

In the subcutaneous tissue caudal to the right axillary region, an irregular spindle shaped uniform soft tissue attenuating mass with mild feathered margins is seen; measuring 27 x 9 x 3.3 cm.

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 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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Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration throughout the renal cortex, multiple well-defined, roundish parenchymal filling defects are seen, measuring <2 mm.

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

The hepatic volume is increased, the caudoventral hepatic margins are rounded and are protruding caudally beyond the costal arch. The gastric axis is deviated caudally. The hepatic parenchyma is uniform soft tissue attenuating but multiple irregular roundish parenchymal filling defects, measuring up to 8 mm in diameter.

In the gallbladder, multiple mild hyperattenuating, irregular roundish concrements are appreciated, measuring up to 6 mm in diameter.

The caudal extremity of the spleen presents an irregular roundish, uniform soft tissue attenuating and heterogeneous contrast enhancing mass; measuring 4 cm in diameter and protruding from the splenic mass. The surrounding peritoneal fat presents mild fat-stranding

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

- Splenic soft tissue mass caudal extremity of the spleen
- Subcutaneous soft tissue mass right craniolateral thoracic wall
- Hepatomegaly
- Suspect inspissation concrements in the gallbladder without mechanical obstruction
- Multiple complex hepatic cysts
- Suspect fatty bone marrow replacement cranial aspect vertebral body T2
- Multiple renal cysts
- Chronic discopathy C6/C7
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic soft tissue mass can present benign nodular hyperplasia or primary splenic neoplasia (e.g. sarcoma). Splenectomy is considered as the therapy of choice, independent of the dignity of the mass both benign and malignant lesions of the spleen can rupture and cause abdominal hemorrhage.

The subcutaneous soft tissue mass at the craniolateral right thoracic wall can present benign fibroma or soft tissue tumor (e.g. sarcoma, mast cell tumor) – FNA sampling or excisional biopsy may be considered.

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.



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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