



PATIENT

Blizzard Drasher

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Male Neutered

AGE

7Y, 5M, 6D

WEIGHT

72.00lbs

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

74763

DATE

4-22-26

PRESENTING CLINICAL SIGNS

4/17/2026: Presenting for a mass under the left scapula, noted to have been present for approximately two months. Additional mass present on the chest, suspected to be lipomatous in nature. Owner reports the mass under the scapula has changed in shape, described as more spherical today compared to being flatter previously ('more like a ball' versus 'more like a silver dollar'), with some increase in thickness but not width. Mass is mobile and can be difficult to palpate with harness on. No vomiting, coughing, or sneezing. Appetite and water intake are normal. Current medications and supplements include a probiotic, one apple pill daily, Dasuquin, and a Seresto collar. No recent medication refills needed. Previous surgery by Dr. Joe and prior annual examination by Dr. Carbone noted.

Abnormal PE/Chem/CBC/UA Results: PE: Integument: 3.5-4 cm x 1.5 cm subcutaneous mass under left shoulder blade, mobile, described as ball-shaped Subcutaneous mass on chest, presumed lipoma Thickened, mildly inflamed area on left hind digit, mild erythema, not bothersome; CBC: WNL; Chem: Phosphorus 2.2; Cholesterol 425;

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.

A thymic remnant is appreciated in the cranioventral aspect of the mediastinum.

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.

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.



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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 bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal thorax, but pulmonary osteomas
- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically described mass cannot be clearly delineated – the soft tissue structures in the periphery of the shoulder joints appear to be symmetrical.

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.

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