



PATIENT

Odin Spencer

SPECIES

Canine

BREED

Staffy X

SEX

Male

AGE

6 Years

WEIGHT

32

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Dr. Dalton Nguyen

HOSPITAL NAME

Colyton VH

REFERRING VET

Dr. Dalton Nguyen

INVOICE

35428

DATE

11/6/25

PRESENTING CLINICAL SIGNS

History: Patient has a history of seizures. CT to exclude intracranial disease.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK

The bony structures of the skull present marked hyperostosis, especially of the dorsal and occipital area, which leads to a subjectively narrowed cranial vault. 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.

The interhemispheric gap is in the midline with no evidence of a mass effect. As far as can be assessed, there are regular cortical gyri in the cerebral and cerebellar region with a mildly asymmetrical ventricular system. The brain stem and cerebellum are inconspicuous. The pituitary gland is within normal limits.

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.

Post contrast images show no pathological enhancement. The soft tissues of the head and neck are symmetrical and inconspicuous, especially the mandibular and medial retropharyngeal lymph nodes are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hyperostotic skull
- Normal CT findings of the head apart from that

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT findings show no signs of a neoplastic or an inflammatory process. Intra-axial lesions such as infarcts, small edema, degenerative disease/different types of encephalopathies or low-grade neoplasia are difficult to recognize in CT and therefore not ruled out completely.

The clinical relevance of the narrowed cranial vault due to the hyperostotic skull is questionable. There may be a higher predisposition for contusions due to the narrowed or limited space.



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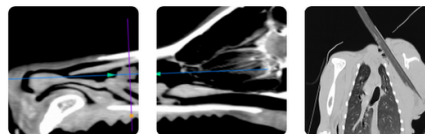
DATE

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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.



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info@sonopath.com

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