



## PATIENT

Toby Fietz

## SPECIES

Canine

## BREED

Mixed Fox Terrier

## SEX

Neutered Male

## AGE

12

## WEIGHT

5.9

## INTERPRETED BY

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

## IMAGING PERFORMED BY

Eamon

## HOSPITAL NAME

Belconnen VC

## REFERRING VET

Dr. Eamon

## INVOICE

36780

## DATE

4/23/26

## PRESENTING CLINICAL SIGNS

History: Right hind Leg worse, knuckling on this leg, pulling leg cranially when standing. Patella and sciatic reflexes intact both hind legs. Forelimbs normal. Mentation appropriated. Anal tone intact. Panniculus cut off slightly more cranially right side.

Abnormal PE/Chem/CBC/UA Results: crp/t4/cbc/biochem pending

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & SPINE

The neurocranium shows normal findings with a mildly asymmetric ventricular system. Signs of a mass effect or pathologic enhancement are not noted. The bony structures of the skull and the skull foramina of the cranial nerves are laterally symmetrical and inconspicuous. Both tympanic bullae are completely ventilated with a regular tympanic bulla wall.

The soft tissues of the head and neck are symmetrical and inconspicuous, especially the mandibular and medial retropharyngeal lymph nodes are unremarkable.

The displayed parts of the chest and abdomen do not show particular findings.

The spine impresses with severe kyphosis at the level of Th6 to 8 with its maximum over Th7. The latter is severely deformed and protrudes into the spinal canal with a subtotal stenosis of the spinal canal and severe compression of the spinal cord.

The thoracolumbar transition, lumbar spine, and the lumbosacral transition are inconspicuous presenting a harmonic course with regular density of the vertebral bodies. Another compressive lesion is not recognized. The paraspinal soft tissues are inconspicuous.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe kyphosis Th6 - 8 with severe spinal cord compression at level of Th7
- Mild asymmetry ventricular system

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings at the level of Th6 to 8 could explain the reported patient's history being aware of a chronic and degenerative finding that is due to malformation or deformation of the Th7. However, this could lead to a chronic instability in this area and cause dynamic and progressive compression of the spinal cord.

This is not compellingly an indication for surgery. Another compressive lesion is not noted. This does not exclude HNPE- or FCE- lesions that are easy to miss with CT. Signs of an aggressive or invasive neoplastic process are not noted.

The mild asymmetry of the ventricular system is a normal variant without clinical relevance.



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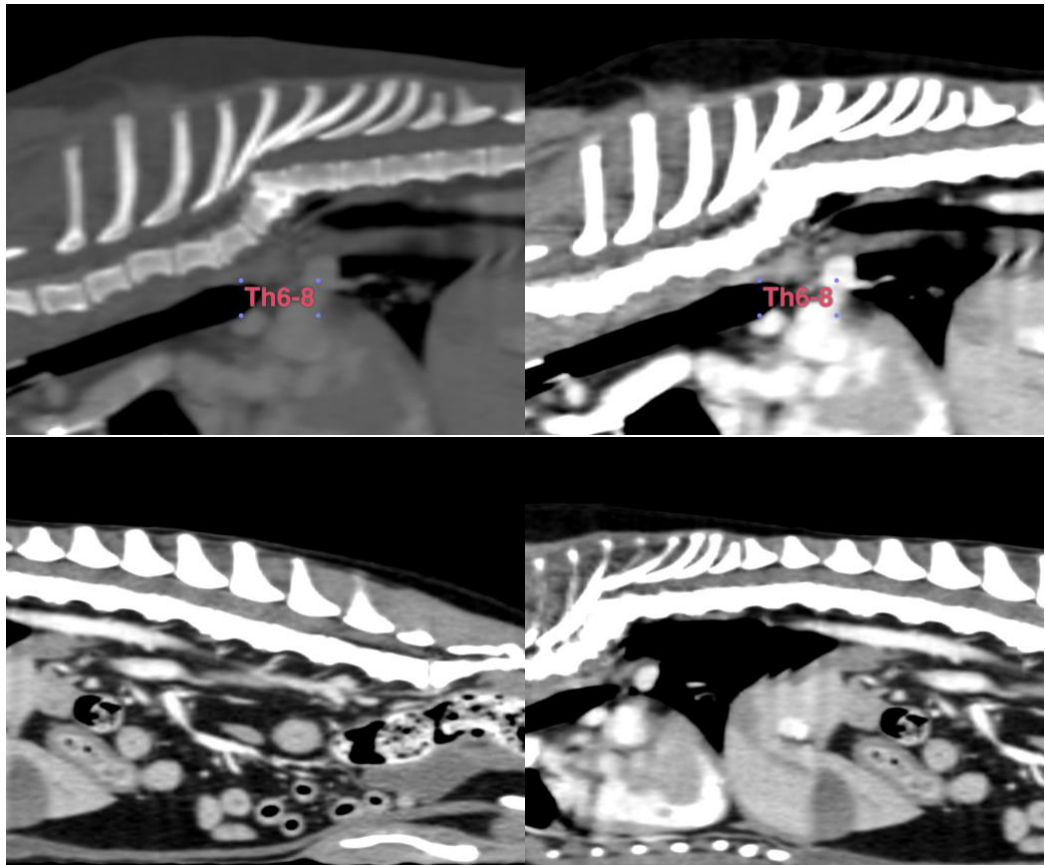
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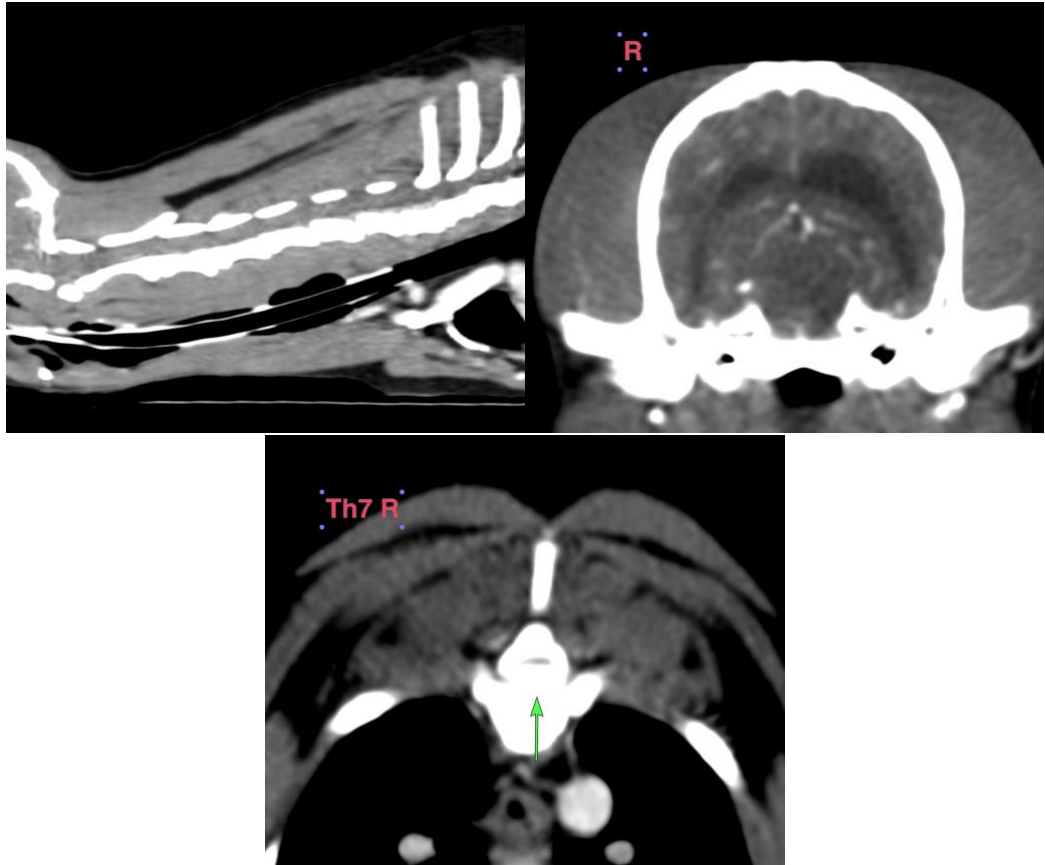
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)