



PATIENT

Prudence Nickson

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

2.5 Years

WEIGHT

9.5 kg

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Laurel

HOSPITAL NAME

Southern Oregon VSC

REFERRING VET

Dr. Russ Fugazzi

INVOICE

35427

DATE

11/6/25

PRESENTING CLINICAL SIGNS

History: Rue presents for repeated episodes of neck pain w/o neurologic signs and repeated bouts of vomiting and lack of appetite. Has history of IBD and was hospitalized about a month ago due to reaction to Lepto vaccine. She has also become more aggressive over the past several months towards owners. Thus, the many different regions and dog-o-grams. p is currently on: Fluoxetine 10mg SID Zenrelia 6.4mg SID Gabapentin 100mg PRN Codeine 15mg PRN when back flares up Probiotic SID Preventatives monthly.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, SPINE, CHEST, ABDOMEN, & PELVIS

The head shows a severe but breed-expected brachycephalic formation with a significant shortening of the nasal cavities and an aplasia of the frontal sinuses and moderate hyperplasia of the soft palate. There is severe hyperostosis of the skull and bulla walls noted with a significant narrowing of the tympanic bullae and chronic narrowing with metaplastic calcifications of the external ear canals on both sides. The neurocranium appears inconspicuous as far as can be assessed. The soft tissues of the head and neck are inconspicuous.

The spine presents again breed-expected malformations with multiple hemivertebrae in the course of the thoracic spine, as well as mild to moderate degenerative findings of the intervertebral discs with calcifications of the nuclei at multiple locations. There is a mild and calcified disc protrusion noted at the level of C3-4 which touches the spinal cord ventrally without relevant compression. The lumbo-sacral transition again is severely deformed with severe degenerative findings of the intervertebral disc space L7-S1 and a disc protrusion leading to dorsal elevation of the cauda fibers.

The bony structures show regular bone density without signs of an aggressive or reactive lesion. There are mild and focal compressions of the thoracic dural space/spinal canal noted in the myelogram.

The chest shows normal findings. There are no relevant nodular, focal or diffuse pulmonary changes. The mediastinum is unremarkable. Free pleural fluid is not noted. The thoracic borders are intact, including the diaphragm.

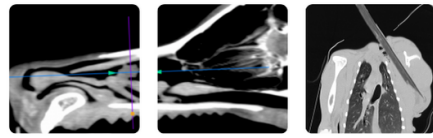
The abdomen shows severe enlargement of the spleen without signs of nodular changes. The intestinal loops appear subjectively thickened with marked enlargement of the mesenteric and portal lymph nodes. The liver and gallbladder are inconspicuous. All other abdominal organs appear unremarkable as far as can be assessed. Free peritoneal fluid is not recognized.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe and chronic otitis media et externa
- Mild calcified disc protrusion C3-4
- Severe degenerative findings lumbo-sacral transition with suspected compression of the cauda fibers
- Severe enlargement spleen
- Thickened intestinal loops and enlargement of the mesenteric and portal lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings must be correlated with the clinical presentation and symptoms. Head and spine present marked malformations due to breed, mixed with partially severe degenerative findings of the spine, especially of the lumbo-sacral transition. At the level of C3-4, a higher grade of compression is



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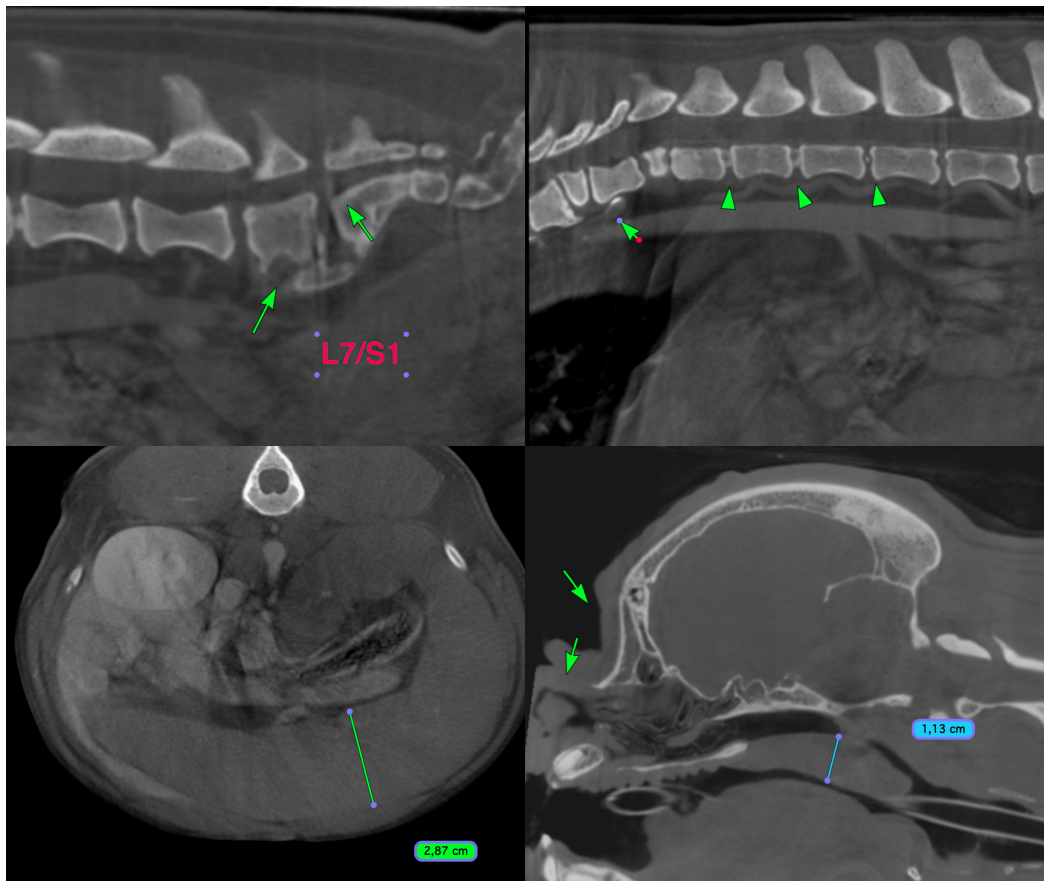
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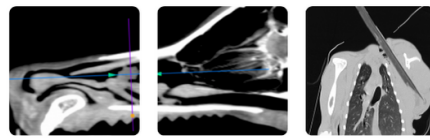
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possible under dynamic conditions. The lumbo-sacral transition again shows compression of the equine cauda, which could be more severe under dynamic conditions.

The changes of the tympanic bullae and the external ear canals are chronic and inflammatory processes as seen with chronic otitis media at externa.

The enlargement of the spleen is severe but unspecific and commonly noted with a congestive swelling due to anesthesia and unspecific inflammatory or immune-mediated processes. IBD would match with that. The subjectively thickened intestinal loops and the enlargement of the mesenteric and portal lymph nodes would reflect the reported history of IBD. I do not suspect neoplasia within the abdomen. Signs of an aggressive lesion at the level of the bony structures are missing.





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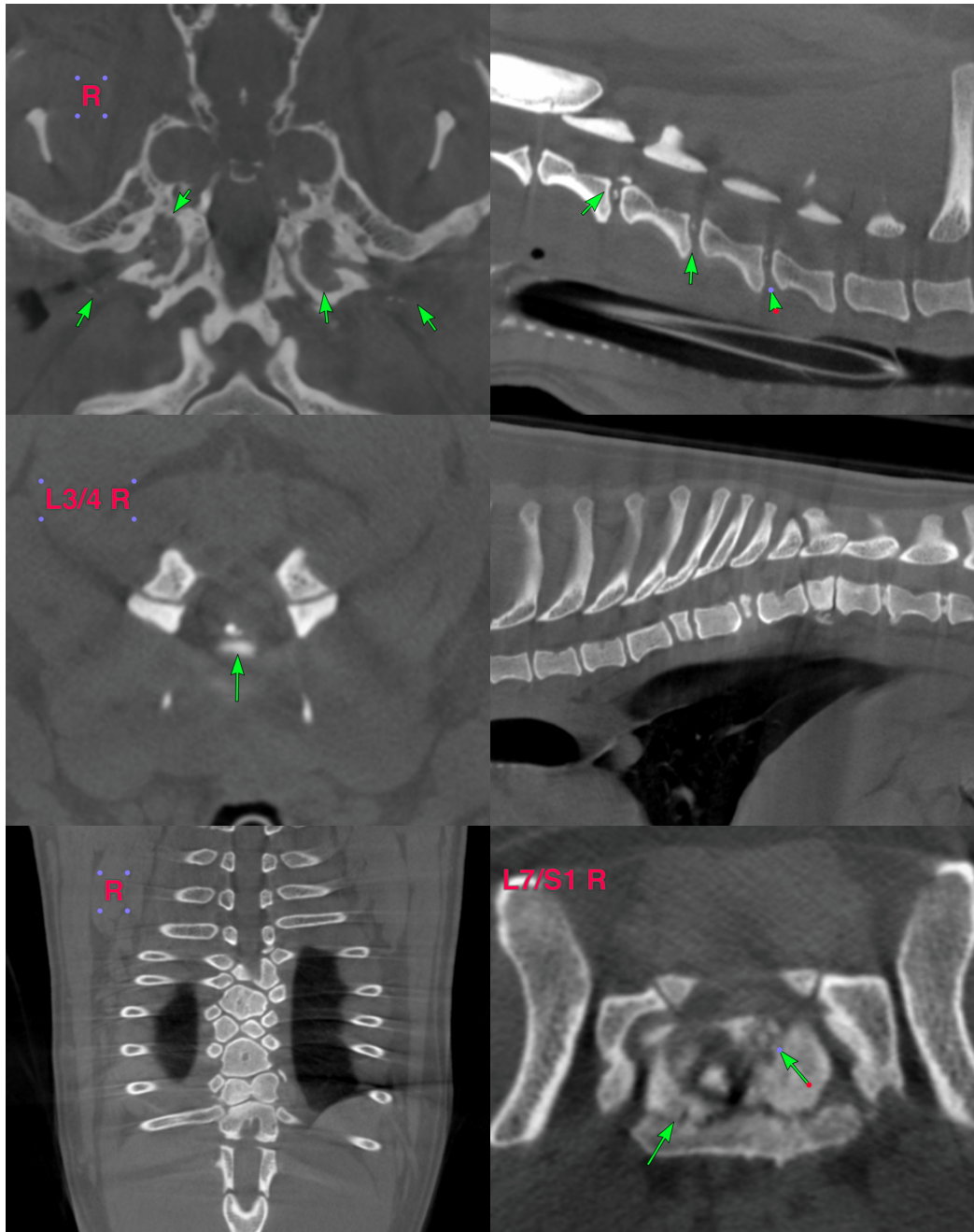
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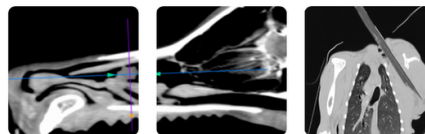
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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