



**PATIENT**

Cody Fischer

**SPECIES**

Canine

**BREED**

Labrador Mix

**SEX**

Male Neutered

**AGE**

8Y, 10M

**WEIGHT**

29.5kg

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

**IMAGING  
PERFORMED BY**

Mobile Pet Imaging

**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

Novoa

**INVOICE**

73590

**DATE**

2-3-26

**PRESENTING CLINICAL SIGNS**

History:

- Presenting complaint or concern (brief)
- Mild right hind atrophy
- Please list any current medications
- carporfen, cefpodoxime, apoquel, trazedone, gabapentin
- Does the patient have any allergies and/or drug reactions, in particular to iodine or anesthetic drugs?
- N/A

Abnormal PE/Chem/CBC/UA Results: PE: MM: Pink, CRT: <2sec, T: 101.4, HR: 184, RR: Panting.  
Right Hind Limb Lameness

**COMPUTED TOMOGRAPHY OF THE THORAX, ABDOMEN, & PELVIS**

Pre/post contrast studies are provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**Thorax**

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

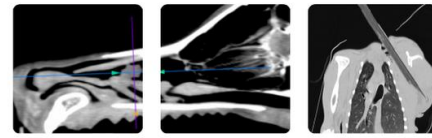
**ABDOMEN & PELVIS**

Liver and spleen appear regular in terms of size, surface, shape and contrast behavior. Relevant focal or nodular lesions are not noted. There is mild focal protrusion of the splenic capsule noted measuring approximately 1.0 cm.

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

Both kidneys and adrenal glands are in normal limits.

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



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Both ureters, the urinary bladder, trigone and urethra are presented as expected. There is no evidence of cystic calculi.

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

The displayed spine presents a harmonic course with an inconspicuous density of the vertebral bodies. The thoracolumbar and lumbosacral transition do not show particular findings. A compressive lesion of the spinal cord and cauda fibers is not recognized. The paraspinal soft tissues are symmetric and inconspicuous.

The bony structures of the pelvis and the coxofemoral joints are within normal limits. There is mild atrophy of the right thigh musculature noted.

The minor trochanter of the right femur shows mild osteophytic reactions at the level of the iliopsoas insertion.

The right stifle presents moderate degenerative changes with osteophytic reactions at all joint levels and new bone formations at the level of the lateral sesamoid bone/insertion of the lateral gastrocnemius muscle.

The images after contrast application do not show a pathologic enhancement. Especially the course of the sciatic nerves is inconspicuous.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal findings of chest/abdomen
- Moderate osteoarthritis right stifle
- Signs of insertion enthesopathy right iliopsoas and gastrocnemius muscle

Incidental findings:

- Cholelithiasis
- Mild and focal capsular protrusion spleen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This CT does not show evidence of a compressive lesion at the level of the spinal cord or cauda fibers. The course of the sciatic nerves is symmetrical and inconspicuous. With that neurologic issues are less likely.

The degenerative findings at the muscle insertions of the iliopsoas and gastrocnemius muscle, as well as the moderate osteoarthritis of the stifle would go along with an inactivity atrophy of the right thigh. Signs of an active inflammatory lesion and/or even neoplastic process are not noted.



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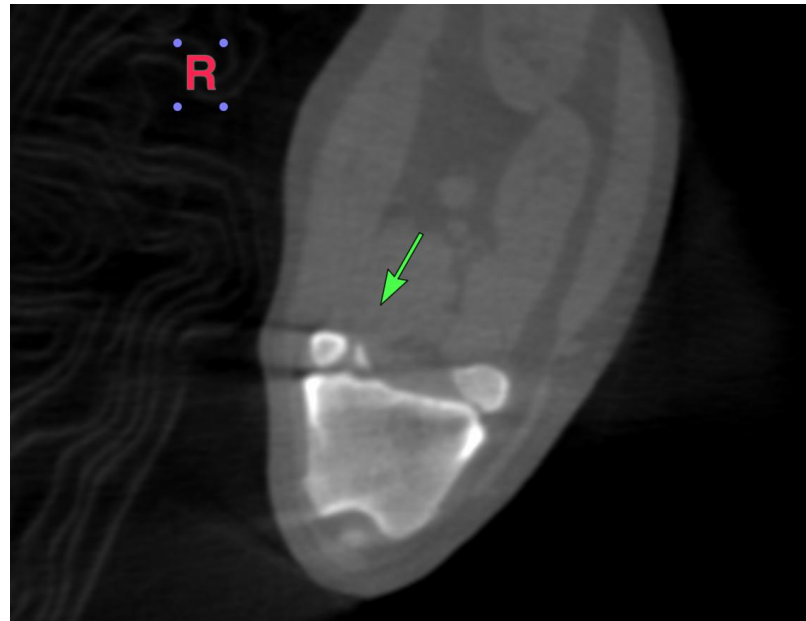
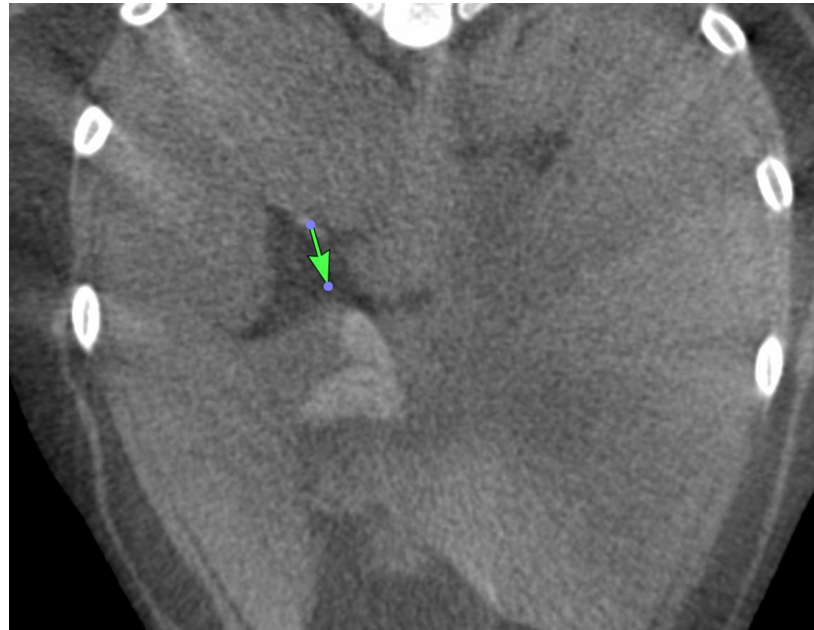
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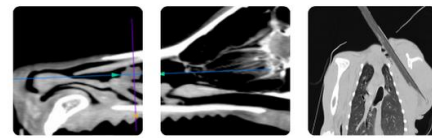
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The incidental findings must be correlated with the clinical presentation. A complementary abdominal ultrasound and regular follow-ups of the gallbladder/spleen are recommended.





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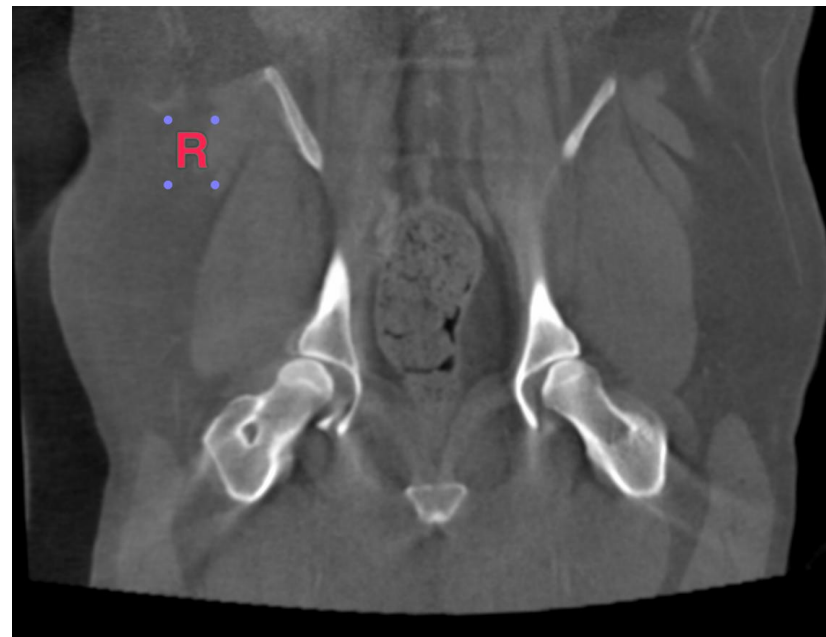
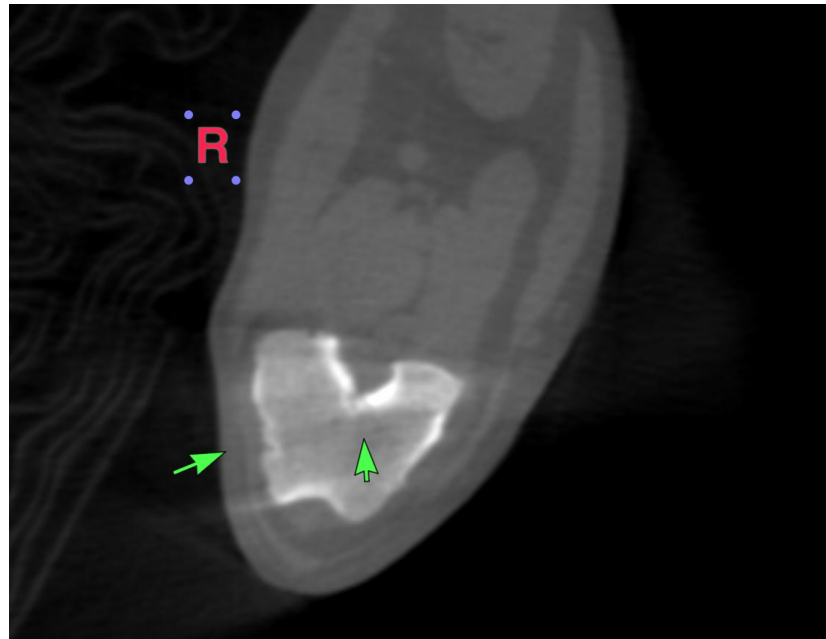
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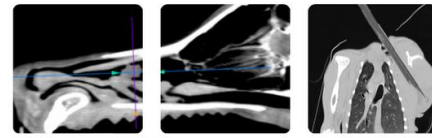
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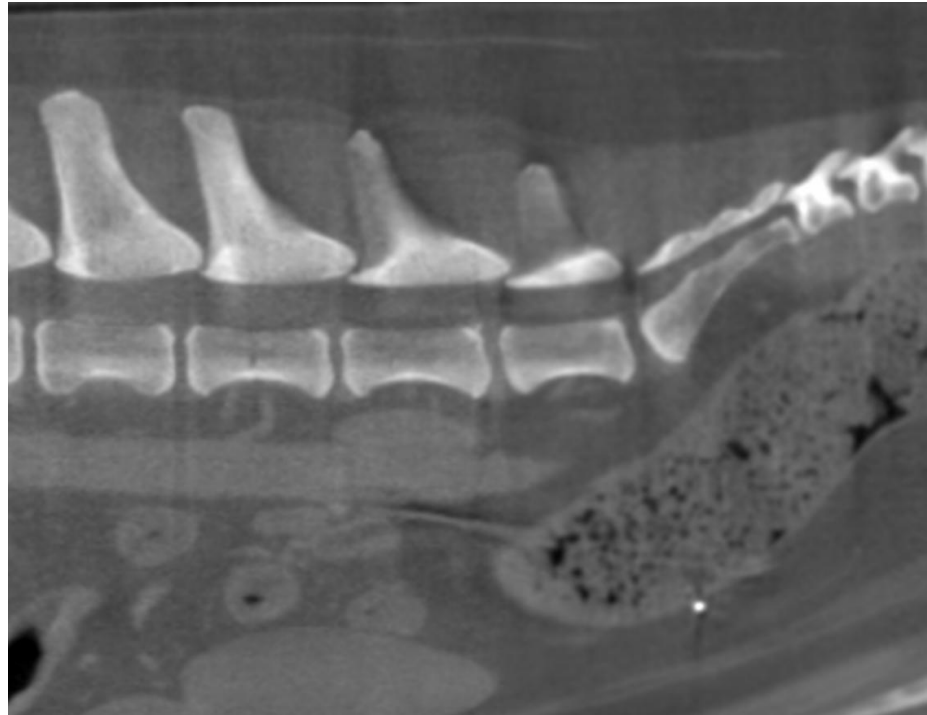
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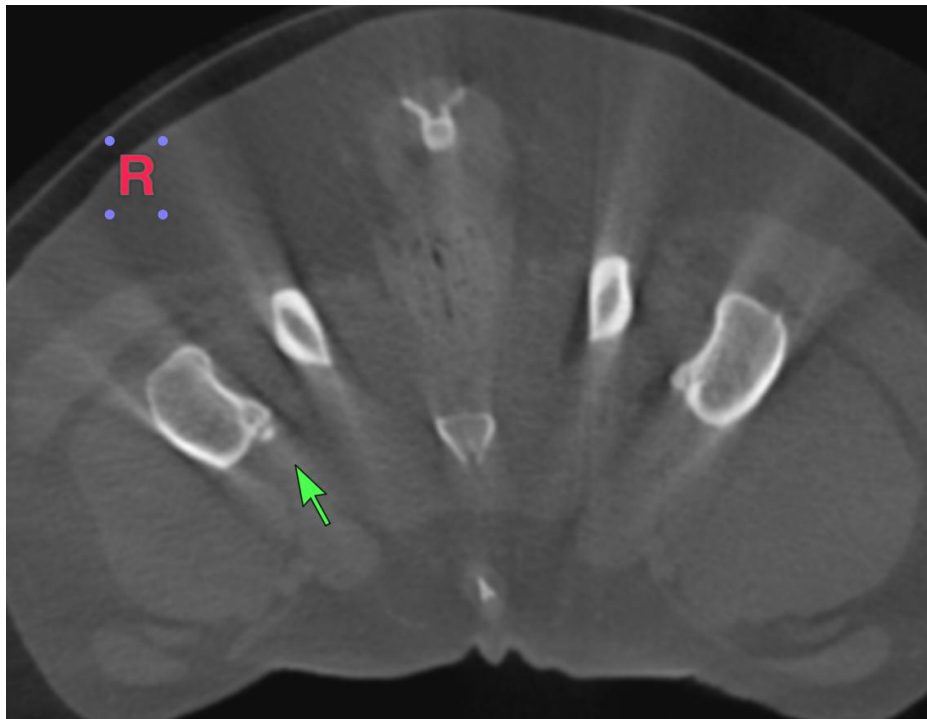
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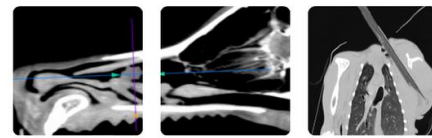
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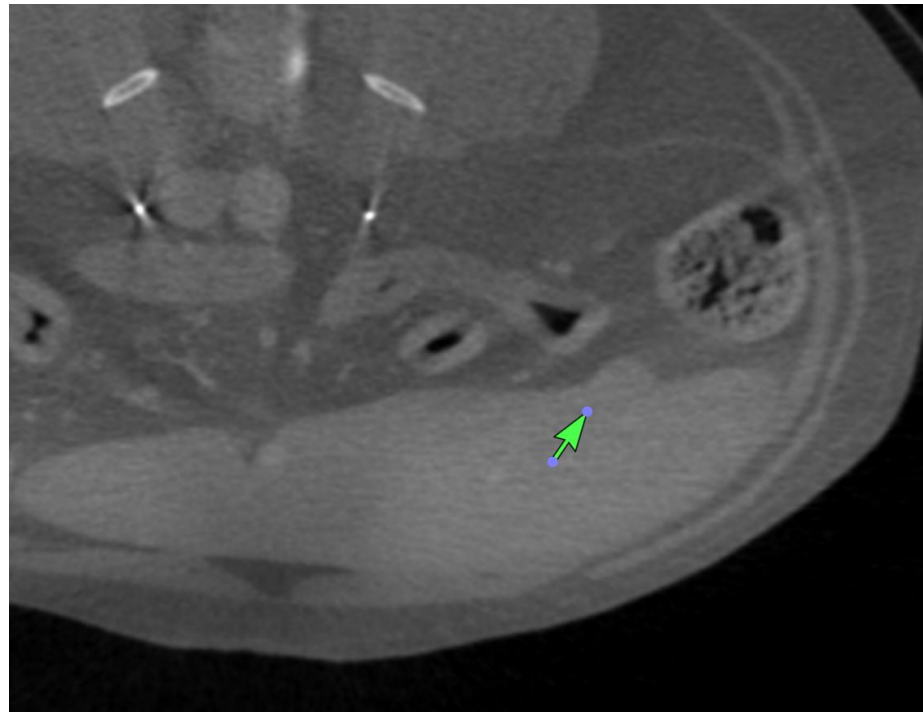
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)