



## PATIENT

Quincy Marcino

## SPECIES

Canine

## BREED

Lab mix

## SEX

Female Spayed

## AGE

12Y, 1M, 1D

## WEIGHT

47.50lbs

## 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

73087

## DATE

12-22-25

## PRESENTING CLINICAL SIGNS

12/12/2025: Reason for Visit: Chronic gagging and chest mass evaluation. History: Owner reports Quincy has had a gagging symptom for over a year, described as frequent episodes of dry gagging occurring both at rest and with excitement, sometimes three or four times in a row, with no material produced. A lump on Quincy's chest has been present for approximately one year. Owner states Quincy is supposed to be on thyroid medication but has not received it for the past two to three weeks due to frequent veterinary visits. Owner notes no change in activity level or weight while on thyroid medication. No other specific behavioral changes, injuries, or dietary information provided. Onset of Symptoms: Symptoms started over a year ago. Progression of Symptoms: Gagging episodes have become more frequent over the past year. C/S/V/D (Coughing, Sneezing, Vomiting, or Diarrhea): Owner reports frequent episodes of dry gagging; no sneezing, vomiting, or diarrhea mentioned. Abnormal PE/Chem/CBC/UA Results: PE: Appearance: Multiple cutaneous masses present; overlying skin on sternal mass thinning; otherwise no mention of coat condition, posture, or cleanliness; Eyes: OS: Cataract present. OD: Mild irregularity to iris, otherwise clear, no discharge.; Integument: Large mass on chest with firm, hard center measuring approximately 6 cm x 7.5 cm x 5.5 cm; mass causing thinning of overlying skin on sternum. Multiple small skin growths by face described as skin tags. Multiple cutaneous lumps and bumps palpated, all with normal texture.; CBC: RBC 5.81; Hematocrit 39.3; Hemoglobin 13.1; Chem: Cholesterol 407;+

## COMPUTED TOMOGRAPHY OF THE NECK AND THORAX

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

## COMPUTED TOMOGRAPHIC FINDINGS

In the subcutaneous tissue at the right ventral aspect of the neck, a well-defined, ovoid shaped, uniform fat attenuating mass, demarcated by a thin soft tissue attenuating capsule is appreciated; measuring 7.2 x 8.7 x 9.5 cm. The fat attenuating cervical mass is extending caudally up to the level of the cranial thoracic aperture. The right external jugular vein is coursing dorsally over the mass and is distorted.

The thyroid glands present the expected shaped, size and attenuation behavior.

Along the thoracic spine, multifocal spondylosis formation is seen. Along the thoracic wall, multiple variable sized lipomas are appreciated.

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 left lung presents a generalized moderate decreased volume and multiple zones with dystelectasis of the lung parenchyma. The right lung presents the expected architecture and attenuation behavior.

The esophagus is generalized mild to moderately distended by gas.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large subcutaneous lipoma along the right ventral aspect of the neck
- Gas distended esophagus
- Spondylosis deformans
- Normal upper and lower airways - but dystelectasis of the left lung



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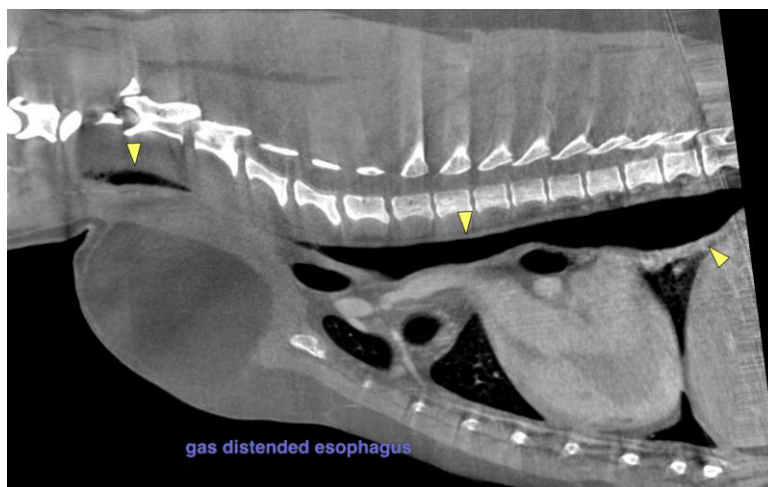
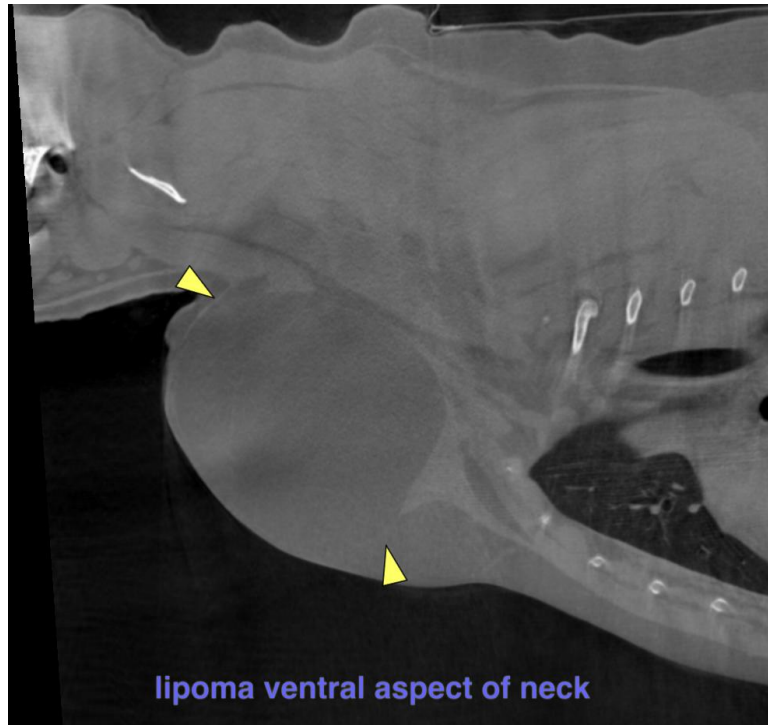
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gas distended esophagus is considered as a transient finding due to general anesthesia – if there is clinical suspicion for megaesophagus, recommend radiographs of the thorax of the awake patient for specification.

No additional abnormalities are appreciated that do explain the history of gagging.





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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](mailto:info@sonopath.com)