



PATIENT

Sadie Sheehan

SPECIES

Canine

BREED

Rottweiler

SEX

Female Spayed

AGE

6Y, 2M, 22D

WEIGHT

91.80lbs

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

72774

DATE

11-26-25

PRESENTING CLINICAL SIGNS

11/5/2025: Reason for Visit: Recurrent licking and inflamed anal gland mass. History: Owner reports Sadie was licking her back right paw and licked the pad off. Owner previously managed licking with natural remedies and a product called 'dog is human,' which stopped the licking for about a year, but licking resumed about a month ago. Owner noticed an outside boil on Sadie that has improved, with only a little pus noted recently. Owner applied Neosporin and used a bandage and sock to cover the foot, planning to keep it covered for a few days. Owner is trying to avoid using Apoquel. Owner states Sadie did well on antibiotics and Meloxicam. Owner reduced probiotics during antibiotic use due to firmer stool, but reports normal stools have returned. Sadie wears a diaper at night. Onset of Symptoms: Licking of the back right paw resumed about one month ago after a year-long improvement. Progression of Symptoms: Licking behavior improved for a year with intervention but has returned over the past month; outside boil has mostly improved with occasional pus recently; stool normalized after discontinuing probiotics. Urination and Defecation Patterns: Owner reports stools were a little stiffer while on probiotics, but stools have returned to normal consistency. No changes in urination patterns or housebreaking reported. Diet Information: Diet includes probiotics, which were reduced while on antibiotics and Meloxicam. No other specific diet or appetite changes reported. Abnormal PE/Chem/CBC/UA Results: PE: Appearance: Bandaged right hind paw with evidence of previous licking and loss of pad tissue; otherwise, no additional abnormalities in general appearance described.; Integument: Inflamed nodule with firm center present on the left side. Improvement in external boil with minimal exudate remaining.; Rectal: Left anal sac region: marked thickening and firm nodule present, significant inflammation palpated; right anal sac region within normal limits.; CBC: MCH 21.1; Chem: WNL; 4DX: Anaplasma spp. Positive

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 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 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.



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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.

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 left medial iliac lymph node is mildly prominent.

The bony and surrounding soft tissue structures reveal no abnormalities.

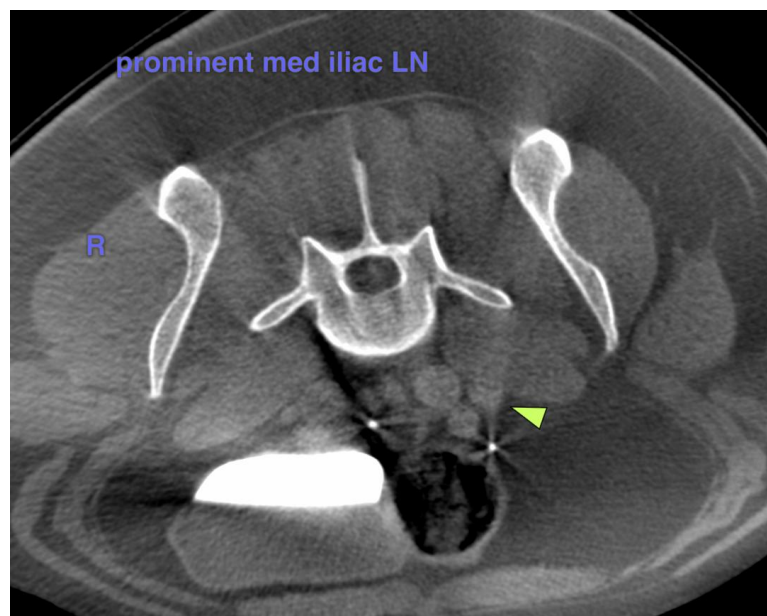
COMPUTED TOMOGRAPHIC DIAGNOSIS

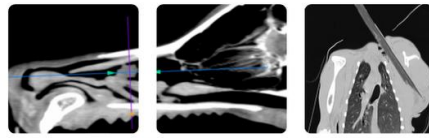
- Mild lymphadenopathy left medial iliac lymph node
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prominent left medial iliac lymph node is most suggestive for reactive lymphoid hyperplasia – FNA sampling can be tried to rule out metastatic spread.

The clinically described nodular lesion in the left anal region cannot be delineated and may be effaced by the overall prominent anal soft tissue structures. FNA sampling of the clinically appreciated nodule is considered beneficial for specification.





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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