



## PATIENT

Cushy Moon

## SPECIES

Canine

## BREED

Greyhound

## SEX

Male

## AGE

13W

## WEIGHT

9.7kg

## INTERPRETED BY

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

## IMAGING PERFORMED BY

J Allan

## HOSPITAL NAME

Adelaide Plains  
Veterinary Surgery

## REFERRING VET

Dr J Katakasi

## INVOICE

73587

## DATE

2-2-26

## PRESENTING CLINICAL SIGNS

History:

- 27/1/26
- Hind limb ataxia has worsened, when originally presented was noticeable in L hind however today R hind is worse with straight legged gait. Muscles feel contracted. Not painful with palpation across the spine but definitely looks more like a neurological case.
- High suspicion for Neospora (toxoplasma)
- Recommended Neospora test
- Was treated with trisoprim last time seen and still has had progression of signs. Which does not necessarily support the Neospora/toxo diagnosis but looks most likely on clinical presentation.
- 3/2/26
- Welfare association has requested CT.
- Neospora test results still unavailable
- CT Pelvis

## COMPUTED TOMOGRAPHY OF THE PELVIS

Plain study provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

The display bony structures present age-appropriate findings with open epiphyseal lines. The presented spine shows a harmonic course with inconspicuous vertebral bodies. The bone density is within normal limits. The lumbosacral transition is inconspicuous. There is no evidence of an aggressive lesion, fracture or subluxation. The intervertebral discs spaces are of even diameter and inconspicuous. As far as can be assessed, a compressive lesion is not recognized. The paravertebral soft tissues are bilaterally symmetrical, especially the course of the femoral and sciatic nerves is inconspicuous. Unilateral atrophy of the paraspinal and/or pelvic musculature is not noted.

The bony structures of the pelvis present a fissure line that runs obliquely from dorsal to ventral and includes the left acetabulum. A relevant dislocation is not noted. This is asymmetric to the right side, which presents a similar line but less obvious.

The right coxofemoral joint shows a luxation of the femoral head with a closed/narrow proximal femoral epiphysis. Correspondent to that there is marked joint effusion noted on the right side.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Luxation right coxofemoral joint
- Suspected premature closure right proximal femoral epiphysis
- Suspected fissure line left acetabulum



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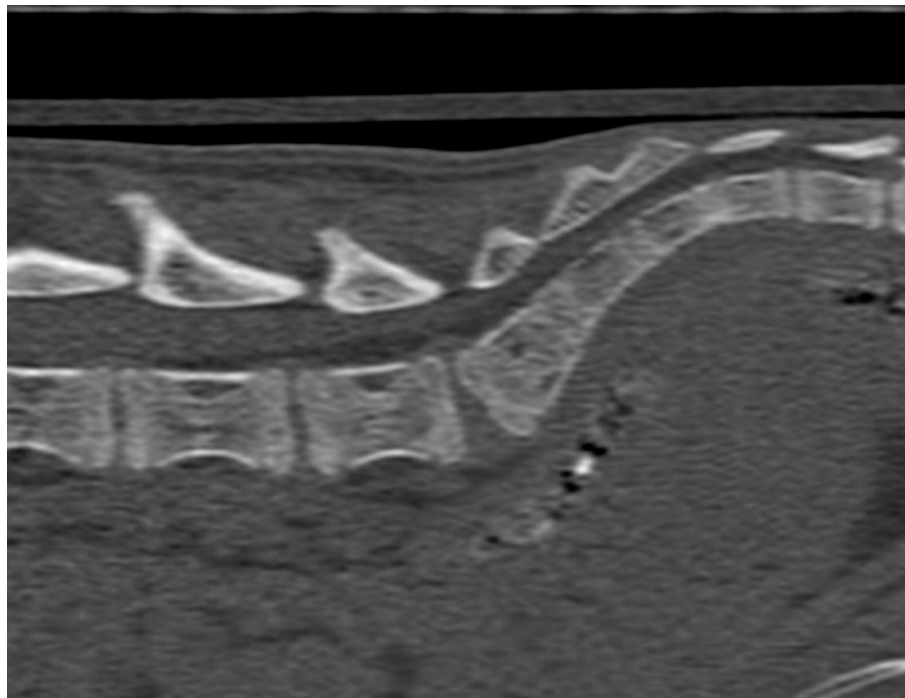
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings do explain the reported patient's history on the right and even on the left side. The right coxofemoral joint shows a luxation of the femoral head, which itself presents a "closed" proximal epiphysis. This may be due to a traumatic event and/or a dysplastic joint. A relevant fracture and/or dislocation of fracture ends is not noted. The effusion in the right coxofemoral joint underlines the assumption of a clinically relevant finding with a suspected dynamic luxation.

The prominent fissure line crossing the left acetabulum is another finding that may have clinical relevance. Again, there is no marked dislocation noted.





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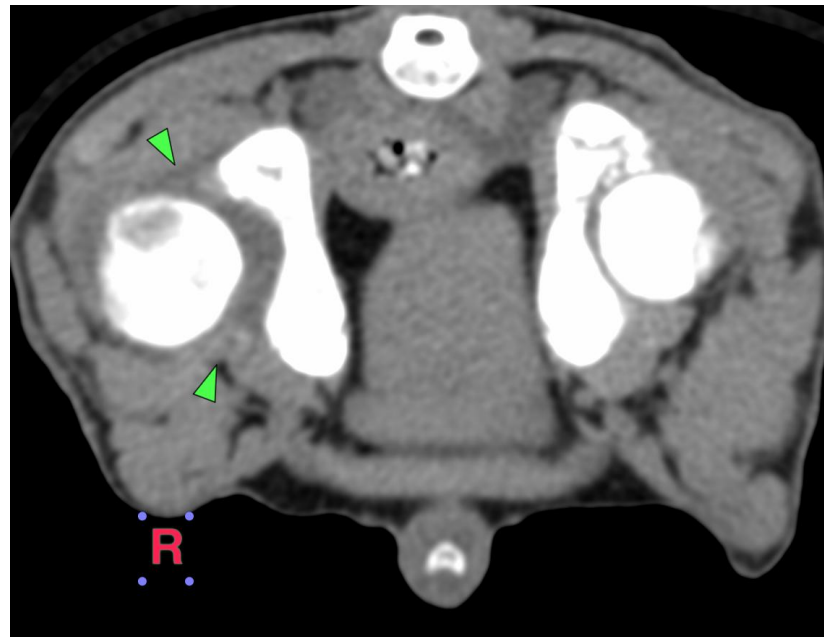
Dr J Katakasi

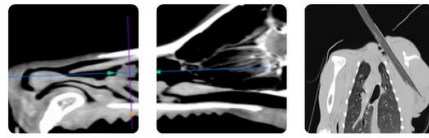
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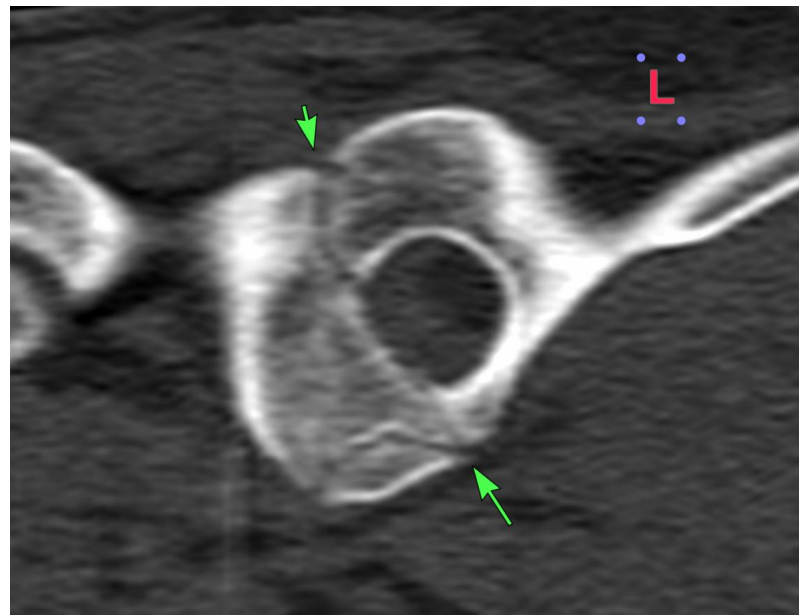
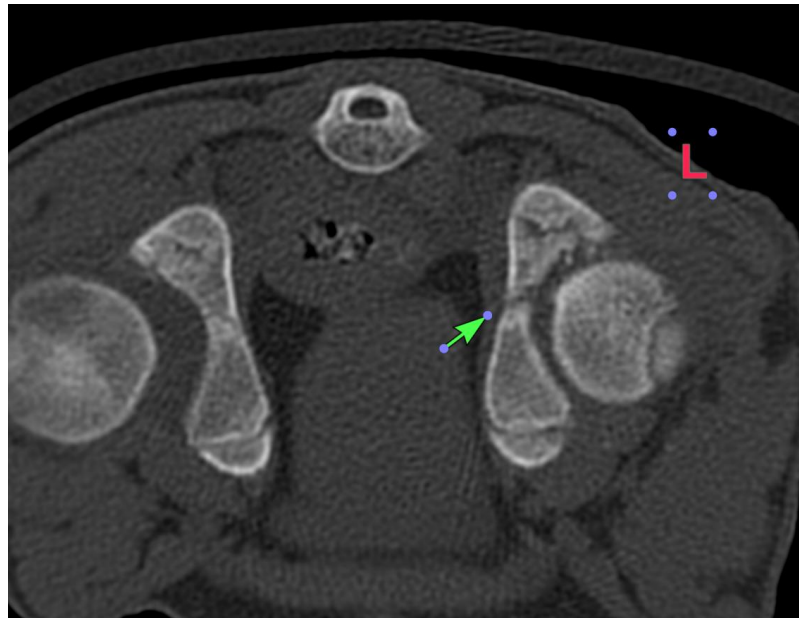
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)