



PATIENT

Blue Hendricks

SPECIES

Canine

BREED

Pitbull

SEX

Male Neutered

AGE

6Y, 2M, 23D

WEIGHT

62.00lbs

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

73625

DATE

2-4-26

PRESENTING CLINICAL SIGNS

History:

- Blue presented on 1/28/26 for persistent vomiting episodes. Owner reports difficulty with defecation, noting recent straining and reduced stool volume. Owner mentioned a prior incident of vomiting up a toy two weeks prior, after which Blue was fine.
- Px presented today and is coughing and gagging. Owner is concerned with respiratory distress. Patient is V+ now; patient went 30 hours without V+ but is now V+ more
- Meds: Gaba/Traz, Famotidine, Ondansetron; monthly heartworm preventative
- What time were medications given: 9PM
- Last Meal: last 9pm
- Pet's diet: Blue buffalo skin and stomach dry and Purina One sensitive stomach and skin canned
- Any treats or human food being given: hamburger
- Appetite: Normal
- ASSESSMENT:
- Histiocytic sarcoma, likely metastatic, r/o primary neoplastic process vs. multicentric disease.
- Gastrointestinal discomfort, r/o neoplastic infiltration vs. medication side effect vs. primary GI disease.
- Constipation/straining to defecate, r/o mass effect from abdominal lymphadenopathy vs. primary colorectal disease.
- CT scan with IV contrast to stage neoplastic disease and identify primary lesion.

Abnormal PE/Chem/CBC/UA Results: PE: LN: Submandibular LN palpably enlarged; possible enlargement of popliteal lymph nodes; lymphadenopathy susp GI: Abdominal mass effect palpated internally, described as a mass-like structure under the back, likely associated with sublumbar lymphadenopathy. MS: Bridging spondylosis in the spine. CBC: Neutrophils 12.639 K/ μ L, Eosinophils 0.074 K/ μ L PCV/TS - WNL Citrated PT 14.0s, Citrated PTT > 300.0s Chem: ALT 220 U/L, AST 126 U/L, Creatine Kinase 1,556 U/L FNA of peripheral LN (stifle and shoulder) - unremarkable/reactive lymphatic tissue. FNA of sublumbar abdominal lymph node - consistent with histiocytic sarcoma. Abdominal U/S - no primary neoplastic lesion identified. Thoracic rads - questionable lung changes, radiologist uncertain etiology (age-related changes vs. neoplasia).

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the thorax and abdomen 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 and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

Multifocal throughout the lung, zones with a fine confluent nodular pattern are appreciated along with sporadic well-defined isolated pulmonary soft tissue nodules (measuring up to 6 mm in diameter)



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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. The sacral lymph nodes are moderately enlarged, measuring up to 4.1 x 3.7 x 5.3 cm – causing ventral deviation of the local large venous and arterial vessels.

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 spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The liver is normal in size and shape. Throughout the hepatic parenchyma, well-defined, parenchymal filling defects are seen.

The lienal lymph nodes are moderately enlarged, rounded and have a heterogeneous contrast enhancement pattern.

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.

Along the lumbar spine, multifocal spondylosis formation is seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Lymphadenopathy sacral lymph nodes and lienal lymph nodes
- Miliary lung pattern
- Multiple simple hepatic cysts
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are fitting the history of histiocytic sarcoma, presenting as multicentric entity – affecting thoracic and abdominal structures. The enlarged sacral lymph node can explain the history of difficulty of defecating.



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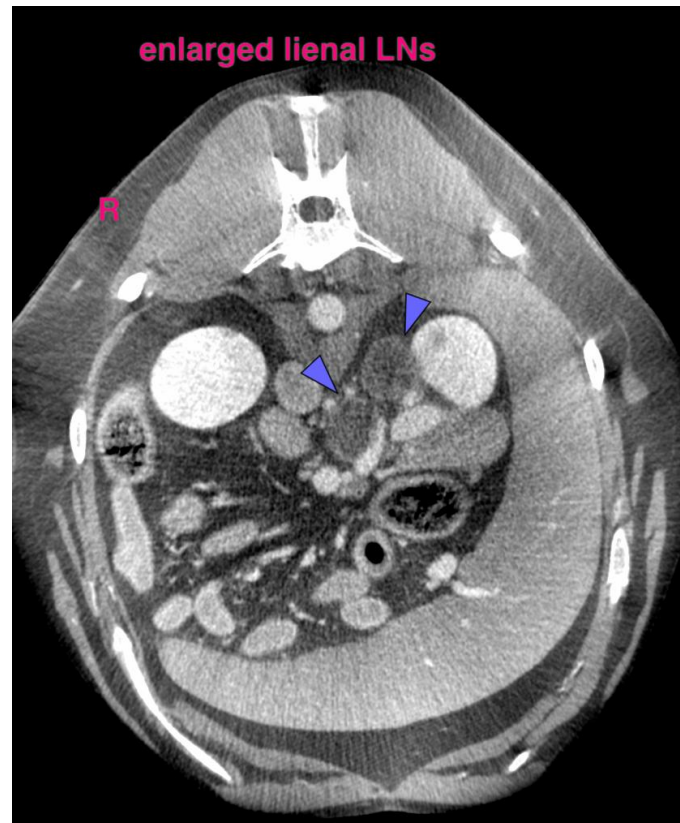
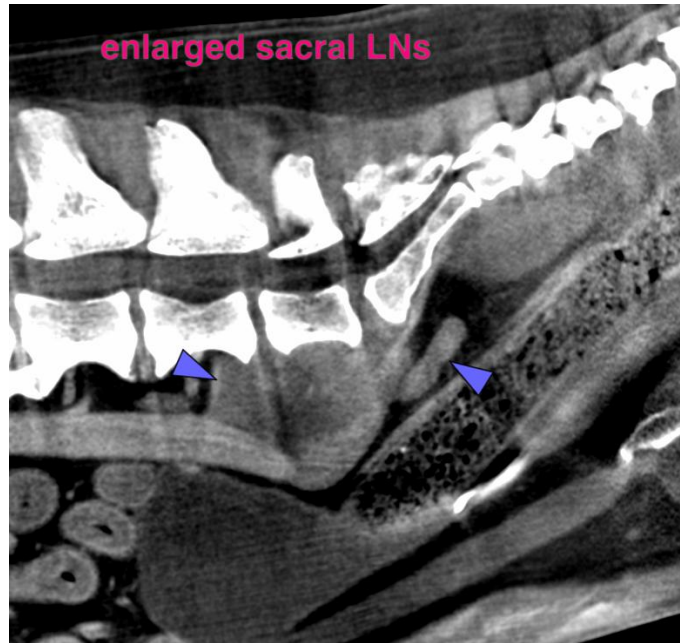
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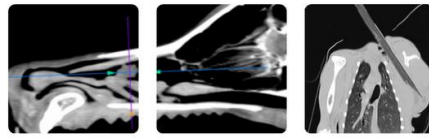
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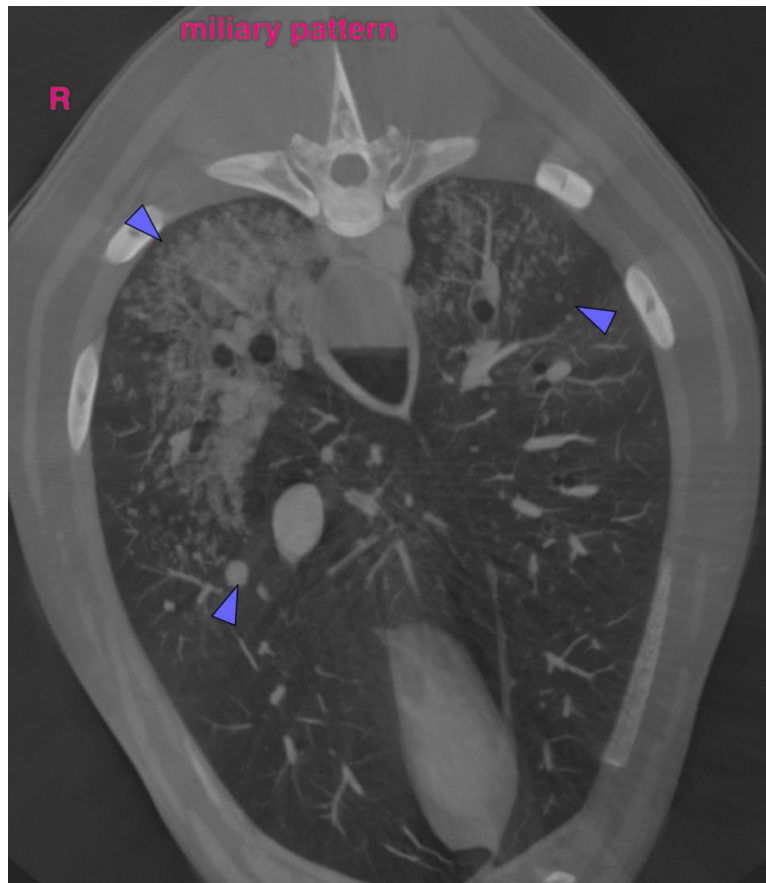
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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