



PATIENT

Jack Lukaszewski

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

6

WEIGHT

13

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

David

HOSPITAL NAME

ASC Oceanside

REFERRING VET

Dr. Infernuso

INVOICE

35106

DATE

12/26/25

PRESENTING CLINICAL SIGNS

History: Right anal sac mass 0.3 x 0.3 cm

COMPUTED TOMOGRAPHIC STUDY OF THE CHEST AND ABDOMEN

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. The pulmonary density is within normal limits; there is no evidence of focal or nodular pulmonary lesions. The mediastinum is regular in width and density. The mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. The thoracic trachea and esophagus present as expected. The diaphragm appears normal.

There is mild to moderate degenerative changes of the spine noted as an incidental finding.

The perineal region appears symmetric without signs of a mass or neoplastic process that would indicate an aggressive or invasive growth. The peripheral subcutaneous region and subcutaneous fat tissue are unremarkable, as well as the sacral and medial inguinal lymph nodes.

Liver and spleen appear regular in terms of size, surface, shape and contrast behavior. Relevant focal or nodular lesions are not noted.

The abdominal lymph nodes and vessels show no particular findings. Signs of peritoneal/retroperitoneal effusion or free gas are not recognized. All other abdominal organs are inconspicuous.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal findings thorax and abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT does not show a relevant nodular process or mass at the level of the right anal gland. This does not fully exclude a neoplastic lesion. At least there are no signs of an invasive or aggressive growth. Metastases of the tributary lymph nodes are not noted. The abdominal organs, the pulmonary and mediastinal structures are inconspicuous in terms of an active inflammatory process or neoplasia/metastases. FNA could be performed next to exclude malignant neoplasia. Regular clinical follow ups and exclusion of hypercalcemia are recommended.



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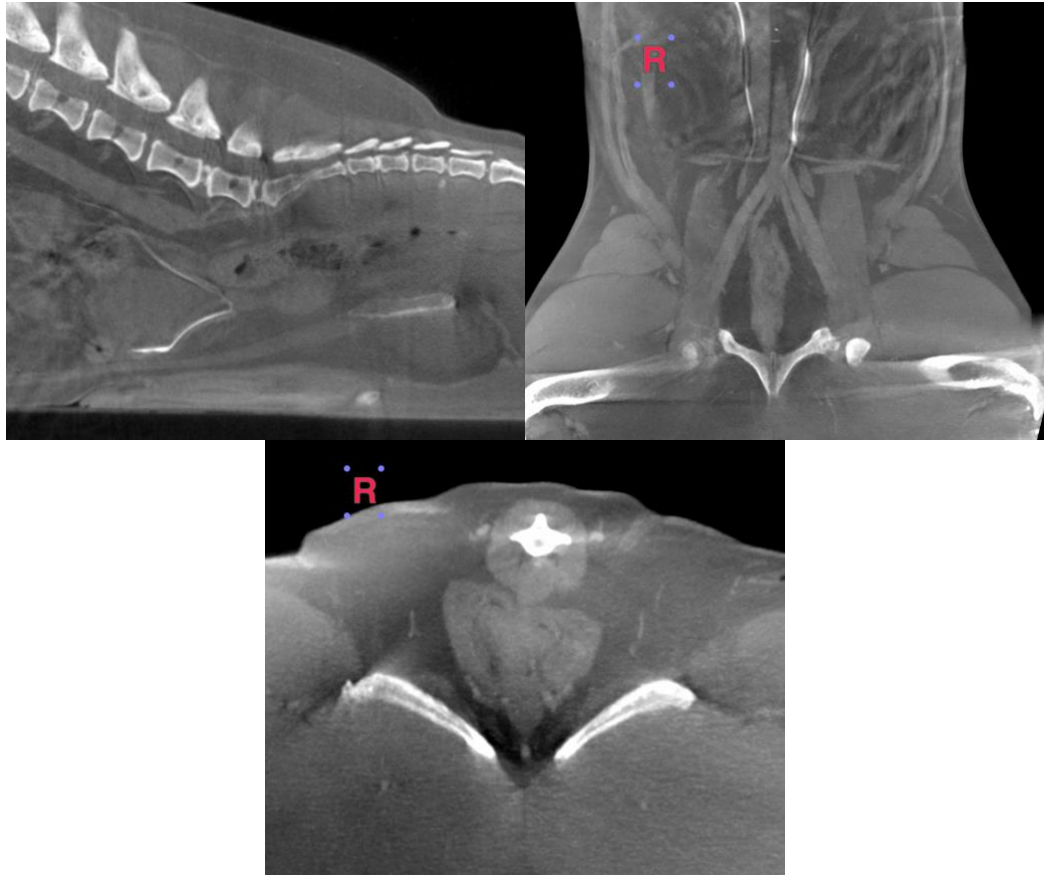
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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