



PATIENT

Guasi Fernandez

SPECIES

Canine

BREED

Mixed Medium Breed

SEX

Neutered Male

AGE

10 Years

WEIGHT

30.7 Pounds

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

José L. Alvarado Bruno -
CT Scan Technician (CVT)

HOSPITAL NAME

Veterinary Image
Center

REFERRING VET

Dr. J. Barrera, DVM

INVOICE

35422

DATE

11/6/25

PRESENTING CLINICAL SIGNS

History: Patient presented on 11/02/2025 for evaluation of chronic cough. He was diagnosed with low grade murmur and tracheal collapse by primary veterinarian. He is currently on Temaril-P, Furosemide, Pimobendan, Theophylline and antihistamines. Gave referral for echocardiogram, which was performed on 11/03/2025. According to owner she was told by veterinarian performing echo that evaluation was difficult due to Guasi being overweight and a clear image/study was not possible. He recommended a CT scan for a better assessment of suspected mediastinal mass.

Abnormal PE/Chem/CBC/UA Results: CBC --- mild leukocytosis CHEM --- BUN moderate to severe increased (48).

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, SPINE, CHEST & ABDOMEN

The bony structures of the skull are inconspicuous. Signs of an aggressive lesion are not noted. The soft tissues of the head and neck are unremarkable. The neurocranium is inconspicuous.

There is a harmonic course of the spine noted with a hypodense lesion within the vertebral body L5. Peripheral sclerosis and/or osteolytic changes are not recognized. Mild disc protrusions are present throughout the whole spine without relevant compression of the spinal cord and/or the cauda fibers. The paraspinal soft tissues present marked fat storage in the subcutaneous, interfascial and intermuscular region.

The heart base presents an amorphous and heterogeneous mass of 3.6 x 2.6 cm, showing a heterogeneous contrast enhancement. The pulmonary structures show mild atelectasis in the dorsal parts of the lungs, in the left caudal lung lobes with indicated calcifications. Another nodular-like lesion is recognized in the left caudal lung adjacent to the diaphragm (this could be a motion artifact combined with atelectasis). Relevant nodular or focal changes are not noted. Free pleural fluid is not present. The mediastinum is inconspicuous apart from that. The thoracic borders including the diaphragm are unremarkable.

The spleen presents multiple hyperdense lesions without mass effect and some with protrusion of the splenic capsule. The maximum diameters are approximately 1.9 cm with some of the lesions showing ring enhancement. The splenic periphery is inconspicuous. Free peritoneal fluid is not noted. The portal lymph nodes do not show particular findings. All other abdominal organs appear regular. The abdominal vessels and lymph nodes are inconspicuous. Again, there is marked fat storage noted in the abdominal cavity.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspected heart-based tumor 3.6 x 2.6 cm
- Multiple hyperdense splenic lesions and suspected malignant splenic neoplasia
- Marked obesity
- Hyperdense lesion vertebral body L5

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lesion at the level of the heart base is highly suspicious for a neoplastic process as seen with metastasis and chemodectoma. In combination with the splenic lesions that are mass-like and lead to a protrusion of the splenic capsule hemangiosarcoma is another potential differential. As far as can be assessed there are no pulmonary metastases recognized. The changes within the vertebral body L5 are



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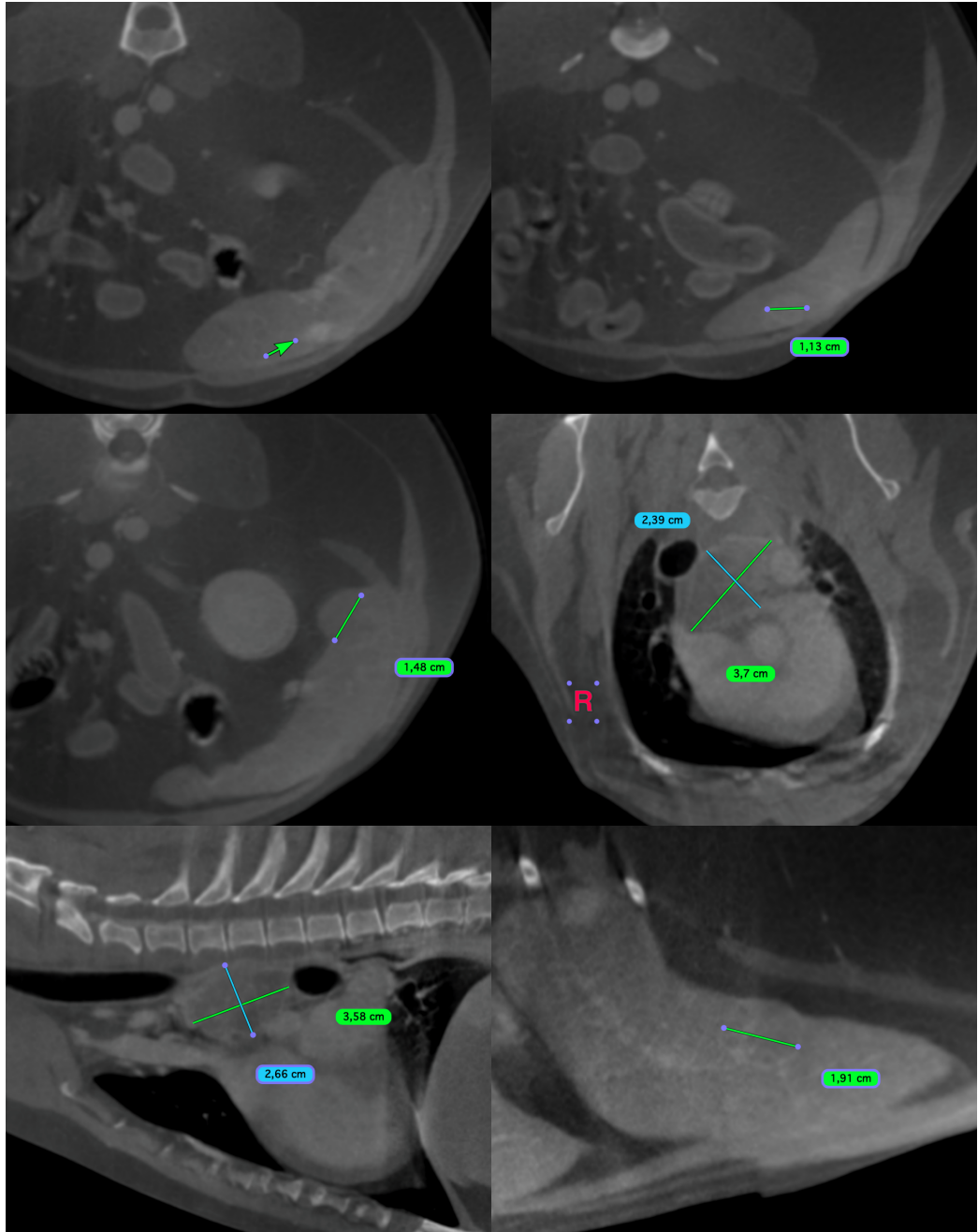
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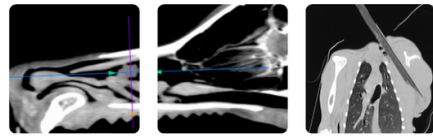
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likely representing fat storage within the medullary bone. The atelectasis in the dorsal lung lobes and the indicated mineralization could represent chronic inflammatory changes.





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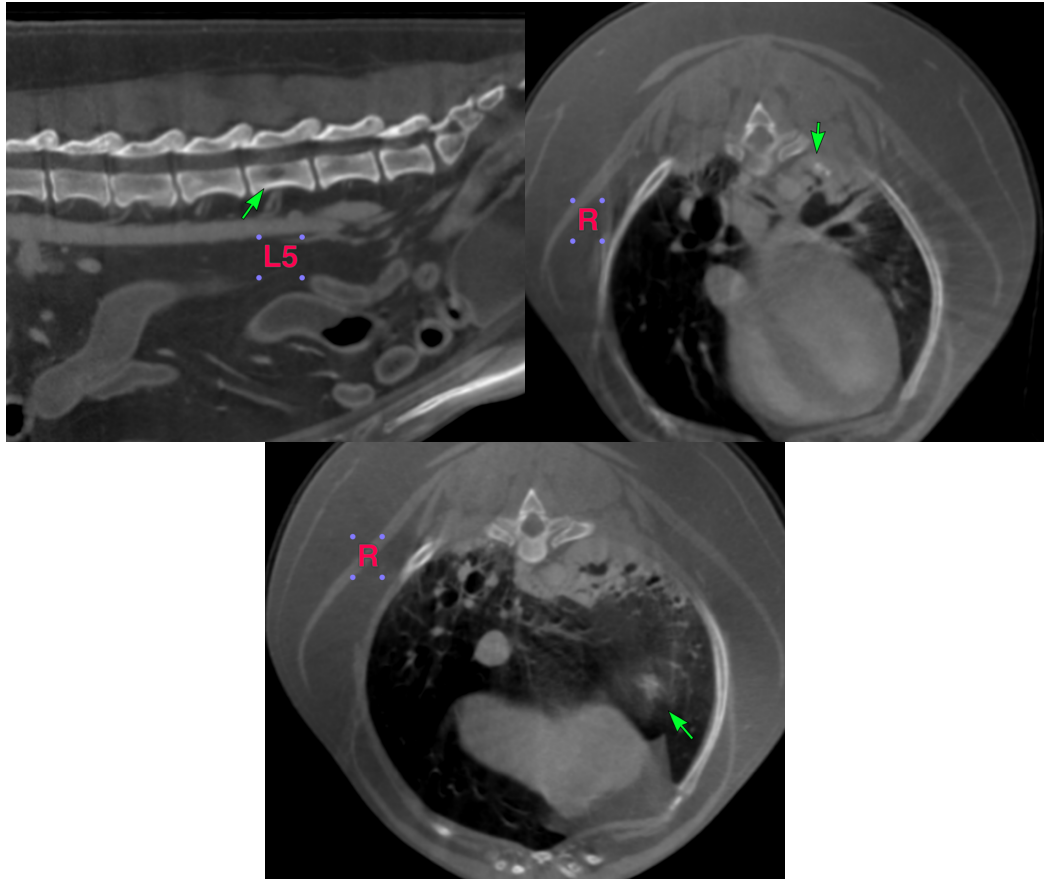
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
info@sonopath.com