



PATIENT

Dale Van Duser

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male Neutered

AGE

8Y, 3M, 10D

WEIGHT

14.80lbs

INTERPRETED BY

Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Joseph D'Abbraccio,
DVM

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

Joseph D'Abbraccio,
DVM

INVOICE

72833

DATE

12-2-25

PRESENTING CLINICAL SIGNS

12/1/2025: Dale presents today with the following concerns: Recurrent abscess and retained pellet evaluation. The length of symptoms: Owner noticed the abscess returned on Saturday, 11/29 Additional Comments: Owner reports Dale is an indoor-outdoor cat who had a run-in with a groundhog in August resulting in a puncture wound, which was treated with antibiotics and wound cleaning. An abscess developed approximately a month later, was lanced under sedation, drained, flushed, and treated with another course of antibiotics. Abscess recurred in the past few days; this morning, radiographs revealed a pellet present near the site. Owner states Dale is very food motivated, generally chill, and has not exhibited changes in appetite, sneezing, vomiting, or diarrhea. No current medications other than a prescription urinary crystal prevention diet; receives Revolution as a flea/tick preventative. No other relevant medical history except for urinary issues.

Abnormal PE/Chem/CBC/UA Results: PE: Cardiovascular: Grade 3/6 left parasternal holosystolic heart murmur; Integument: large softball sized soft tissue, fluid filled swelling on ventral cervical region in front of the left shoulder, erupted with red tinged prurulent material; CBC: Reticulocyte 2.9; Monocytes 0.80; Chem: WNL;

COMPUTED TOMOGRAPHIC STUDY OF THE NECK

Pre- and post-contrast CT study of the neck was provided for review, totaling 2 series, acquired in transverse plane using a soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

A long, thin, open superficial subcutaneous wound is present along the left lateral cervical region, showing peripheral contrast enhancement and large intraluminal foci of gas. The lesion measures approximately 1.0 × 0.6 cm. The internal margin of the tract is located near the left external jugular vein. No radiopaque foreign body is identified within the superficial wound tract.

A metallic foreign material is present deeper and more dorsally, located within the left cervical fascial planes (carotid sheath), consistent with a retained pellet, with two smaller fragments (metallic and/or mineral). The metallic fragments are positioned adjacent to the left internal jugular vein and left common carotid artery, within the carotid sheath region. The largest metallic fragment measures 6.7 × 4.7 mm, the two adjacent smaller metallic fragments measure 2.9 mm and 2.3 mm.

Although the superficial tract and the metallic foreign material are in close proximity, no definitive fistulous connection is identified between them.

Superficial cervical lymph nodes on the left are enlarged, asymmetric when compared to the contralateral side.

The retropharyngeal lymph nodes are unremarkable.

The thyroid glands are normal.

The cricoid cartilage is normal.

The cervical esophagus and trachea are unremarkable.

The mandibular and parotid salivary glands are unremarkable.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Open, long, superficial soft tissue wound of the left lateral cervical region with marginal enhancement and intralesional gas, consistent with open abscess, emphysema, inflammation and/or infection. No radiopaque foreign material within the superficial wound tract.
- Deep metallic foreign body (pellet) with two adjacent fragments located within the left carotid sheath, closely associated with major vascular structures (internal jugular vein and common carotid artery). However, the vascular structures are intact.
- Left superficial cervical lymphadenopathy, most likely reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings identify a superficial draining cervical wound without a visible foreign body within the tract. However, a retained metallic pellet with two small satellite fragments is present deep within the left cervical fascial planes, in close contact with major vascular structures of the carotid sheath. Despite proximity, a direct communication between the pellet and the superficial wound is not demonstrated, suggesting that the currently draining abscess cavity may represent an independent or secondary tract, or a previous path of migration now closed.

The regional superficial cervical lymphadenopathy is most consistent with reactive inflammatory change, given the chronicity of infection and recurrent abscessation.

Culture and sensitivity testing of the draining wound material is advised to guide antimicrobial therapy. Continue or adjust broad-spectrum antibiotics based on clinical response and culture results.

Long, thin, open superficial subcutaneous wound is present along the left lateral cervical regio, in addition, a metallic foreign material is present deeper and more dorsally





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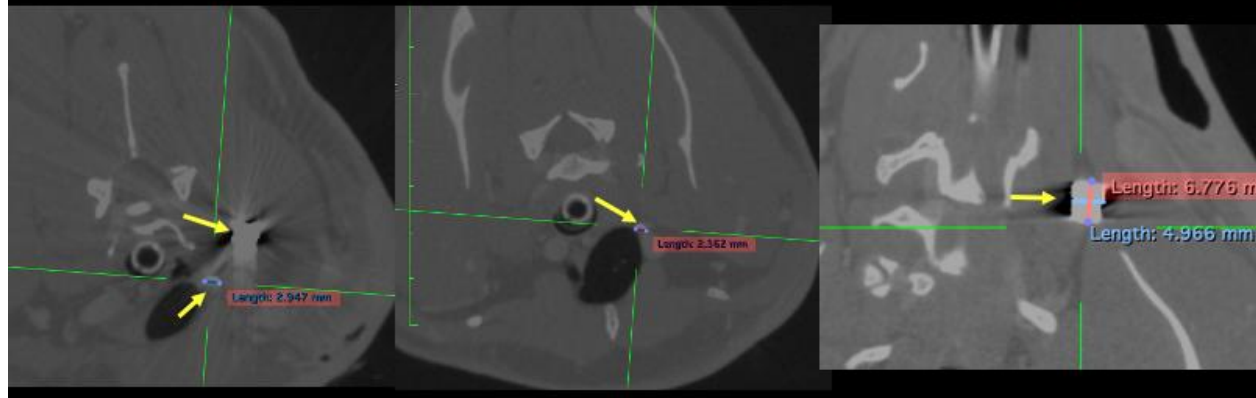
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Deep metallic foreign body (pellet) with two adjacent fragments located within the left carotid sheath



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com