



**PATIENT**

Dyson Stein

**SPECIES**

Canine

**BREED**

King Charles Cavalier

**SEX**

MN

**AGE**

12Y

**WEIGHT**

15lbs

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

**IMAGING  
PERFORMED BY**

Mobile Pet Imaging

**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

Armstrong

**INVOICE**

73089

**DATE**

12-22-25

**PRESENTING CLINICAL SIGNS**

seizures syringomyelia cardiac

**COMPUTED TOMOGRAPHY OF THE HEAD, THORAX, & ABDOMEN**

Pre/post contrast studies are provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**Head**

The bony structures of the skull are inconspicuous, presenting a hypoplastic tentorium. The neurocranium shows moderate and bilateral as well as symmetric ventriculomegaly. Signs of a mass effect and/or pathologic enhancement are not noted. The cerebellum is caudally displaced and mildly deformed.

The brainstem and spinal cord are inconspicuous as far as can be assessed. The nasal cavities and frontal sinuses are regularly ventilated as well as the nasopharyngeal meatus, the tympanic bullae and external ear canals. The soft tissues of the head and neck do not show particular findings.

**Thorax**

The spine shows a harmonic course with inconspicuous densities of the vertebra. The intervertebral discs present degeneration at multiple levels with mild to moderate protrusions, partially calcified, in the course of the lumbar spine. These are mildly compressive. See for example Th13-L1, L2-3, L4-5 and L5-6. Signs of an aggressive lesion are not noted. The paraspinal soft tissues present severe atrophy of the musculature with marked fat storage in the subcutaneous and interfascial as well as inter- and intramuscular regions.

The thoracic borders are intact, including the diaphragm. The pulmonary structures show marked bronchial thickening and peri-bronchial infiltrates in all lung parts on both sides. Nodular changes are not noted. Free pleural fluid is not present. The mediastinal organs, especially the mediastinal lymph nodes and the heart, are inconspicuous as far as can be assessed with CT.

**Abdomen**

Status after resection of the left liver with compensatory enlargement of the right parts of the liver. These appear rounded in shape but homogeneous in texture. At the level of the gallbladder, which appears empty, multiple clips and mineral-dense concretions are noted with a distended common bile duct. The adjacent fat tissue is inconspicuous.

There is unspecific splenomegaly noted. The other abdominal organs do not show particular findings. Free peritoneal fluid is not noted.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Suspected cerebellar herniation due to a deformed caudal cranial vault



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- Degenerative findings lumbar spine with multiple disc protrusions
- Severe muscle atrophy lumbar spine
- Status after resection of the left liver with compensatory enlargement of the residual right parts
- Signs of a cholelithiasis with distension common bile duct
- Signs of an active and chronic bronchitis/broncho-pneumonia

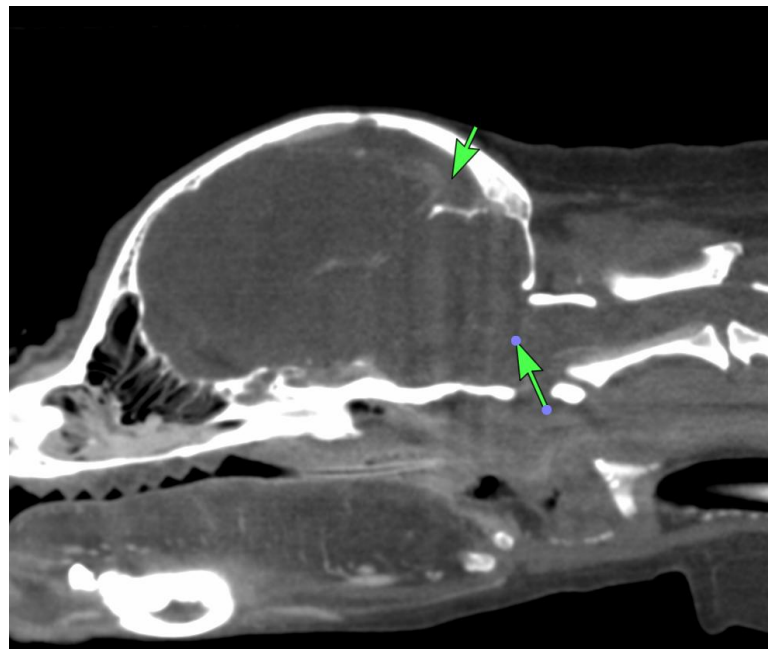
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings of the head are suspicious for a Chiari-like malformation and cerebellar herniation. Intraaxial lesions such as mild edema and hemorrhage as well as degenerative or metabolic changes cannot be detected with CT and are still potential differentials. Intramedullary changes such as syrinx in the course of the cervical spine again are still possible and not fully excluded. These findings are somewhat breed expected.

The changes of the pulmonary structures must be correlated with the clinical presentation. From a CT perspective, an active and more chronic inflammatory process is noted at the level of the bronchi.

The left liver is not displayed. The right part is enlarged (patient's history?). The concrements within the bile ducts may cause chronic cholangitis.

The multiple disc protrusions in the course of the lumbar spine may cause a higher grade of compression under dynamic conditions. These are overall chronic findings and not a compelling indication for surgery.





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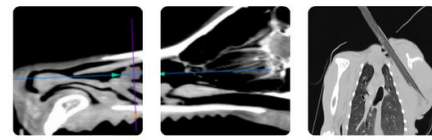
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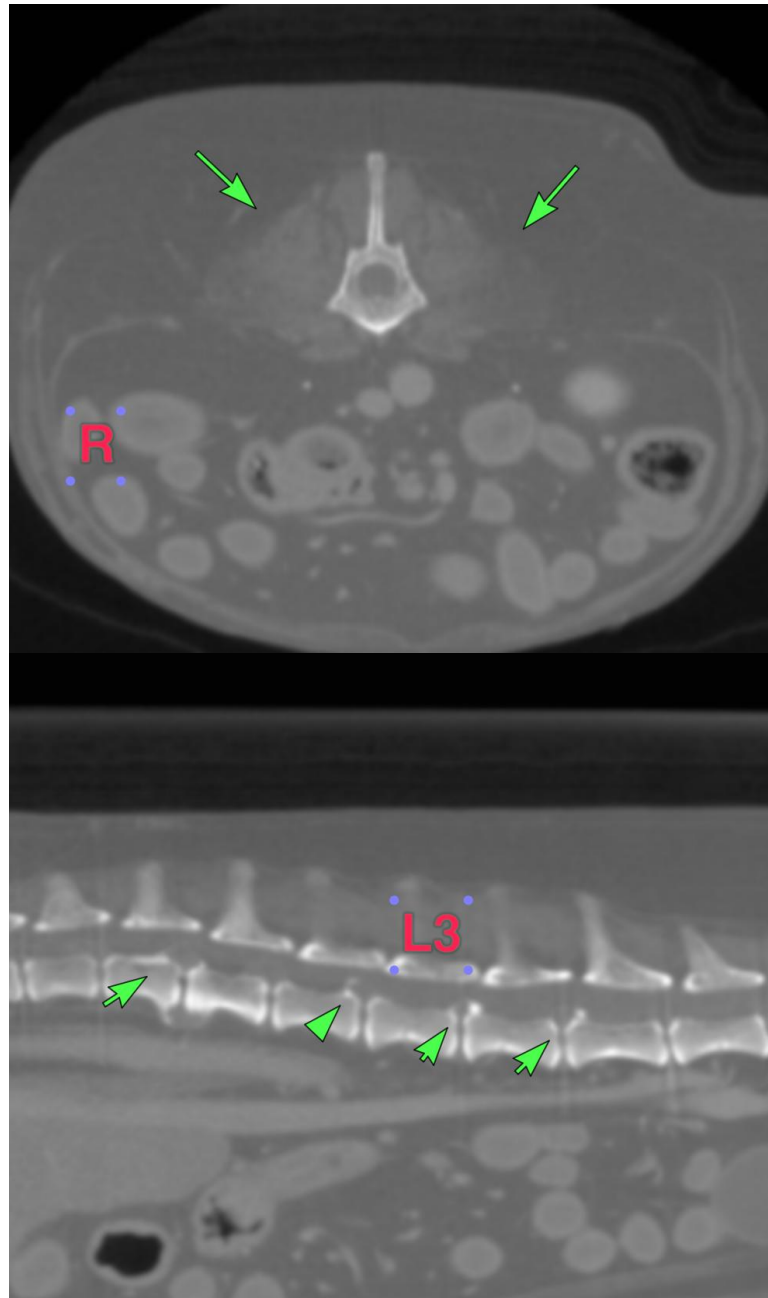
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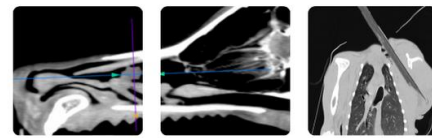
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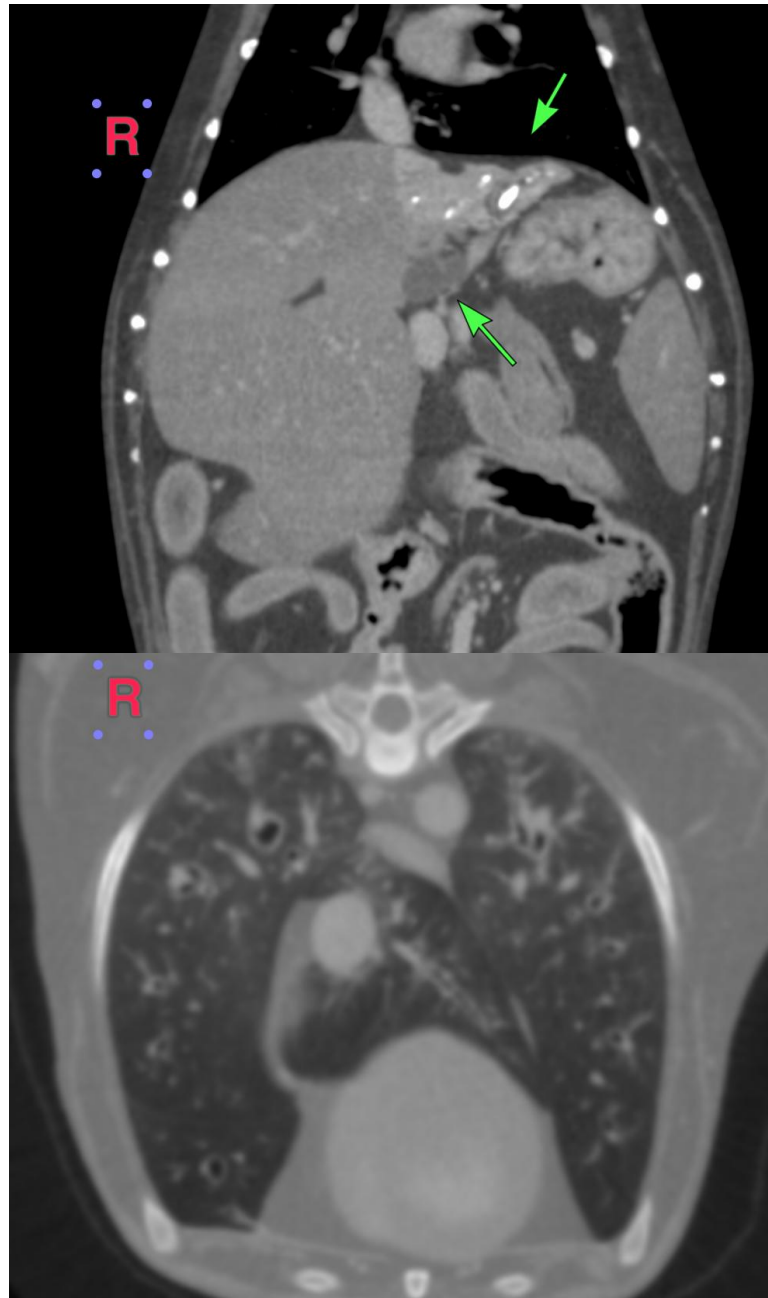
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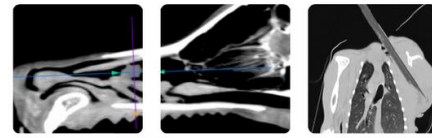
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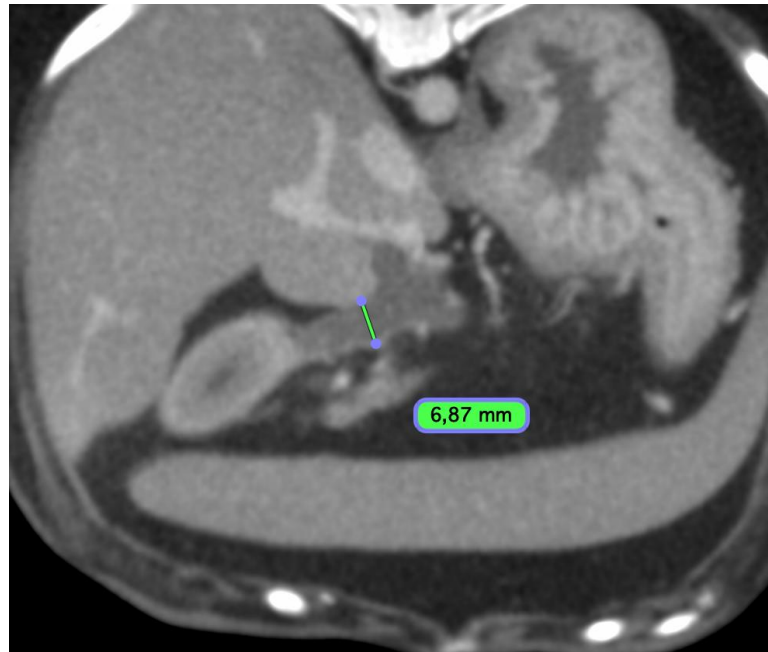
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)