



PATIENT

Shea Oppedisano

SPECIES

Canine

BREED

Springer Spaniel Mix

SEX

FS

AGE

5 Years

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

HOSPITAL NAME

Animal Surgical
Center

REFERRING VET

Vet Care Group
Westbury

INVOICE

49301

DATE

1-4-22

PRESENTING CLINICAL SIGNS

Shea presented for spinal hyperesthesia of on and off for months. Owner states dog is normal most days but will have episodes of hunching her back and having difficulty walking in hind limbs. RDVM placed dog on Gabapentin, owner believes it did help but episodes did not completely resolve.

COMPUTED TOMOGRAPHIC FINDINGS

Skull:

The displayed parts of the skull, skull foramina and the neurocranium are inconspicuous. Both tympanic bullae are completely ventilated with a regular tympanic bulla wall. The external ear canals are ventilated in all sections, walls of the external ear canals, the adjacent temporomandibular joints and the nasopharyngeal meatus have no particular findings.

Frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retrobulbar lesion. Nasal cavities are ventilated regularly. Soft tissues of the head and neck are symmetrical and of homogeneous density, especially the medial retropharyngeal lymph nodes.

Spine:

Presented bony structures of the spine are unremarkable with an inconspicuous thoracolumbar- and lumbosacral transition. Vertebral bodies are of regular density without signs of a lytic or sclerotic process. There is no evidence of a fracture and/or sub-/luxation. The intervertebral disc space Th13/L1 is collapsed. Overt signs of a calcified, compressive disc protrusion/herniation are not recognized.

At the level of L7/S1 a mild, broad-based and medial disc protrusion is recognized causing mild dorsal elevation of the cauda fibers. Displayed parts of the tail are inconspicuous.

Hindlimbs:

Both coxofemoral joints impress with severe osteoarthritis showing new bone formation/osteophytes at all joint levels. Osteolytic/aggressive lesions are not noted.

The left stifle presents moderate degenerative changes with osteophytes especially at the level of the femoral condyles. The right stifle appears normal.

Mild osteoarthritis is recognized in both tarsal joints. Metatarsal structures and paws appear regular.



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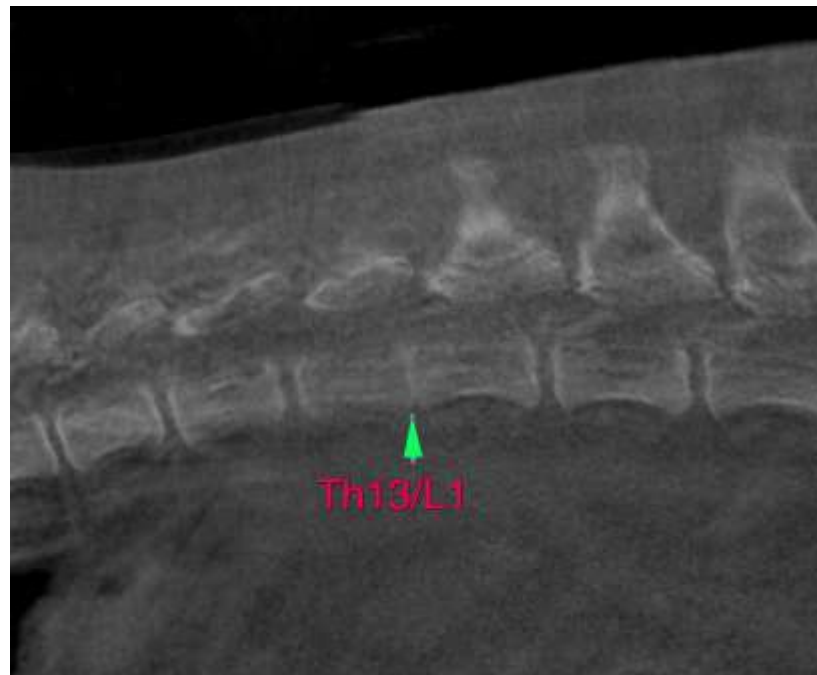
1-4-22

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe, bilateral coxarthrosis
- Moderate osteoarthritis left stifle
- Mild, medial and broad-based disc protrusion L7/S1 with dorsal elevation of the cauda fibers
- Collapsed intervertebral disc Th13/L1
- Mild and bilateral arthrosis tarsal joints

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT findings must be correlated with the clinical presentation. I assume the bilateral coxarthrosis matches most with the reported history. The protrusion L7/S1 at the lumbo-sacral transition may explain dynamic and temporal compression of the cauda fibers. Compelling signs of a relevant and permanent compression at Th13/L1 and L7/S1 are not detected. The moderate arthrosis of the left stifle is consistent with degenerative and chronic joint disease. Intraarticular lesions cannot be fully excluded.





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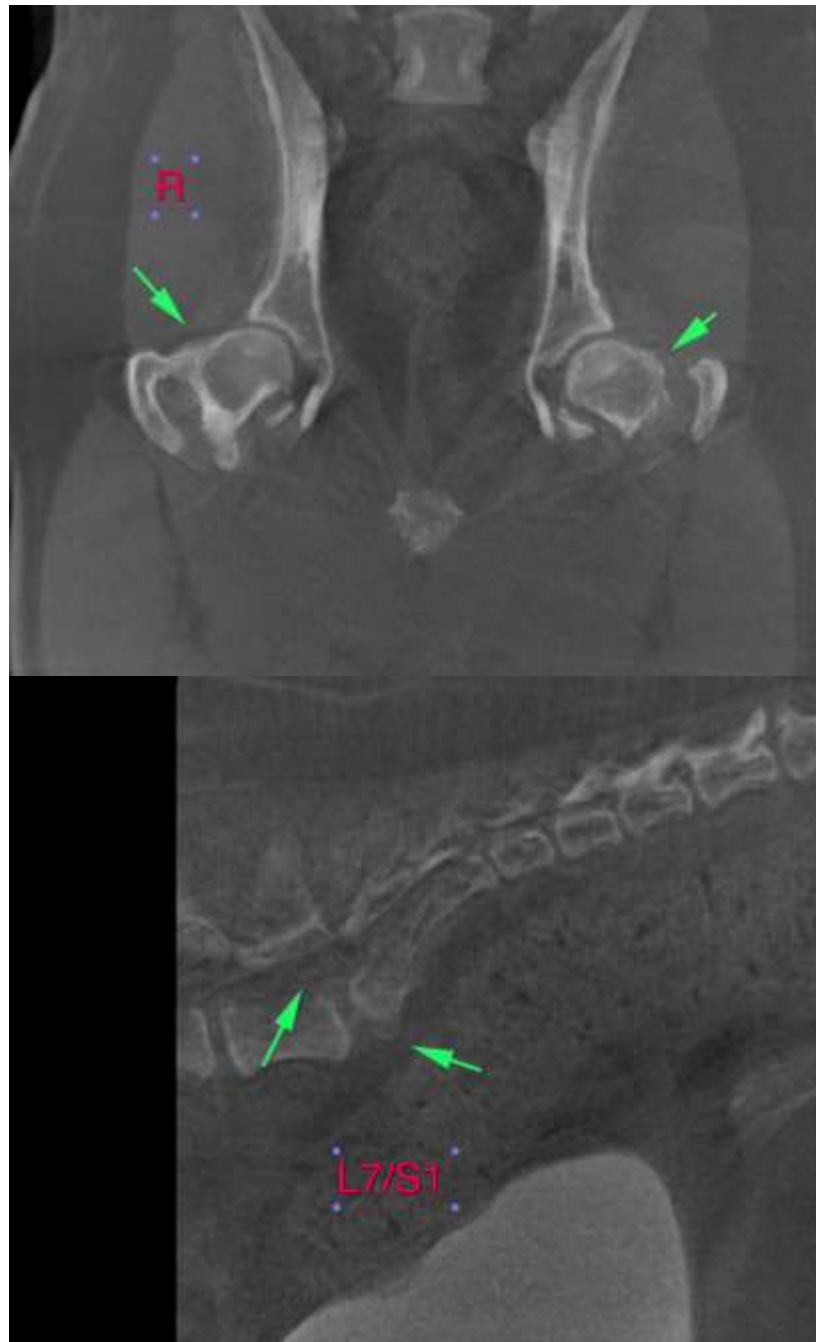
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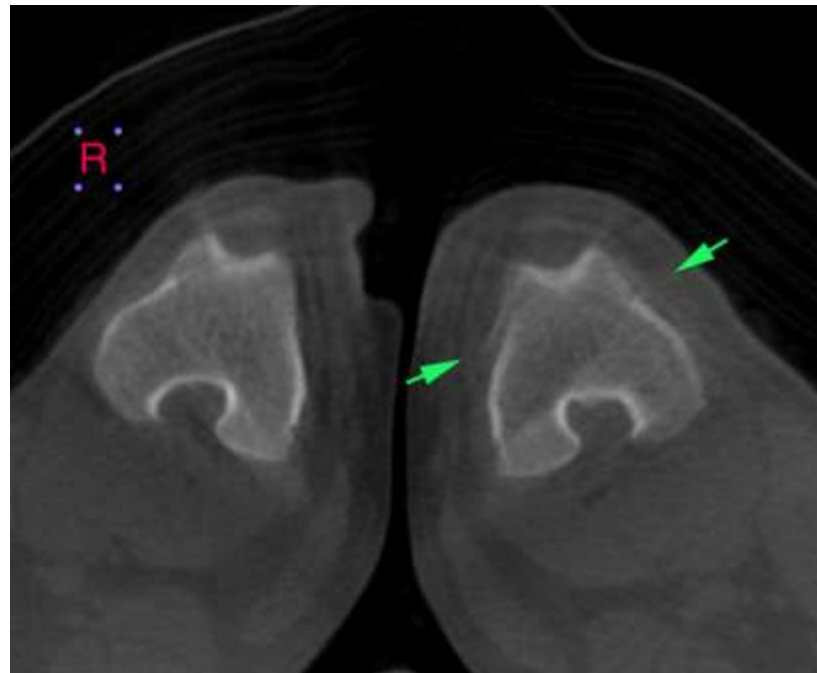
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Sebastian.Jawinski@sonopath.com