

PATIENT

Chilindrina Rivera

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

13 Years

WEIGHT

31 pounds

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

HVSFA

HOSPITAL NAME

Hospital Veterinario
San Francisco de Asis

REFERRING VET

Dr. Ramos

INVOICE

14333

DATE

03/13/26

PRESENTING CLINICAL SIGNS

- Patient previously diagnosed with hepatic disease and immune-mediated thrombocytopenia. The patient is being referred for CT imaging due to progressive elevation of hepatic enzymes. Recent laboratory work has also revealed increased pancreatic enzyme values. An abdominal ultrasound had been previously performed, and the results are being attached for review. Advanced imaging is requested to further evaluate the liver, pancreas, and surrounding abdominal structures.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, CHEST & ABDOMEN

Pre/post contrast

COMPUTED TOMOGRAPHIC FINDINGS

Head

The neurocranium shows normal findings. The bony structures of the skull and the skull foramina of the cranial nerves are laterally symmetrical and inconspicuous. Both tympanic bullae are completely ventilated with a regular tympanic bulla wall. The external ear canals are ventilated in all sections with inconspicuous walls.

The temporomandibular joints and the nasopharyngeal meatus have no particular findings.

Both frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retro-/bulbar lesion. The nasal cavities are ventilated regularly. Conches appear normal as well as the maxillary/mandibular teeth.

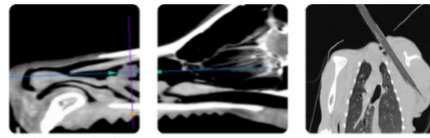
In the right retropharyngeal soft tissues lateral to the larynx, there are multiple cystic lesions noted with a prominent ring enhancement. A mass effect is not noted. The post contrast images show no pathological enhancement apart from that. The soft tissues of the head and neck are symmetrical and inconspicuous, especially the mandibular and medial retropharyngeal lymph nodes are unremarkable.

Chest

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.

Abdomen

There is severe enlargement of the liver recognized with rounded margins including all liver parts on both sides. Mild nodule-like areas of increased enhancement are noted without a relevant mass effect or deviation of the hepatic vasculature. The gallbladder is moderately filled, presenting multiple calcifications of the gallbladder wall. Cholestasis is not noted. The common bile duct is inconspicuous. The surrounding fat tissue does not show particular findings.



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

The spleen shows normal findings in terms of size, surface, shape and contrast behavior.

Both kidneys and adrenal glands are in normal limits with an incidental, cortical cyst on the left side.

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.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe and unspecific hepatomegaly

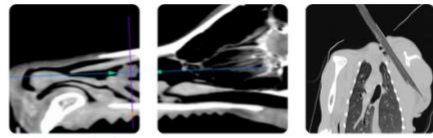
Incidental findings:

- Multiple calcifications gallbladder wall
- Severe osteoarthritis shoulder- and carpal joints as well as metacarpal-phalangeal joints
- Moderate degenerative changes spine and lumbosacral transition
- Cortical cyst left kidney
- Salivary duct cysts right retropharyngeal soft tissues

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Findings of the liver could speak for chronic, degenerative/regenerative liver disease such as chronic hepatitis, vacuolar liver disease and/or fatty infiltration since there no signs of nodular or focal changes that are suspicious for neoplasia. Diffuse infiltrative changes cannot be fully excluded. Sonographic follow ups could be performed to rule out progressive disease. FNA/biopsy and cytology/histopathology are further options.

Relevant inflammatory changes or a neoplastic lesion of the pancreas are not noted. This does not exclude inflammatory changes as seen with cholangiohepatitis and pancreatitis.



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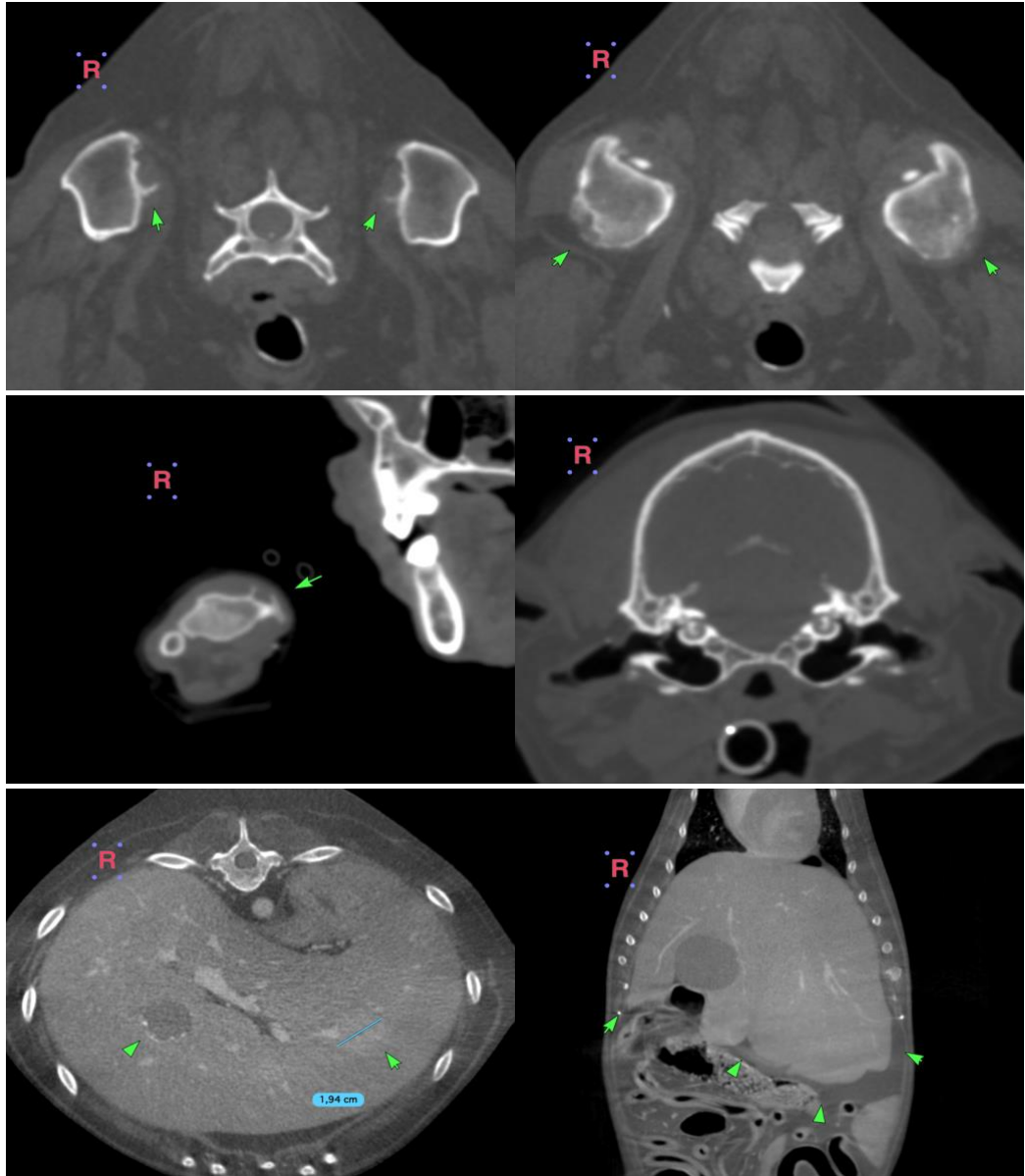
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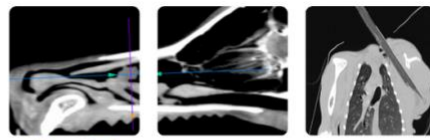
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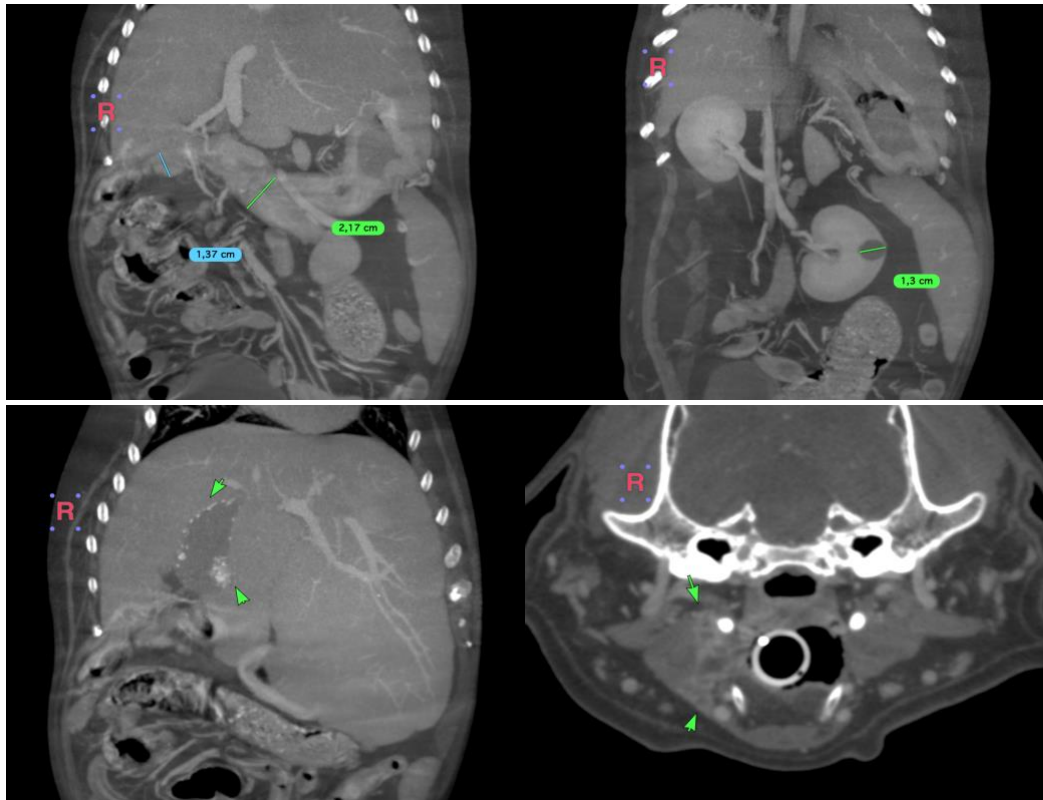
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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