



**PATIENT**

Kismet Lehman

**SPECIES**

Canine

**BREED**

German Shorthaired  
Pointer

**SEX**

Female Spayed

**AGE**

2Y, 7M

**WEIGHT**

56lbs

**INTERPRETED BY**

Dr. Tais Guimarães,  
MV

**IMAGING  
PERFORMED BY**

Mobile Pet Imaging

**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

Novoa

**INVOICE**

75031

**DATE**

5-18-26

**PRESENTING CLINICAL SIGNS**

Pet presented (5/13/26) for limping on and off and clicking sound on shoulder joint (right). Bloodwork did not show any significant findings. Patient is taking Dasuquin and Trifexis. Consult with surgeon requested CT Scan for further diagnostics.

Abnormal PE/Chem/CBC/UA Results: PE: T 101.8 F, HR 128, RR 34, MM Pink, CRT <2 seg. H/L: WNL. Dental Calculus (2/4), Lameness right forelimb.

**COMPUTED TOMOGRAPHIC STUDY OF THE RIGHT AND LEFT SHOULDERS**

Survey and I.V. post contrast CT of right and left shoulders.

**COMPUTED TOMOGRAPHIC FINDINGS**

**Right Shoulder:**

There is mineralization seen in the region of the insertion of the supraspinatus tendon.

Moderate bone remodeling is noted at the supraspinatus insertion on the greater tubercle and supraglenoid tubercle.

Moderate glenohumeral osteoarthritis seen.

Mild joint effusion seen.

No osteochondral defect seen.

No lytic lesions seen.

Normal muscular volume and attenuation.

**Left Shoulder:**

No evidence of mineralization is seen in the region of supraspinatus or biceps brachii region.

No glenohumeral osteoarthritis seen.

Mild joint effusion is present.

No osteochondral defect or lytic lesions seen.

Normal muscular volume and attenuation.

**Elbows:**

The elbows are within normal limits. No DJD seen. No fragmentation seen.

**Cervical Spine:**

The cervical spine is within normal limits. No spinal compression seen. No osseous changes seen.



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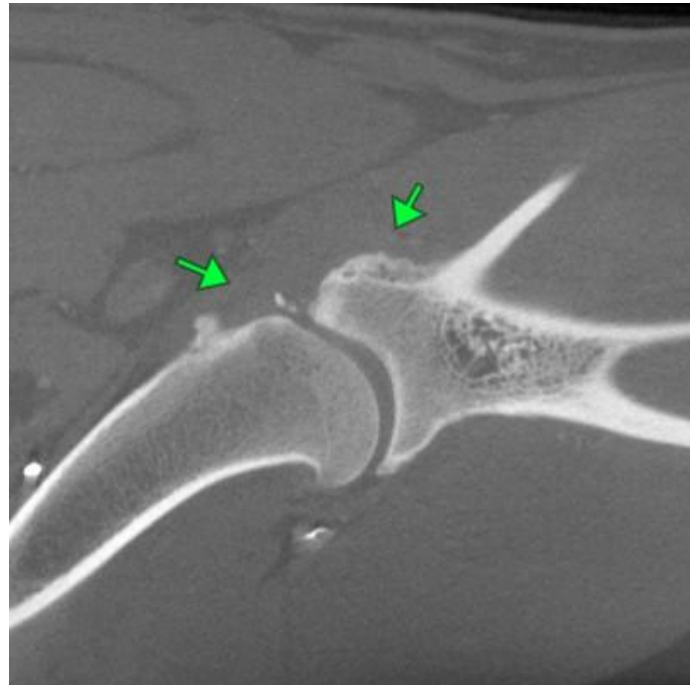
**COMPUTED TOMOGRAPHIC DIAGNOSIS**

Right Shoulder:

- Chronic supraspinatus tendinopathy, mineralized.
- Severe secondary DJD and enthesopathy.

**INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**

Recommend orthopedic correlation and consideration of rehabilitation therapy. Ultrasound or MRI may be considered for further assessment of tendon fiber integrity if clinically indicated. Surgical consultation may be warranted.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Dr. Tais Guimarães, MV  
[info@sonopath.com](mailto:info@sonopath.com)