



## PATIENT

Adele Rollind

## SPECIES

Canine

## BREED

Saint Bernard

## SEX

Spayed Female

## AGE

9 Years 11 Months

## WEIGHT

132 Pounds

## INTERPRETED BY

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

## IMAGING PERFORMED BY

Tina Lynn, CVT/George  
Eales, DVM

## HOSPITAL NAME

Green Prairie AH

## REFERRING VET

Dr. Emily Tucker,  
Gibson City

## INVOICE

36010

## DATE

2/26/26

## PRESENTING CLINICAL SIGNS

- Chronic vomiting and gassy starting early January. O was concerned it was medication related as it seems to correlate with levothyroxine dosing, but RDVM has changed dosing schedule without any improvement.
- Endoscopy performed prior to CT stomach appears normal.
- History of bilateral chronic dysplasia

## 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 presents as expected. The esophagus is moderately distended and gas-filled (status after endoscopy).

The heart is inconspicuous as far as can be assessed with CT. The diaphragm appears normal.

The liver shows normal findings. The gallbladder is inconspicuous without evidence of cholestasis. The common bile duct is considered to be normal.

The pancreas presents normal size and shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous.

The spleen appears enlarged with multiple patchy areas of increased contrast uptake but is normal apart from that. Nodular lesions are not noted.

Both kidneys and adrenal glands are in normal limits.

The stomach and intestines are partially gas-filled and distended (status after endoscopy). Beyond that, relevant thickening of the gastric or intestinal walls and/or signs of a mechanic or obstructive ileus are not recognized. The mesenteric fat tissue and lymph nodes especially are without particular findings.

Both ureters, the urinary bladder, trigone and urethra are presented as expected.

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

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Unspecific splenomegaly
- Normal findings thorax and abdomen apart from that

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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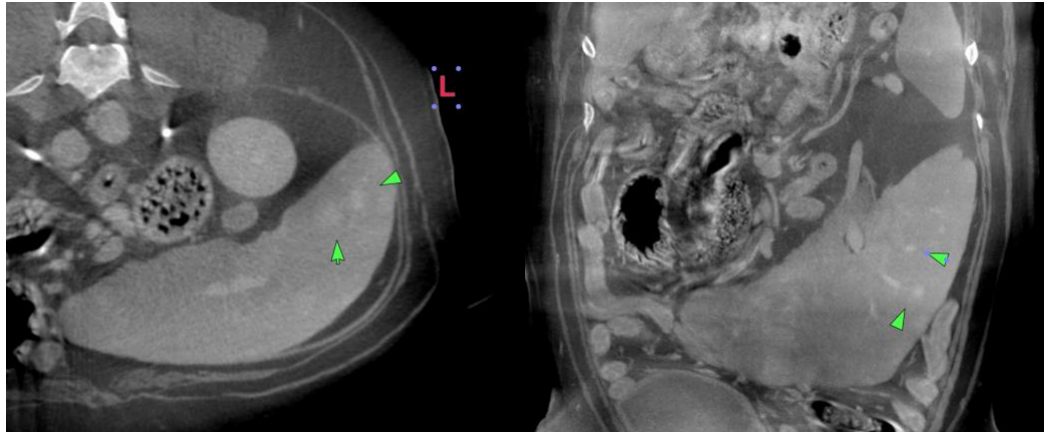
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The CT does not explain the reported patient's history. The distended esophagus and stomach, small intestine, are a consequence of the endoscopy prior to the CT. With that, inflammatory changes are not fully excluded.

The splenomegaly and the multiple areas of increased enhancement are unspecific findings and commonly seen with mild congestion due to anesthesia and/or immune-mediated reactions.



**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)