



## PATIENT

Basil McGregor

## SPECIES

Canine

## BREED

Canine

## SEX

Neutered Male

## AGE

14 Years

## WEIGHT

15.65 Pounds

## INTERPRETED BY

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

## IMAGING PERFORMED BY

Sativa

## HOSPITAL NAME

Petroglyph AH

## REFERRING VET

Dr. Alice Ku

## INVOICE

36009

## DATE

12/20/25

## PRESENTING CLINICAL SIGNS

History: Patient began exhibiting signs of abdominal pain starting 48 hours ago. He has had a chronic UTI and is on enrofloxacin for it. Bloodwork previously showed mild azotemia but was WNL today. He has a heart murmur as well, which he is asymptomatic for. No CSVD.

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & ABDOMEN

The nasal mucous membranes show moderate swelling on both sides with consecutive narrowing of the ventral nasal cavities. The conchal structures appear inconspicuous. The nasal bony borders are intact, including the nasal septum. The nasal exits, the nasopharyngeal meatus, both tympanic bullae and the external ear canals are regularly ventilated. Signs of an aggressive lesion are not noted. The neurocranium shows normal findings. The cervical lymph nodes are unremarkable.

The central and left abdomen show an ill-defined fluid accumulation within the mesentery structures, not traceable to any abdominal organ. The adjacent intestinal loops are inconspicuous. Radiopaque foreign material is not noted.

There are two hypodense areas noted within the liver. The gallbladder and pancreas show normal findings. The spleen appears enlarged.

Both adrenal glands are enlarged and hypodense without signs of nodular changes. The periphery is inconspicuous. Signs of an aggressive or invasive growth are not noted. The retroperitoneal region is unremarkable including both kidneys and ureters.

The other abdominal organs and lymph nodes, as well as the great vessels, are inconspicuous.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Unspecific and bilateral signs of rhinitis
- Suspected abscess formation mesentery

Incidental and age-appropriate findings:

- Hypodense lesions liver
- Hyperplasia adrenal glands (DD myelolipoma)
- Lipoma left thoracic wall

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal findings do match with the reported patient's history. I cannot find a primary location for the fluid accumulation within the left-sided mesentery. Perforations of the intestinal loops and abscess formation due to foreign body triggered infection are possible differentials (peritonitis/mesenteritis/mesenteric abscess). I do not suspect neoplasia, although I cannot exclude abdominal hemorrhage. A complementary ultrasound and sampling could be the next diagnostic steps. With inconclusive sonographic findings and resistance to therapy, laparotomy could be discussed.



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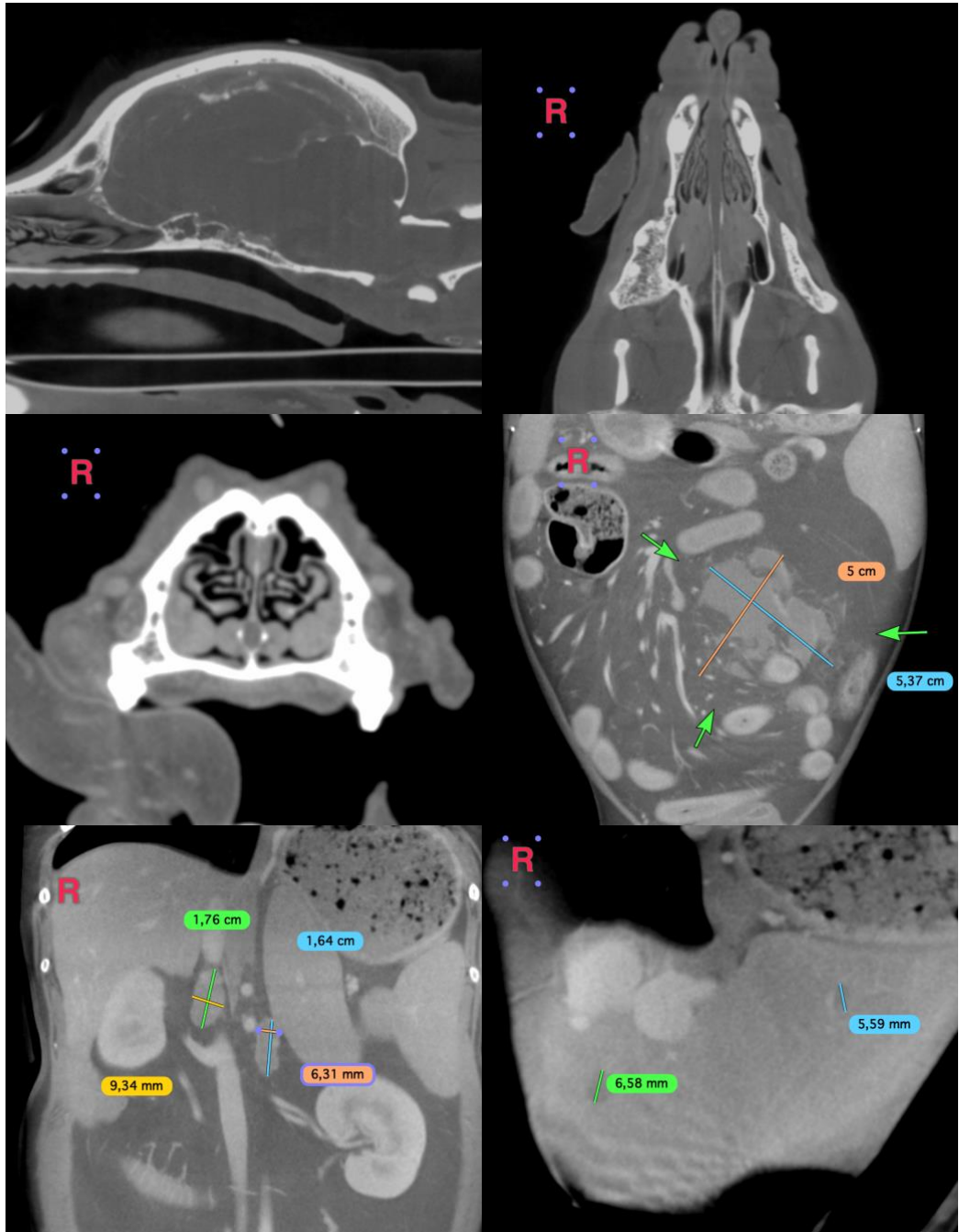
**INVOICE**

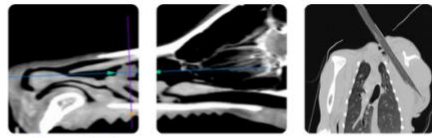
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The changes of both nasal cavities are unspecific and mild and likely consistent with mild inflammatory changes.





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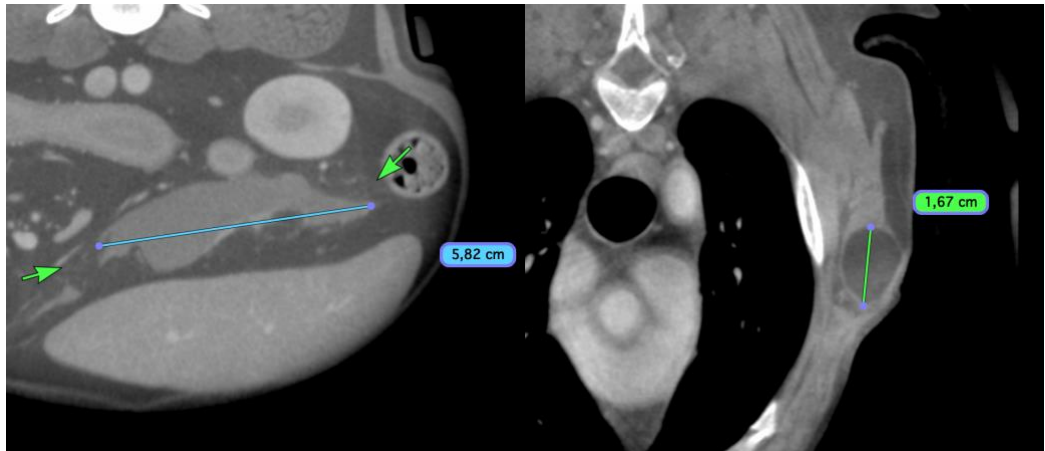
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)