



PATIENT

Dolly Muse

SPECIES

Canine

BREED

Chihuahua

SEX

Male

AGE

2 Years

WEIGHT

5 kg

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

dg

HOSPITAL NAME

ASC Oceanside

REFERRING VET

Dr. Infernuso

INVOICE

36635

DATE

4/17/26

PRESENTING CLINICAL SIGNS

History: spinal pain & crying acute hx, stenosis C6-7

COMPUTED TOMOGRAPHIC STUDY OF THE SPINE

The cervical spine shows asymmetric intervertebral disc spaces at the level of C4-5 and C5-6, each forming a mild dorsoventral gap, but without influence on the spinal cord.

The intervertebral disc space C6-7 is completely collapsed, presenting severe sclerosis of the end plates and mild periosteal reactions of the vertebral bodies on both sides. There is mild protrusion recognized with ventral contact to the spinal cord and subtle dorsal elevation at the level of C6-7.

The thoracic and lumbar spine present a moderate disc protrusion of the disc L7-S1 with dorsal elevation of the equine cauda. The fibers are still recognizable without signs of a complete compression. A small sclerotic area is noted within the vertebral body L6 as an incidental finding. Signs of an aggressive lesion are not noted.

The displayed head presents a breed expected brachycephalic formation with an aplasia of the frontal sinuses and of the tentorium cerebelli. The head-spine transition is inconspicuous. The paraspinal soft tissues are inconspicuous, especially at the level of C6/7. Unilateral atrophy of the musculature is not noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Signs of a chronic and active disco-spondylitis C6-7 with assumed subtle spinal cord compression
- Asymmetric intervertebral disc spaces C4-5, C5-6
- Moderate protrusion L7-S1

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sclerotic changes, the collapsed intervertebral disc space, and the periosteal changes at the level of C6-7 would underline the assumption of a chronic and active disco-spondylitis. Calcified material is not noted. There is mildly protruding material recognized that has ventral contact to the spinal cord. Subtle compression at this level is indicated (r/o systemic inflammation/infection). This is the most obvious finding of the cervical spine which would explain the reported patient's history and symptoms. Decompression via ventral slot surgery could be discussed.

The dorso-ventral gap at the level of C4-6 could be an indirect sign for cervical instability. A higher grade of compression is possible under dynamic conditions causing symptoms of cervical spondylomyelopathy.

The changes of L7-S1, again, could cause a higher grade of equine cauda compression under dynamic conditions.

This finding must be correlated with the clinical presentation.



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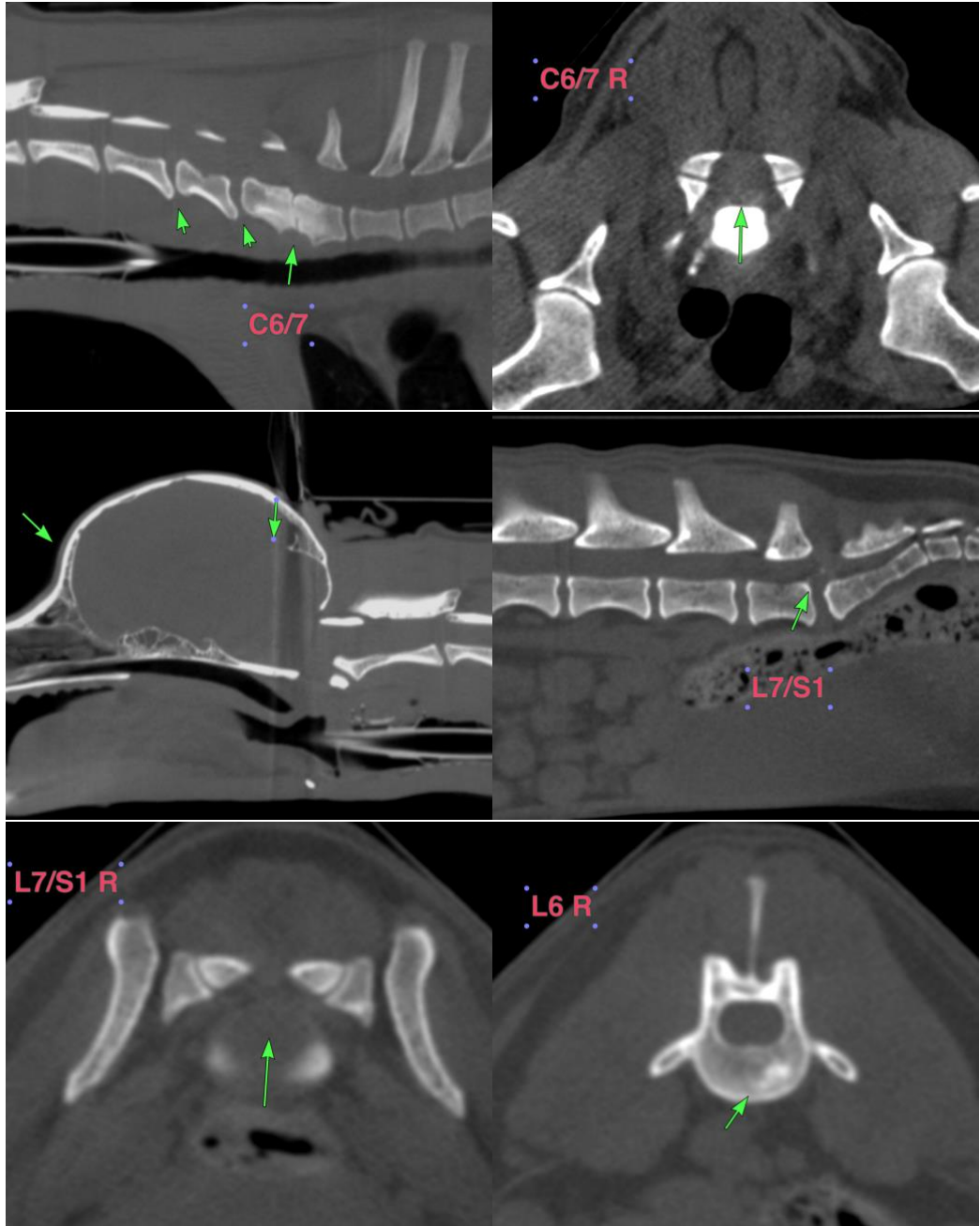
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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