



## PATIENT

Mia Huerta

## SPECIES

Canine

## BREED

Black Lab Mix

## SEX

Female Spayed

## AGE

7Y, 8M, 14D

## WEIGHT

57.20lbs

## 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

73627

## DATE

2-5-26

## PRESENTING CLINICAL SIGNS

- Px presented on 1/16/26 for a mass on her right hip, first noticed around September. O reported a smaller bump located just behind the primary mass. Owner noted a hx of a mass on the adrenal gland, described as non-vital and under observation. Owner referenced prior recommendations for a stimulation test and mentioned previous testing, including urine cortisol creatinine ratio and metanephrine tests. O reported a fractured tooth and expressed interest in extraction, but acknowledged it cannot be addressed the same day as mass removal. No mention of changes in appetite, water intake, urination, or defecation; owner stated urination and defecation are normal. No C/S/V/D. FNA of mass was performed 12/26/25 that was most consistent with possible soft tissue sarcoma.
- Mia presents today for CT abdomen and chest w/ mass removal from right hip. patient has not defecated today yet, last defecation was yesterday afternoon.
- Meds: Gabapentin and trazodone as prescribed, monthly Simparica Trio
- What time were medications given: 5:30 AM
- Last Meal: Yesterday 5pm
- Pet's diet: Science diet age 7+ dry food BID, mixed w/ Honest kitchen wet in AM (is rehydrated w/ warm water before given)
- Any treats or human food being given: Treats throughout the day (Full Moon usually), occasional human foods
- Appetite: Normal
- Mass removal performed on 2/4/2026 after CT.

Abnormal PE/Chem/CBC/UA Results: PE: Oral Cavity: Crown fracture of tooth 108 (upper right carnassial); food packing present in the area. Integument: 4 cm x 2.5 cm x 4 cm mobile mass with slight attachment to underlying tissue on right hip. Smaller lump directly behind primary mass on right hip. CBC: WNL Chem: AST 11 U/L, ALP 391 U/L, ASSESSMENTS: Soft tissue sarcoma, right hip, r/o incomplete excision vs. local recurrence vs. metastasis. Adrenal gland mass, r/o non-functional adenoma vs. pheochromocytoma vs. adrenocortical carcinoma. Crown fracture of tooth 108, r/o pulp exposure vs. secondary infection. CT scan of chest and abdomen scheduled to evaluate for metastatic disease and further characterize the right hip mass and other internal structures.

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of thorax and abdomen are provided for review totaling 3 series. One pre-contrast series of the abdomen, soft tissue algorithm. One pre-contrast series of the thorax, bone algorithm. One post-contrast series of the abdomen, soft tissue algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS

### THORAX

The trachea and main bronchi are within normal limits.

The pulmonary parenchyma is predominantly normal in attenuation. A few sparse, subpleural hyperattenuating mineral foci are present. No pulmonary soft tissue micronodules, nodules, or mass lesions are identified.

The bronchial tree demonstrates normal branching and tapering, with thin and smooth bronchial walls and a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vessels are within normal limits.



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The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

The pleural space, ribs, diaphragm, thoracic wall, and thoracic esophagus are unremarkable.

## ABDOMEN

The right adrenal gland is mildly enlarged, with a mildly bulging cranial pole and subtly heterogeneous contrast enhancement, measuring approximately 2.6 cm in length × 1.4 cm in thickness. The left adrenal gland is within normal limits, measuring approximately 2.1 cm in length × 0.8 cm in thickness.

The liver is homogeneous in attenuation and demonstrates uniform contrast enhancement, with normal size and contour.

The gallbladder is predominantly filled with hypoattenuating content. A small, faint mineral-attenuating structure is present in the gravity-dependent portion, measuring approximately 0.9 cm. The cystic duct and common bile duct are within normal limits.

The kidneys are normal in size, shape, contour, and attenuation pre- and post-contrast. The renal pelvises and ureters are unremarkable.

The urinary bladder is moderately distended with hypoattenuating fluid admixed with contrast material; the bladder wall thickness is normal.

The spleen is normal in size, shape, attenuation, and contrast enhancement.

The stomach is mildly distended with fluid and gas and is normally positioned, normal wall thickness.

The duodenum and small intestines are non-dilated, containing small amounts of fluid and gas, with normal wall thickness.

The colon and rectum contain gas and heterogeneously attenuating fecal material, with normal wall thickness.

The pancreas and abdominal lymph nodes are within normal limits.

Within the serosal fat, a small fat-attenuating nodule with contrast-enhancing margins is identified in the ventral mid-abdomen, measuring approximately 0.8 cm. The remaining serosal fat is unremarkable.

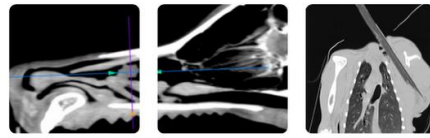
A moderately sized, rounded, well-defined subcutaneous soft tissue mass is present in the right hip region, exhibiting moderate heterogeneous contrast enhancement and a central hypoattenuating cystic component, measuring approximately 2.9 × 1.9 cm.

A second, smaller subcutaneous soft tissue nodule is located approximately 0.6 cm caudal to the primary mass, measuring 0.8 cm.

The uterus and ovaries are not applicable.

Mild, incomplete bridging spondylosis deformans is noted at T3–T4 and T4–T5.

A supernumerary lumbar vertebra (L8) is present, considered an incidental finding.



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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

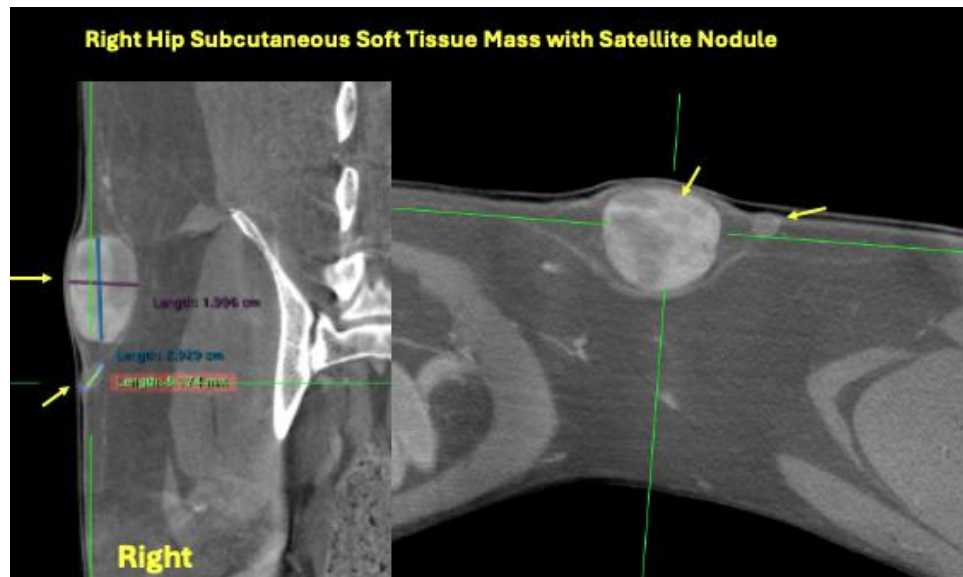
- Right hip subcutaneous soft tissue mass with heterogeneous contrast enhancement and central cystic component, accompanied by a smaller adjacent subcutaneous nodule. Findings are most consistent with a soft tissue neoplasm, such as a soft tissue sarcoma.
- Mild enlargement of the right adrenal gland, with subtle heterogeneity. Differential diagnoses include adrenal hyperplasia, adrenal myelolipoma, non-functional adrenal adenoma, or less likely early pheochromocytoma, adrenocortical neoplasia.
- Small mineral focus within the gallbladder, compatible with cholelithiasis or inspissated bile.
- Small fat-attenuating serosal nodule with enhancing margins. Differential diagnoses include focal fat necrosis, or less likely serosal metastatic implant, given the clinical context.
- Few pulmonary osteomas. No evidence of pulmonary metastatic disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT examination confirms the presence of a moderately sized right hip subcutaneous soft tissue mass with an adjacent smaller nodule, imaging characteristics consistent with a soft tissue neoplasm. No tomographic evidence of thoracic metastatic disease is identified.

Histopathologic evaluation of the excised right hip mass is essential for definitive diagnosis, grading, and assessment of surgical margins. Continued staging and follow-up imaging may be considered based on final histopathology and clinical progression.

The mildly enlarged right adrenal gland warrants continued endocrine correlation and clinical monitoring.





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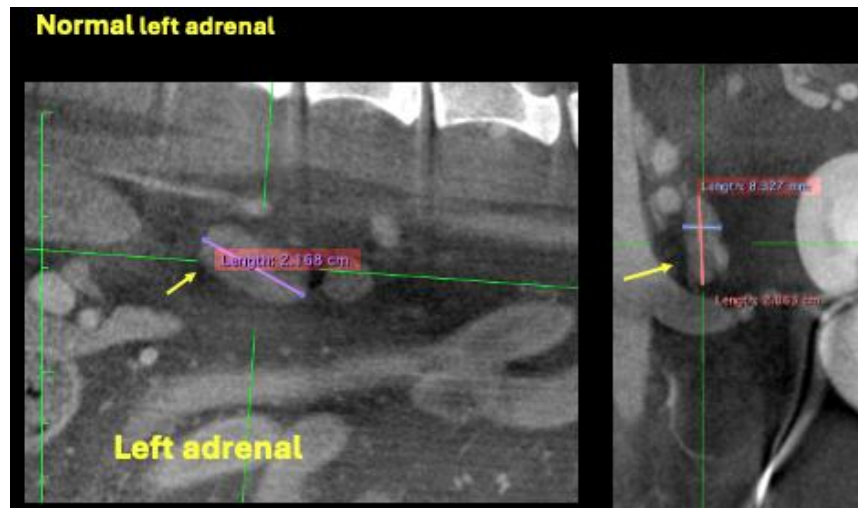
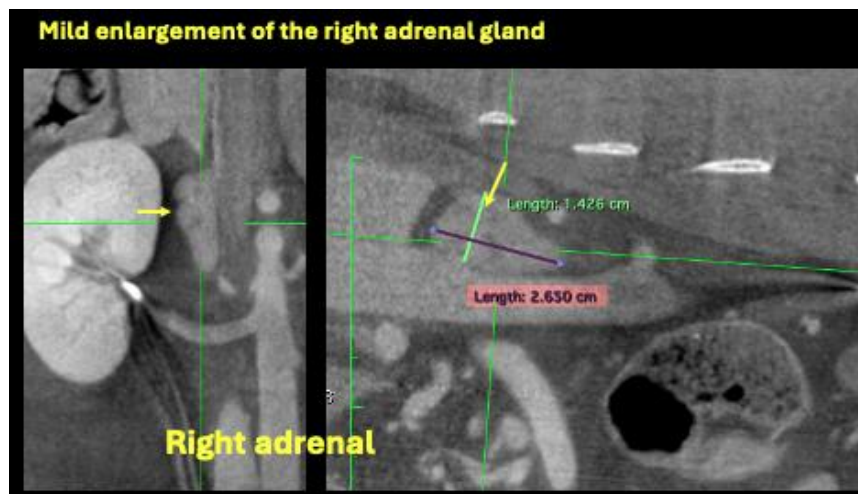
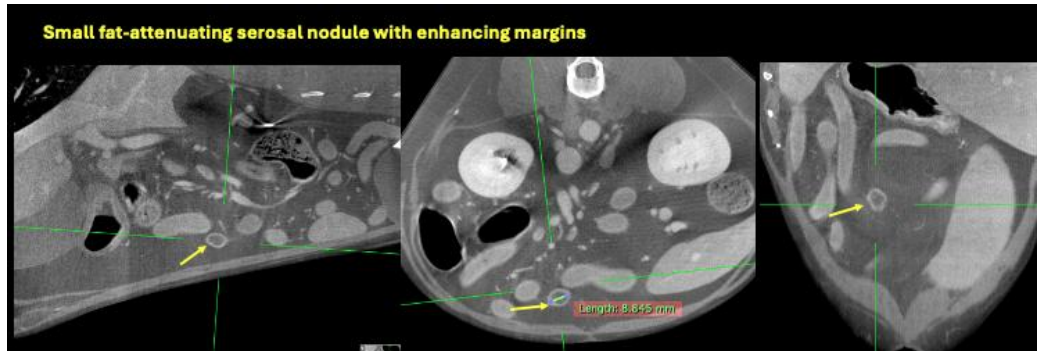
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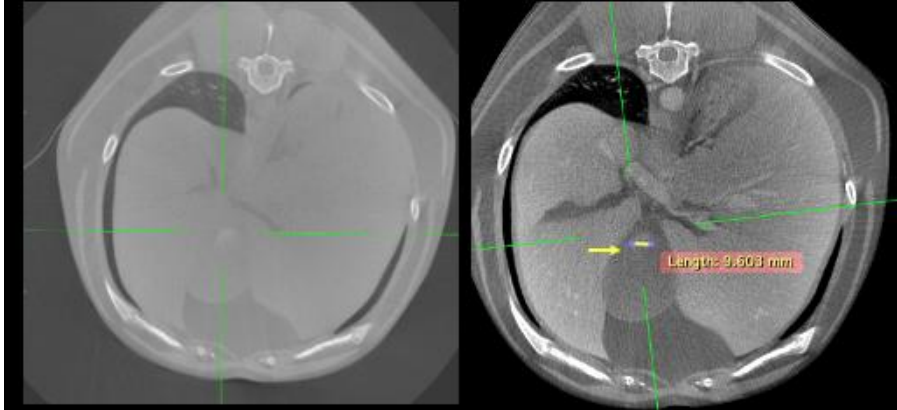
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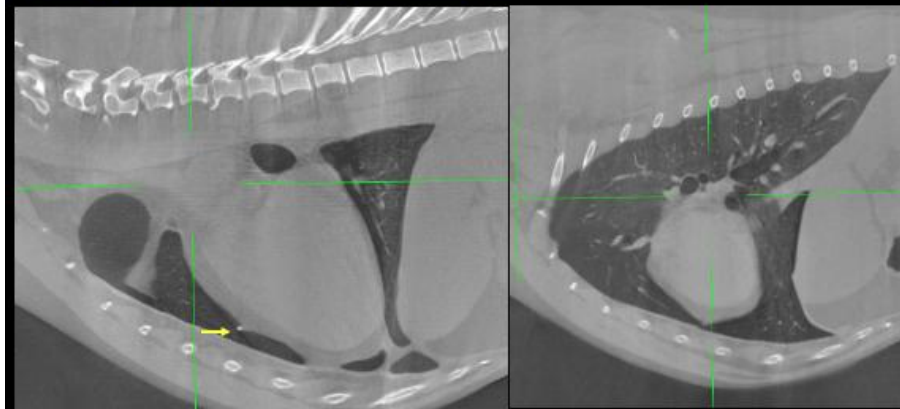
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### Small mineral focus within the gallbladder



### Solitary osteoma, remaining normal lungs.



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.

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