



PATIENT

Joe Grady

SPECIES

Canine

BREED

Jindo

SEX

Female Spayed

AGE

11Y, 1M, 16D

WEIGHT

14.06lbs

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Joseph D'Abbraccio,
DVM

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

Joseph D'Abbraccio,
DVM

INVOICE

74230

DATE

3-17-26

PRESENTING CLINICAL SIGNS

- 2/3/2026: Reason for Visit: Due for echocardiogram and blood work.
- History: Owner reports patient is doing well at home. No problems with eating or drinking. No issues with coughing or sneezing, though periodic sneezing occurs but is not chronic. Current medications include Vetmedin 5 mg, half a tablet twice daily, and spironolactone, half a tablet once daily. No recent blood work has been performed since August.

Abnormal PE/Chem/CBC/UA Results: PE: Oral Cavity: Cracked tooth between two incisors; one incisor loose; evidence of bone loss and gingival loss affecting multiple incisors; concern for oral pain.; Cardiovascular: Grade IV/VI systolic murmur, loudest on the left side.; CBC: RBC 9.34; MCV 59; MCH 21.4; Lymphocytes 4.974; Chem: WNL;

COMPUTED TOMOGRAPHY OF THE THORAX & ABDOMEN

Pre/post contrast studies are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax:

The cranial mediastinum presents a large and amorphous soft tissue-dense mass with good vessel supply, showing maximum diameters of approximately 7.5 to 5.8 centimeters with broad-based pleural contact on the left side. The adjacent lung lobes and bony structures of the ribs are inconspicuous presenting mild hyperostotic degenerative findings of the costochondral-rib junction of the first rib on the left side.

The pulmonary structures are inconspicuous; relevant nodular or focal lesions are not noted. A scant amount of pleural effusion is present. The trachea and bronchi are inconspicuous.

The thoracic borders are intact and unremarkable, including the diaphragm.

Abdomen:

There is a moderate amount of hyperdense gallbladder sludge noted. Relevant cholestasis is not recognized; the periphery and adjacent liver parts are unremarkable. The spleen appears moderately enlarged with a homogeneous inner texture. The abdominal organs are inconspicuous apart from that, free pleural fluid is not noted. The abdominal vessels and lymph nodes are inconspicuous.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large mediastinal mass

Incidental findings:

- Cholelithiasis/chronic cholecystitis
- Unspecific splenomegaly



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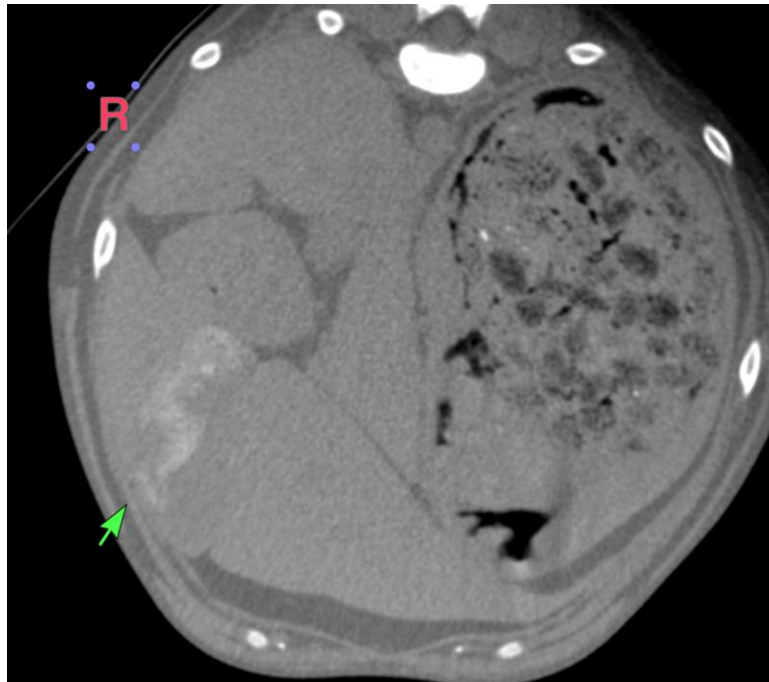
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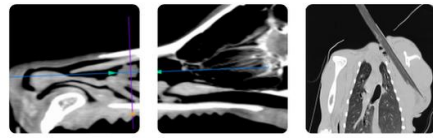
3-17-26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass in the cranial mediastinum is suspicious for a malignant lesion. Differentials include but are not limited to malignant lymphoma, thymoma and histiocytic sarcoma. Signs of another primary lesion are not noted. Currently there are no pulmonary metastases recognized. For further assessment, ultrasound guided FNA or biopsy could be performed next.

The enlargement of the spleen is an unspecific finding and probably due to congestion in anesthesia. Diffuse and infiltrative changes are not fully excluded but unlikely.





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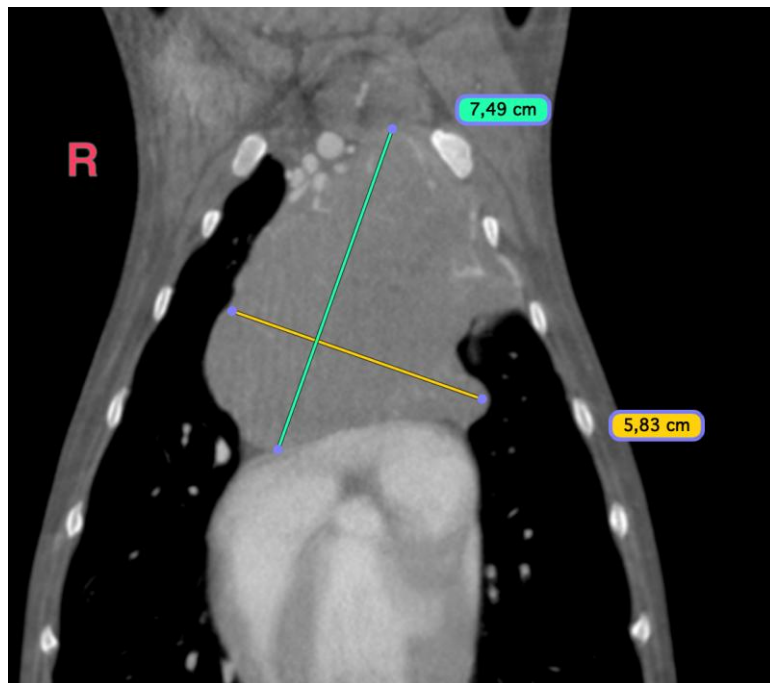
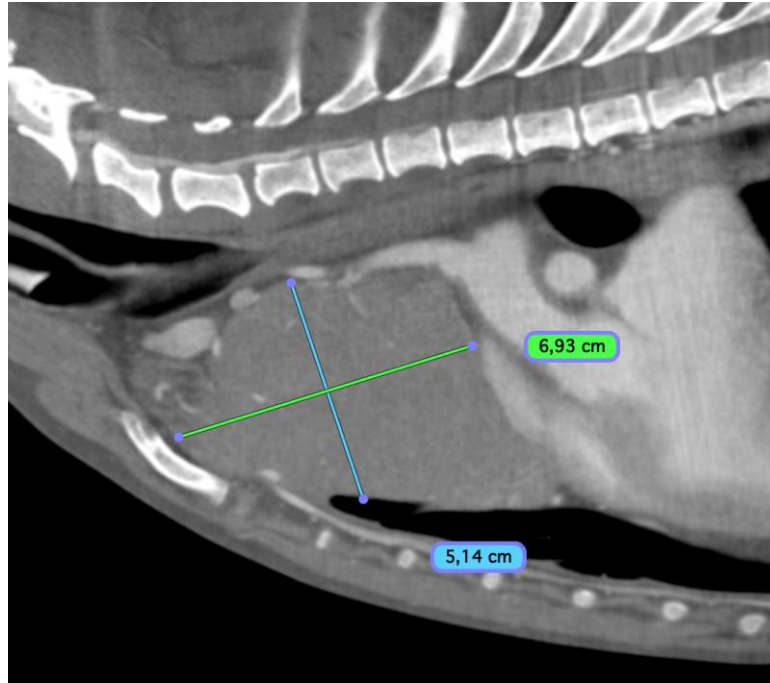
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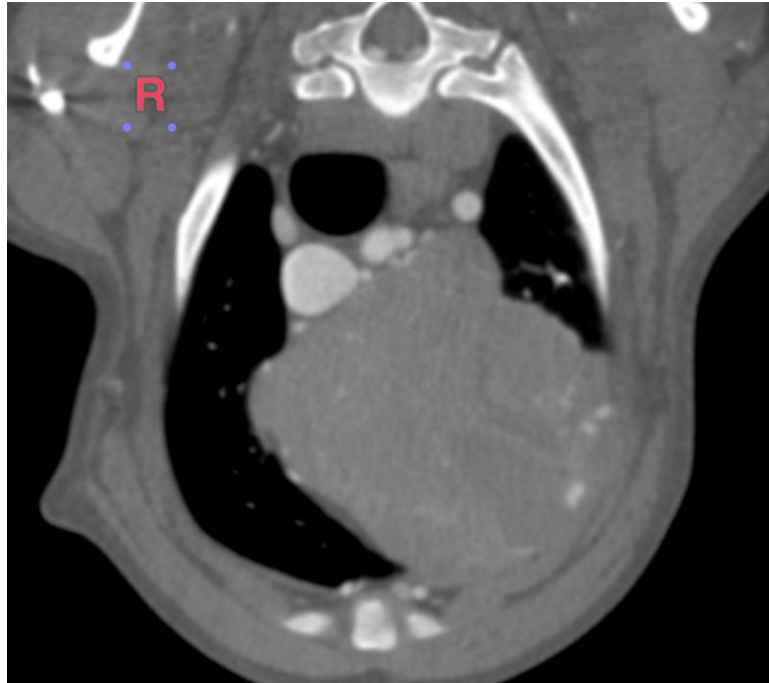
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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