



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Raylan Tindal	Forelimb lameness Hx Lung lobe torsion - left craniocaudal lung lobectomy performed April 2021, left carpal pain March 2020, forelimb lameness noted Oct 2020 CT performed of bilateral forelimbs (carpus to elbow) without contrast, and CT of thorax and abdomen with contrast
<b>SPECIES</b>	<b>COMPUTED TOMOGRAPHIC STUDY OF THE FOREARMS, THORAX, &amp; ABDOMEN</b>
Canine	Pre-contrast studies of the bilateral forelimbs (carpus to elbow) and post-contrast studies of the thorax and abdomen provided for review.
<b>BREED</b>	<b>COMPUTED TOMOGRAPHIC FINDINGS</b>
Shepherd X	Forelimbs:  Displayed parts of the metacarpal structures and carpal joints including the sesamoid bones are inconspicuous. There are no signs of a lytic or sclerotic process. There is no evidence of a fracture/subluxation/soft tissue swelling. The left elbow joint is inconspicuous. The right elbow joint presents marked incongruity of the radio-ulnar joint space with significant alterations of density of the medial coronoid process which is ill-defined in its cranial contour with a small fragment and an indicated radio-ulnar fissure line. Mild secondary arthrosis is recognized with osteophytic changes especially at the level of the medial epicondyle. The subchondral bone surface of the correspondent trochlea is inconspicuous.
<b>SEX</b>	
MN	
<b>AGE</b>	
11 Years	
<b>INTERPRETED BY</b>	Both shoulder joints present subtle age-appropriate degenerative changes without signs of a florid process.  There are multiple disc protrusions detected in the course of the thoraco-lumbar transition and lumbar spine (s. for example Th13/L1 with a mild spinal cord compression).
Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging	
<b>HOSPITAL NAME</b>	Chest:  The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. There is no evidence of pleural thickening, fluid accumulation or free pleural gas. Pulmonary density is within normal limits, there is no evidence of focal or nodular pulmonary lesions.
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<b>REFERRING VET</b>	The mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. The thoracic trachea and esophagus present as expected.
Dr. Debbie Reynolds	
<b>INVOICE</b>	Inconspicuous representation of the main pulmonary artery, of the pulmonary artery branching, of the large intrathoracic and the hepatic vessels shown. The heart is inconspicuous as far as can be assessed with CT.
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<b>DATE</b>	The diaphragm appears normal.
1-11-22	



**PATIENT**

Abdomen:

Raylan Tindal

The right liver shows a mass-like lesion with deviation of the vasculature measuring 4.10 x 3.14 cm. The irregular arterial enhancement throughout the liver is considered as normal. Subtle rounding of the liver margins is noted. The gallbladder is inconspicuous without evidence of cholestasis. The pancreas presents normal size and shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous.

**SPECIES**

Canine

The spleen shows normal findings in terms of size, surface, shape and contrast behavior.

**BREED**

Shepherd X

Unremarkable presentation of the bilaterally symmetrical kidneys. The right adrenal gland presents a mass of 2.10 x 1.82 cm in its cranial pole having broad based contact to the caudal vena cava. Mild impression of the CVC is indicated. The left adrenal gland is normal.

**SEX**

MN

As far as can be assessed, the stomach and all parts of intestine are regularly presented without any indication of a wall thickening or a mass. There are no signs of an obstructive or functional ileus.

**AGE**

11 Years

Ureters, urinary bladder, trigonum, prostate and urethra are presented as expected. There is no evidence of cystic calculi. Abdominal lymph nodes and abdominal vessels have no particular findings. Signs of peritoneal/retroperitoneal effusion or free gas are not recognized.

**INTERPRETED BY**

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

Sebastian Jawinski,  
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Diagnostic Imaging

- Neoplasia right adrenal gland with suspected infiltration of the caudal vena cava
- Right liver mass, mild hepatomegaly
- Lesion of the right medial coronoid process with mild secondary arthrosis
- Marked degenerative changes of the spine with mild protrusions thoraco-lumbar and lumbar
- Normal findings of the chest and left forelimb

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Final assessment of the right adrenal lesion (benign, malignant; functional, non-functional) is not possible and a matter of clinical presentation, the temporal evolution and urine/blood tests. I currently favor a malignant lesion that infiltrates the adjacent caudal vena cava. A sonographic recheck is recommended.

**REFERRING VET**

Dr. Debbie Reynolds

Findings of the liver are unspecific. Possible differentials include nodular hyperplasia/regenerate, adenoma, hepatocellular carcinoma and other malignant neoplasia/metastasis. I would rule out abscess formation and hematoma. Diameters of > 3 cm indicate malignancy. Biopsy/FNA could be performed next. Mild hepatomegaly is usually associated with mild lipidosis/chronic degenerative liver disease and not of clinical relevance.

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Changes of the right elbow do not reflect the reported lameness on the left side. Clinical relevance therefore is questionable. Pain of the left carpal joint may be due to chronic improper



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load/activity as a consequence of the right sided elbow lesion. A fragmented medial coronoid process usually is a juvenile finding consistent with canine elbow dysplasia. However, a traumatic lesion with fragmentation is possible as well.

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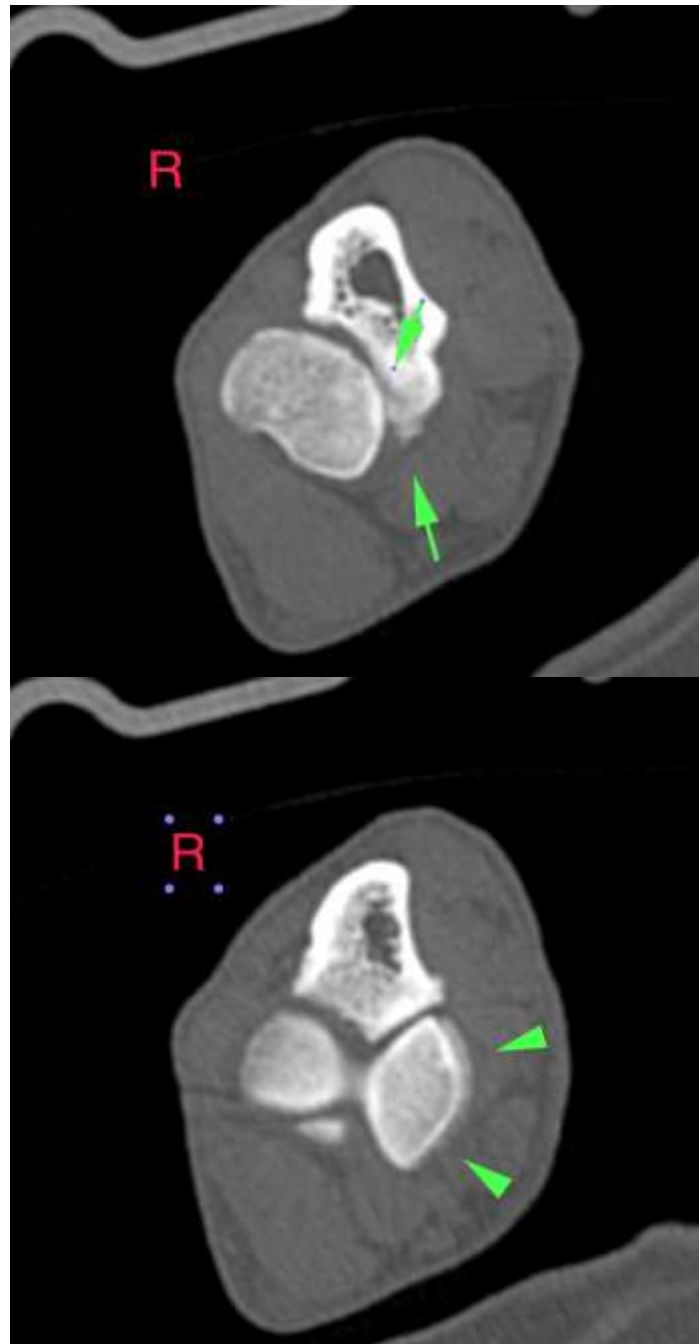
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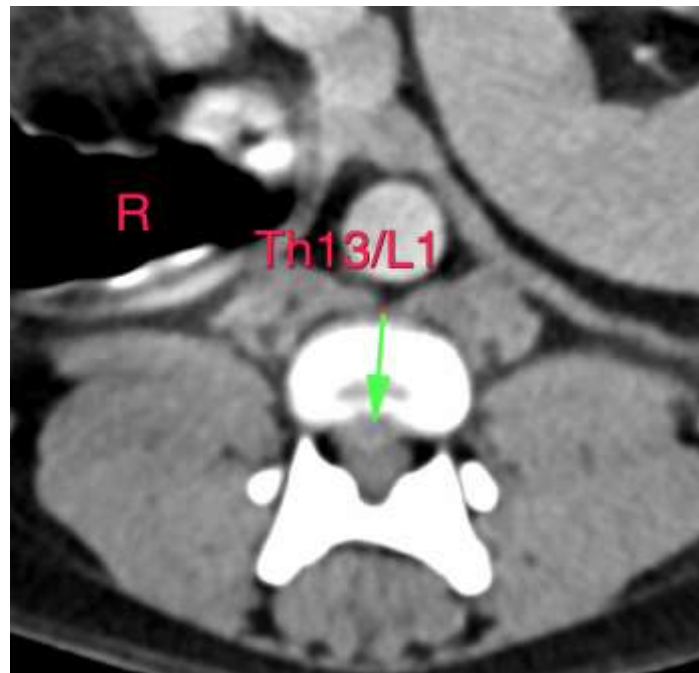
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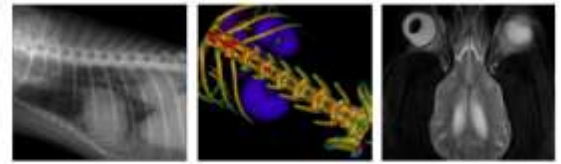
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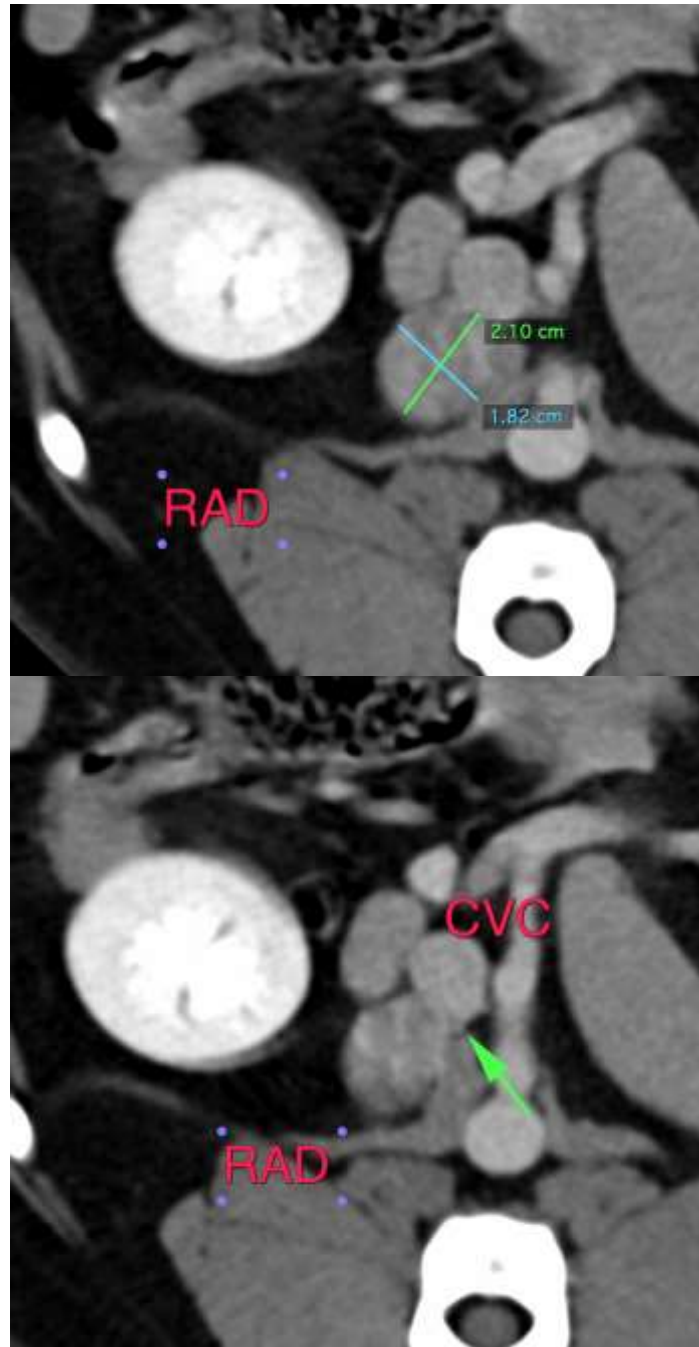
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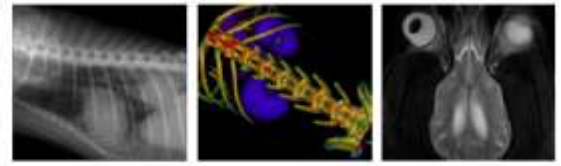
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

**BREED**

Shepherd X

**Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging**  
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**SEX**

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