



## PATIENT

Eric Dolman

## SPECIES

Canine

## BREED

French Bulldog

## SEX

M

## AGE

7

## WEIGHT

8.5

## INTERPRETED BY

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

## IMAGING PERFORMED BY

Lydia Crammond

## HOSPITAL NAME

Animal Trust - Bolton

## REFERRING VET

Lydia Crammond

## INVOICE

74253

## DATE

3-18-26

## PRESENTING CLINICAL SIGNS

- 2.5 month hx of syncopal vs neurological collapsing episodes - past week no other episodes been noted.
- General diagnostic with radiographs and US showed a suspected mass in the GB and degenerative spinal pathology in the lumbar/sacral vertebrae.
- Noted reduced drinking and suspected increased PU at home. Otherwise bright, good appetite, no V/D.
- 2 regions for analysis Spine and abdomen - only able to select one on form. Abdomen to investigate suspect GB mass and spine to investigate spinal pathology.

## COMPUTED TOMOGRAPHY OF THE ABDOMEN & LUMBAR SPINE

Pre/post contrast studies are provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

Lumbar Spine:

The spine presents breed-expected, chondrodysplastic changes with multiple hemivertebrae in the course of the thoracic spine and fused vertebral bodies in the thoracolumbar transition. The spinal canal shows a mild kyphosis in the thoracolumbar course. The lumbar spine impresses with multiple partially moderate disc protrusions with mild compressions of the spinal cord, see for example Th13-L1, L2-3, L4-5. The disc L7-S1 then reveals a severe and calcified protrusion that leads to a dorsal elevation of the cauda fibers with involvement of the foramina more on the left than on the right side. In addition to that, there is a subchondral defect of the caudal endplate of L7 with marked degenerative changes of the lumbosacral transition.

Signs of an aggressive lesion are not noted. The paraspinal soft tissues are inconspicuous.

Abdomen:

The small intestinal loops present a subjectively thickened wall.

The mesenteric lymph nodes are inconspicuous.

In the ventral parts of the gallbladder in transition to the common bile duct, wall-associated and irregular, soft tissue thickening is recognized with mild enhancement after contrast application. Signs of a cholestasis are not noted. The direct periphery and liver parts are unremarkable.

Free peritoneal fluid is not noted.

The other abdominal organs appear normal.



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## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple disc protrusions with mild compression of the spinal cord lumbar spine
- Chondrodysplastic and degenerative changes spine
- Severe protrusion L7/S1 with Osteochondrosis dissecans caudal endplate L7 and equine cauda compression
- Subjectively thickened intestinal walls
- Hyperplastic changes gallbladder with suspected early grade of mucocele

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spine shows multiple partially moderate degenerative findings that sum up with the prominent chondro-dysplastic changes leading to a deviation of the long spinal axis with kyphosis in the thoracolumbar course. The multiple protrusions present each mild compression of the spinal cord. The changes of L7-S1 must be highlighted, presenting an osteochondrosis dissecans and a significant disc protrusion that leads to an equine cauda compression.

With that, a final assessment from a CT perspective is difficult since the grade of compression in CT is not compelling the most clinically relevant finding. A clear indication for surgery is not given.

The changes of the gallbladder likely represent hyperplastic changes of the gallbladder wall that are consistent with chronic inflammation more than a neoplastic lesion. The letter cannot be fully excluded. Differentials could include chronic cholecystitis, early grade of mucocele and adenoma/adenocarcinoma of the common bile duct/gallbladder. Currently, there are no signs of peripheral inflammation and/or cholestasis. I would recommend regular sonographic checkups.



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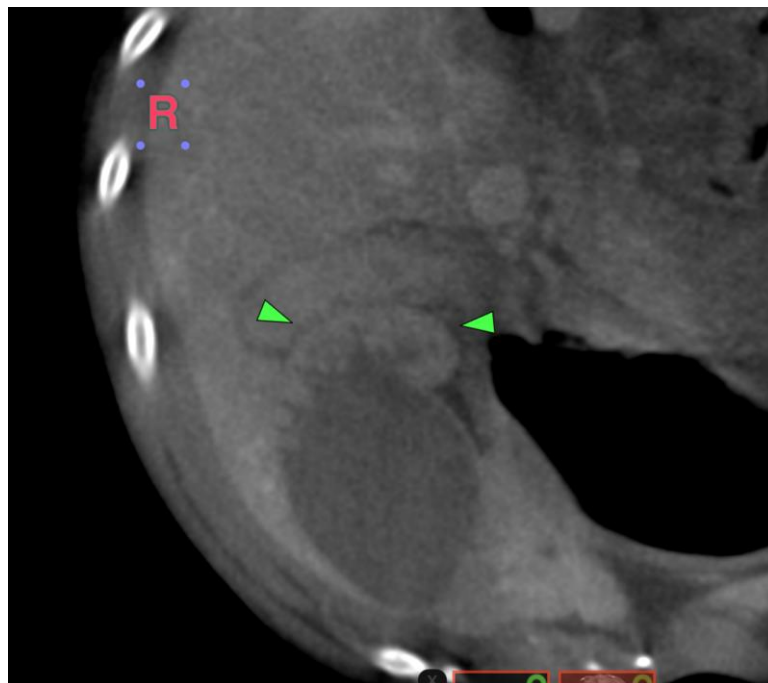
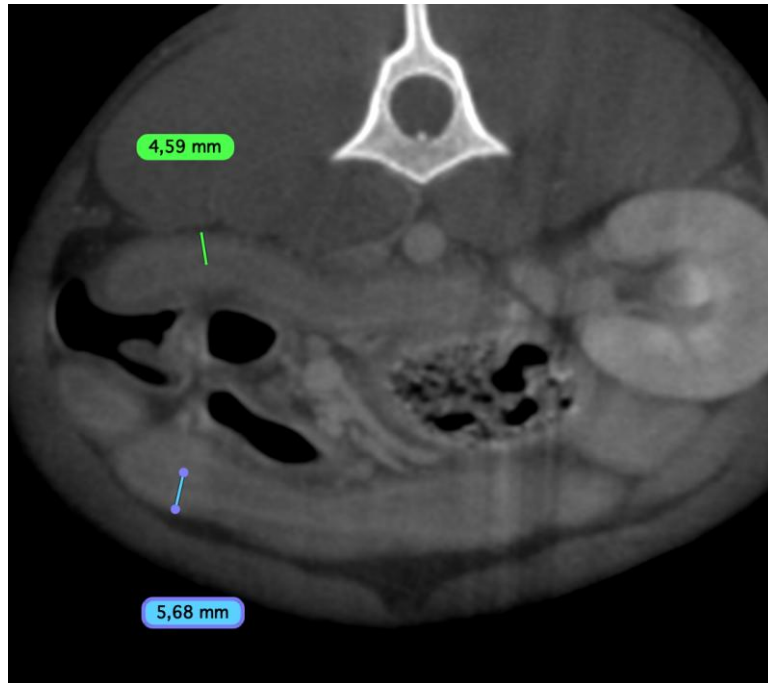
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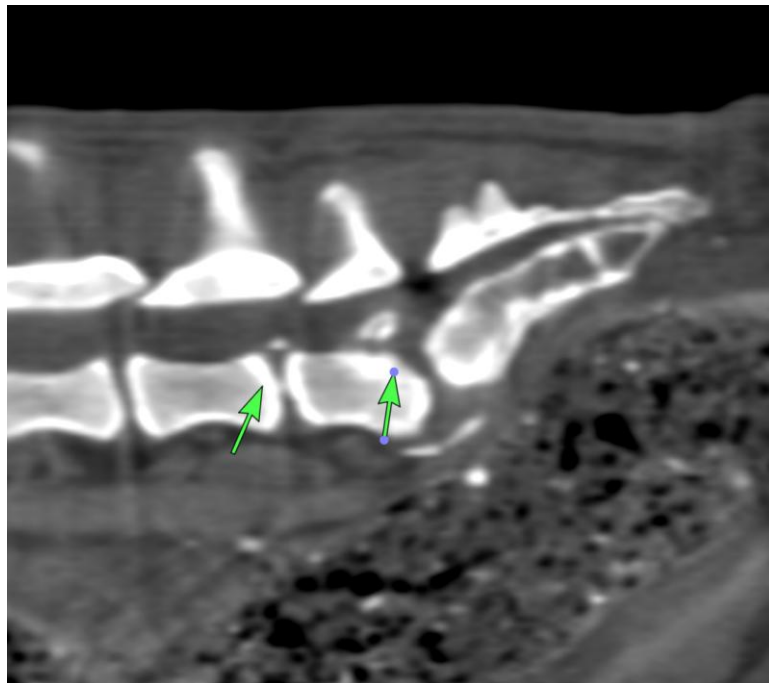
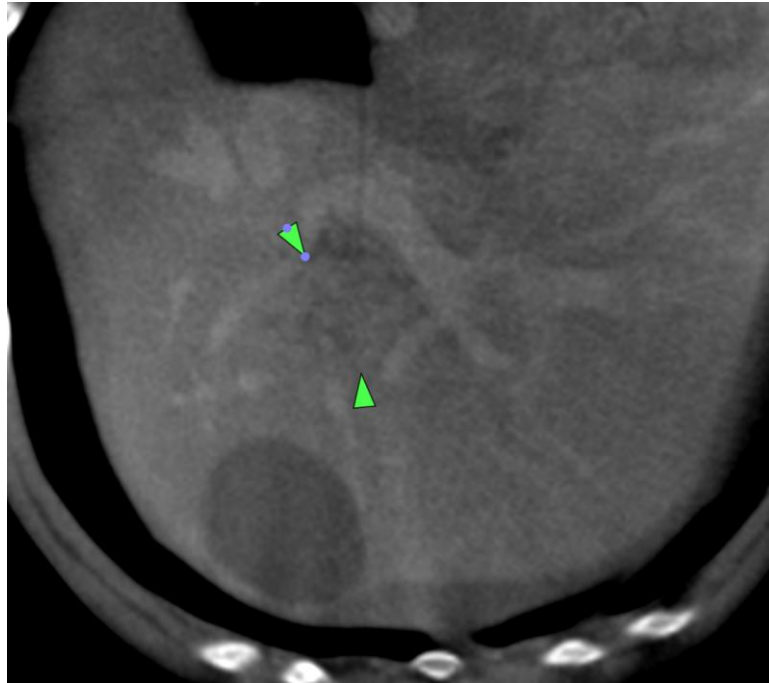
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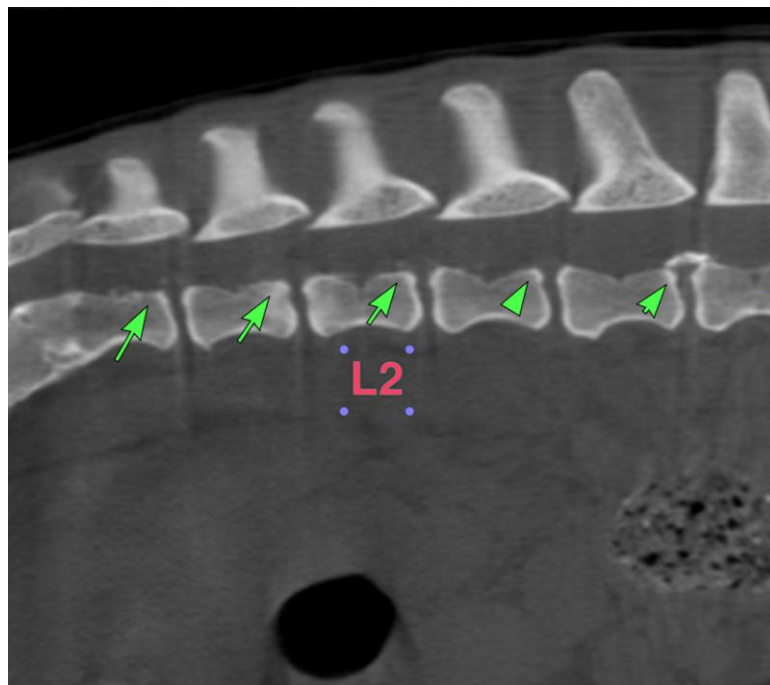
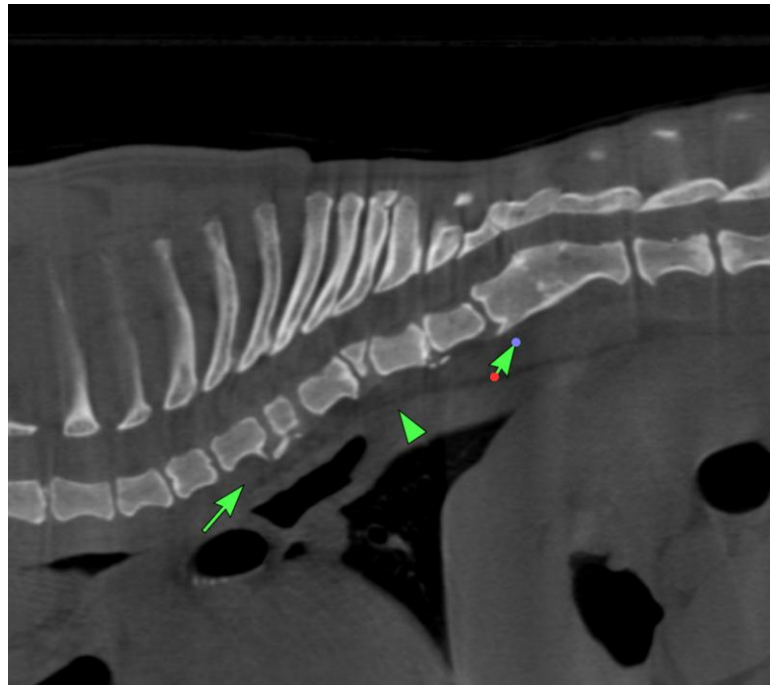
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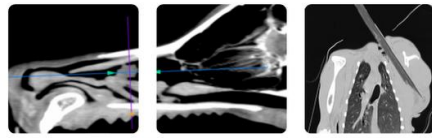
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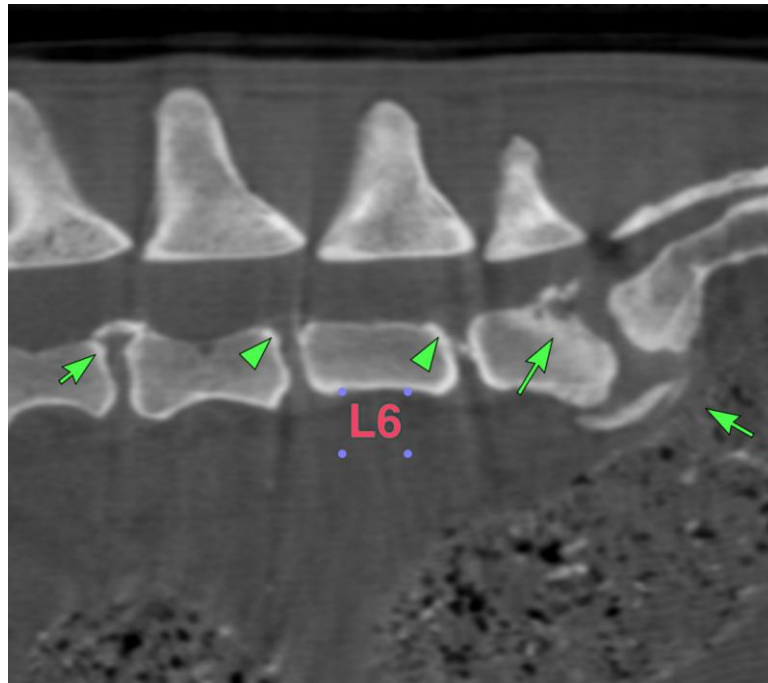
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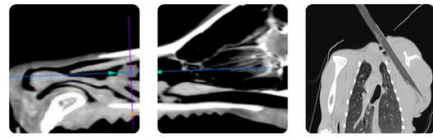
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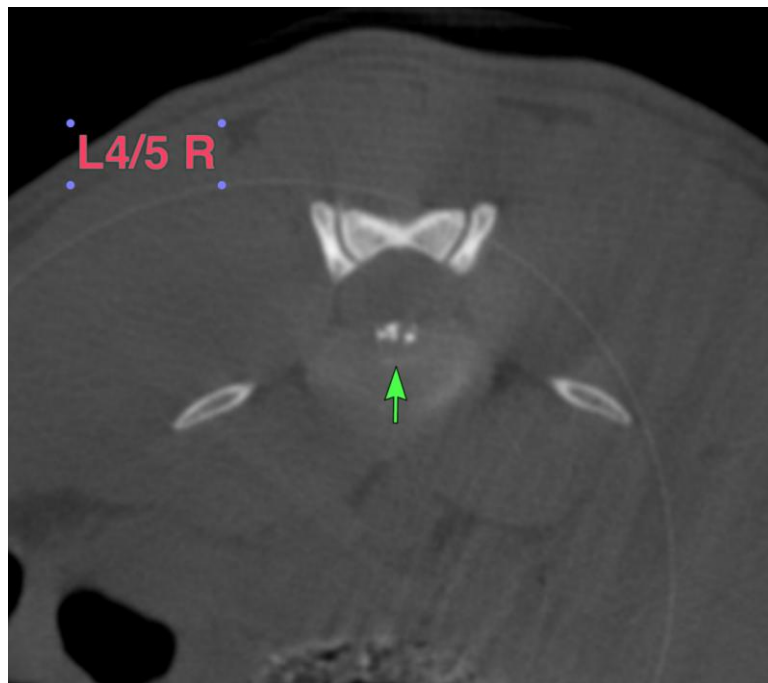
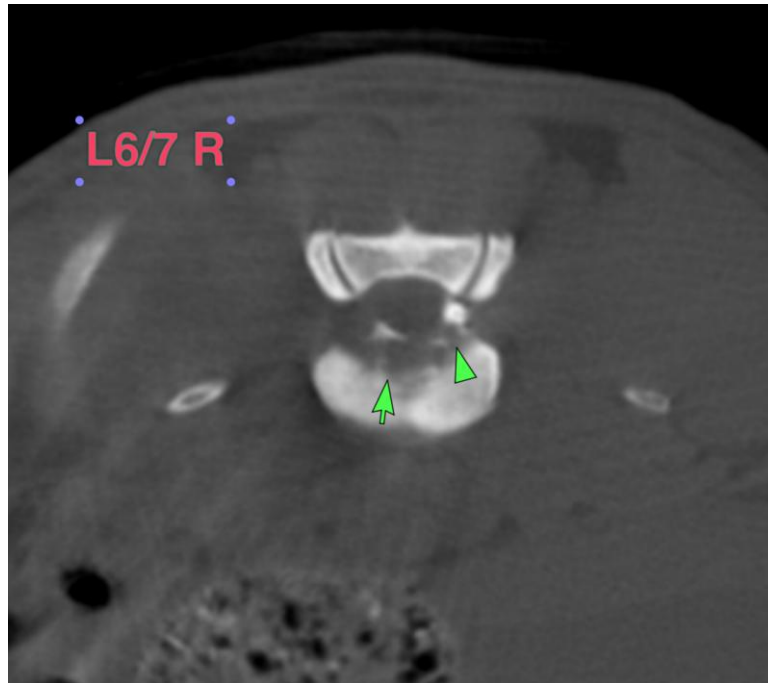
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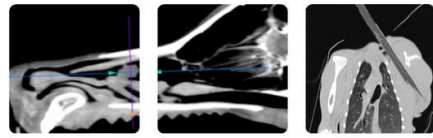
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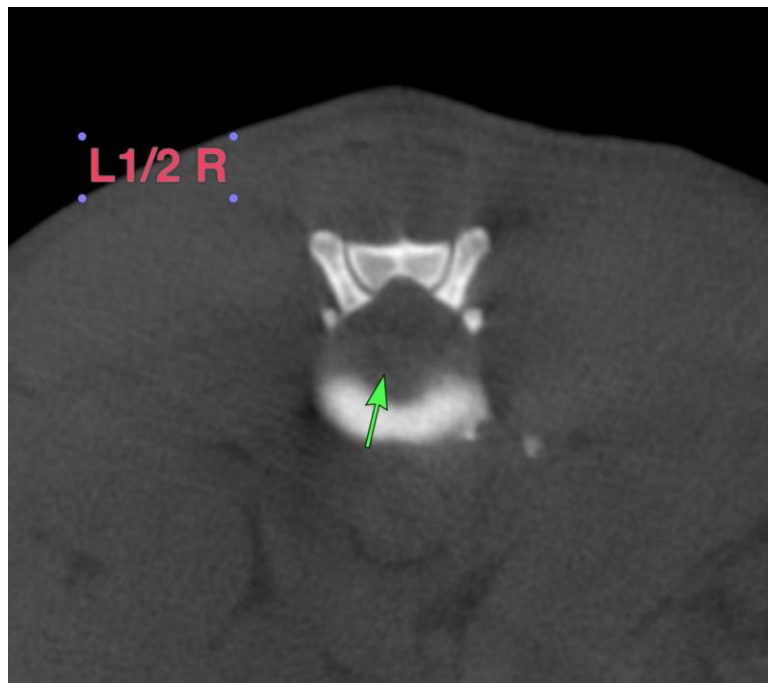
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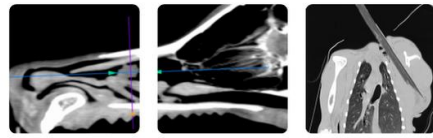
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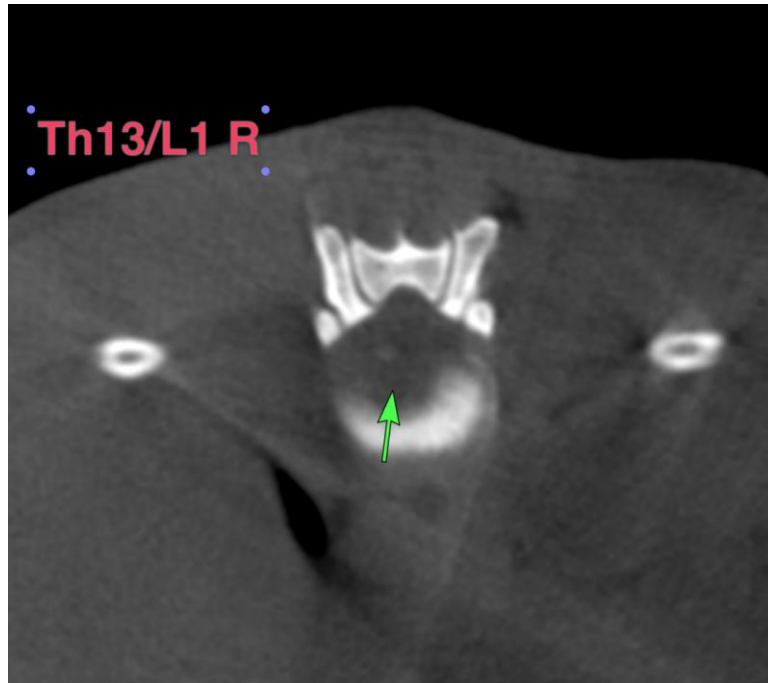
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)