



PATIENT

Piper Hickey

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Female Spayed

AGE

12Y, 30D

WEIGHT

65.00lbs

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

73500

DATE

1-27-26

PRESENTING CLINICAL SIGNS

History:

- Owner presented for consult for CT scan of the right wrist due to a mass that has been present since around Thanksgiving or earlier. Owner reports the mass does not bleed, ooze, or have any discharge, and the dog does not appear bothered by it except when the protective covering is removed, at which point she will chew at the site. Owner states the mass has not been aspirated or treated and has been present for an extended period due to delays in referral. Owner notes the mass may fluctuate in size but has not grown significantly. Previous mass or skin tag in the same area was removed and was benign. Current medications include Cytopoint and Librela. Receives Advantix for flea prevention; no heartworm prevention. Diet consists of soft food and hard food mixed with water. No other concerns or questions raised by the owner.
- Onset of Symptoms: Symptoms started around Thanksgiving or earlier.
- Progression of Symptoms: Owner reports the mass may decrease in size at times but returns to baseline; overall, the mass has not grown significantly and the dog remains asymptomatic except for chewing at the site if uncovered.

Abnormal PE/Chem/CBC/UA Results: PE: Oral Cavity: Dental tartar present.; Lymph Nodes: Right prescapular lymph node enlarged.; Integument: 2.5 cm by 2.5 cm by 3 cm mass on the right carpus, slightly mobile. Skin tag removed previously from the right carpus region. Dental tartar present.; Musculoskeletal: Evidence of previous bilateral TPLOs, plates palpable. Arthritis present.; CBC: WNL; Chem: ALP 509;

COMPUTED TOMOGRAPHY OF THE THORAX, CARPI AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax & Carpi

At the dorsal aspect of the right carpus, a uniform soft tissue attenuating and peripherally accentuated contrast enhancing, ill-defined mass is seen; measuring approximately 2.5 x 1.3 x 3.3 cm. The underlying osseous structures present without abnormalities.

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, but a roundish zone at the medial aspect of the cranial extremity of the spleen, presenting a striated soft tissue attenuation pattern.

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 presents sporadic hypoattenuating parenchymal lesions, measuring <18 mm in size.

The spleen is normal in size and shape. The splenic parenchyma is uniform soft tissue attenuating and has a heterogeneous contrast enhancement pattern – presenting multiple patchy hyperattenuating areas.

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.

Multiple intervertebral discs are protruding into the vertebral canal, occupying approximately ≤20% of the cross-sectional area of the vertebral canal at the same level.

COMPUTED TOMOGRAPHIC DIAGNOSIS

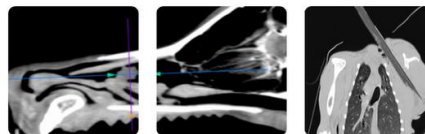
- Soft tissue mass dorsal aspect right carpus without osseous involvement
- Heterogeneous contrast enhancement pattern spleen
- Post contrast hypoattenuating hepatic parenchymal lesions
- Nodular fat necrosis medial aspect cranial extremity of the spleen
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue mass at the dorsal aspect of the carpus is not specific, the odds for soft tissue neoplasia are high – such as mast-cell tumor, sarcoma, myxosarcoma, other. A subcutaneous inclusion cyst or ganglion cyst are less likely potentials. FNA sampling or biopsy can be used for specification.

The irregular contrast enhancement pattern of the spleen is most suggestive for splenic nodular hyperplasia, splenitis or extramedullary hematopoiesis – FNA sampling can be performed to rule out malignant infiltrative disease entirely.

The hypoattenuating hepatic lesions are not specific and potentials include hepatic cysts, metabolic hepatic disease, hepatitis or less likely metastatic disease.



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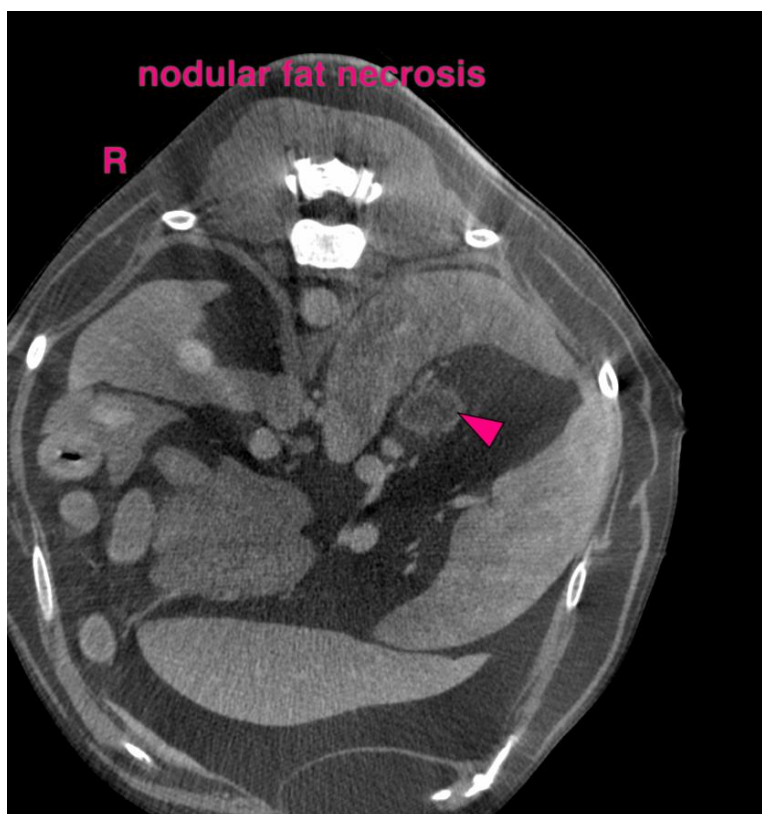
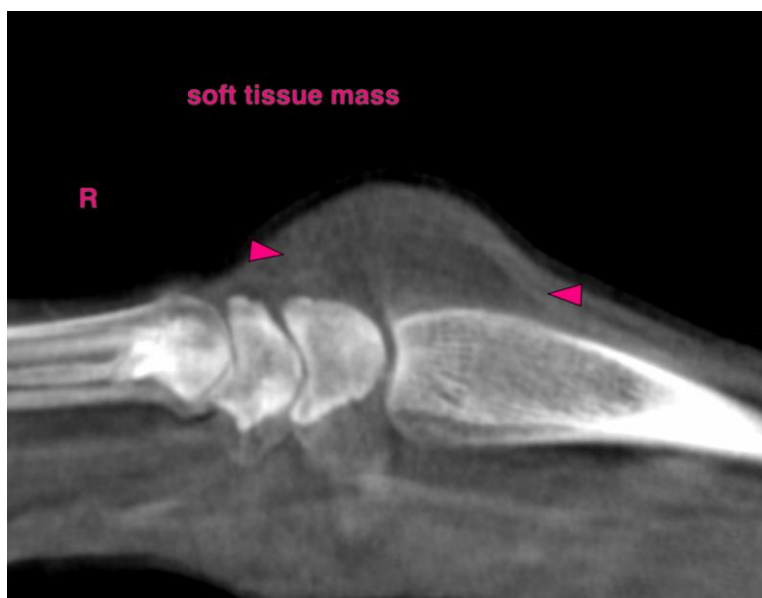
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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