



PATIENT

Mo Frabizio

SPECIES

Canine

BREED

Border Collie

SEX

Female

AGE

4M, 21D

WEIGHT

21.40lbs

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

72823

DATE

12-2-25

PRESENTING CLINICAL SIGNS

Mo presents today with the following concerns: Evaluation of broken sinus bone and CT scan. - The length of symptoms: Patient was let outside on Thanksgiving and was crying in pain after a few minutes of being outside. Owner unsure of what happened. - Is the patient on any medication Yes, Clavamox 250mg - What time were medications given?: 1/2 tablet given this AM - Is the patient on any parasite prevention or supplements Yes, Nexguard, finished 3rd day of Safeguard yesterday Owner reports patient was found crying under a truck approximately 10 seconds after being let outside at 10pm the previous night. Owner states a neighbor veterinarian palpated the head and identified a broken, shattered sinus bone; an X-ray was performed in Delhi on Friday and a specialist was consulted. Patient presented for a CT to evaluate the sinus bone injury and determine need for surgery. Owner reports patient is otherwise doing well, eating and drinking normally, and has not been allowed outside since the incident. Owner notes more head shaking, attributed to pain, and denies coughing, sneezing, or vomiting. Current medication includes Clavamox; no painkillers administered. Owner administered NexGuard approximately two weeks ago for flea and tick prevention and completed a three-day course of Safe-Guard dewormer yesterday. Owner states patient is up to date on vaccinations and records have been sent by the referring veterinarian.

Abnormal PE/Chem/CBC/UA Results: PE: ose/Throat: History of epistaxis and presence of air pockets in facial region.; Oral Cavity: Mild oral mucosal laceration present.; Integument: Healthy coat and skin. small scabbed puncture wound on R forehead, mild flea dirt present (no live fleas); Musculoskeletal: History of shoulder injury two weeks ago. No current symptoms CBC: WNL; Chem: GGT 3;

COMPUTED TOMOGRAPHY OF THE SKULL

A high resolution pre- and post-contrast CT study of the skull is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The dentition is in transition from deciduous teeth to the permanent teeth.

A depression fracture of the dorsal osseous lining of the right frontal sinus is appreciated – multiple osseous fragments are deviated into the right frontal sinus – with one isolated osseous fragment in the center of the right frontal sinus. Level with the right frontal sinus, a moderate subcutaneous soft tissue swelling is seen.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

The condylar process of the left mandible presents sagittal fissure line in the medial aspect.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Comminuted depression fracture dorsal osseous lining right frontal sinus with soft tissue swelling



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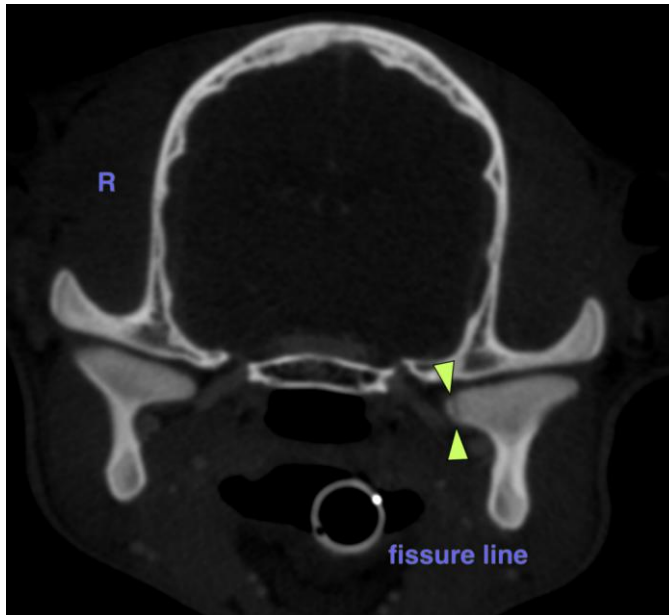
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- Acute traumatic articular fracture medial aspect condylar process left mandible without displacement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are indicative for preceding blunt craniofacial traumatic insult. Conservative management appears beneficial, although in some cases the isolated osseous fragment in the frontal sinus can serve as infectious nidus if it becomes sequestered.





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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