



PATIENT PRESENTING CLINICAL SIGNS

Jack Weeks Back end pain, bit limpy Holds up LH at times and sometimes yelping when getting up No known trauma, no GIT upset Sore through mid lumbar, sore and yelping over sacrum and left SI area RH OK ?pelvic issue, ?spinal

SPECIES COMPUTED TOMOGRAPHY OF THE LUMBAR SPINE

Canine Caudal thoracic and lumbar spine/lumbo-sacral transition/pelvis, CT-epidurogram

COMPUTED TOMOGRAPHIC FINDINGS

Greyhound Presented bony structures of the spine are unremarkable with an inconspicuous, harmonic thoracolumbar transition. Vertebral bodies are of regular density without signs of a lytic or sclerotic process. There is no evidence of a fracture and/or sub-/luxation.

SEX At the level of Th12/13 mild calcification of the nucleus is noted without compelling signs of a spinal cord compression.

Male

AGE

4 Years

The intervertebral disc of L7/S1 shows a calcified nucleus and a moderate, broad-based and calcified disc herniation which is located medially and pronounced left-laterally with dorsal elevation of the cauda fibers. The protrusion includes the left foramen/paraspinal region with residual foraminal fat tissue.

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

The paravertebral soft tissues are bilaterally symmetrical, especially the course of the femoral and sciatic nerves is inconspicuous. There are no signs of a unilateral muscle atrophy.

Both coxofemoral joints present very mild degenerative changes but are inconspicuous apart from that.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Calcified disc Th12/13 without signs of a spinal cord compression
- Left pronounced disc herniation L7/S1 with dorsal elevation of the cauda fibers and inclusion of the left foramen

HOSPITAL NAME

Adelaide Plains
Veterinary Surgery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr J Katakasi

The CT findings at the level of L7/S1 can explain the described clinical presentation since the herniated, calcified material is left lateralized and could lead to a temporary compression under dynamic circumstances. There is no compelling indication for a decompressive surgery from a CT perspective. If pain management is not successful and/or there are additional neurologic deficits dorsal laminectomy may be an option.

INVOICE

57606

DATE

4-4-23



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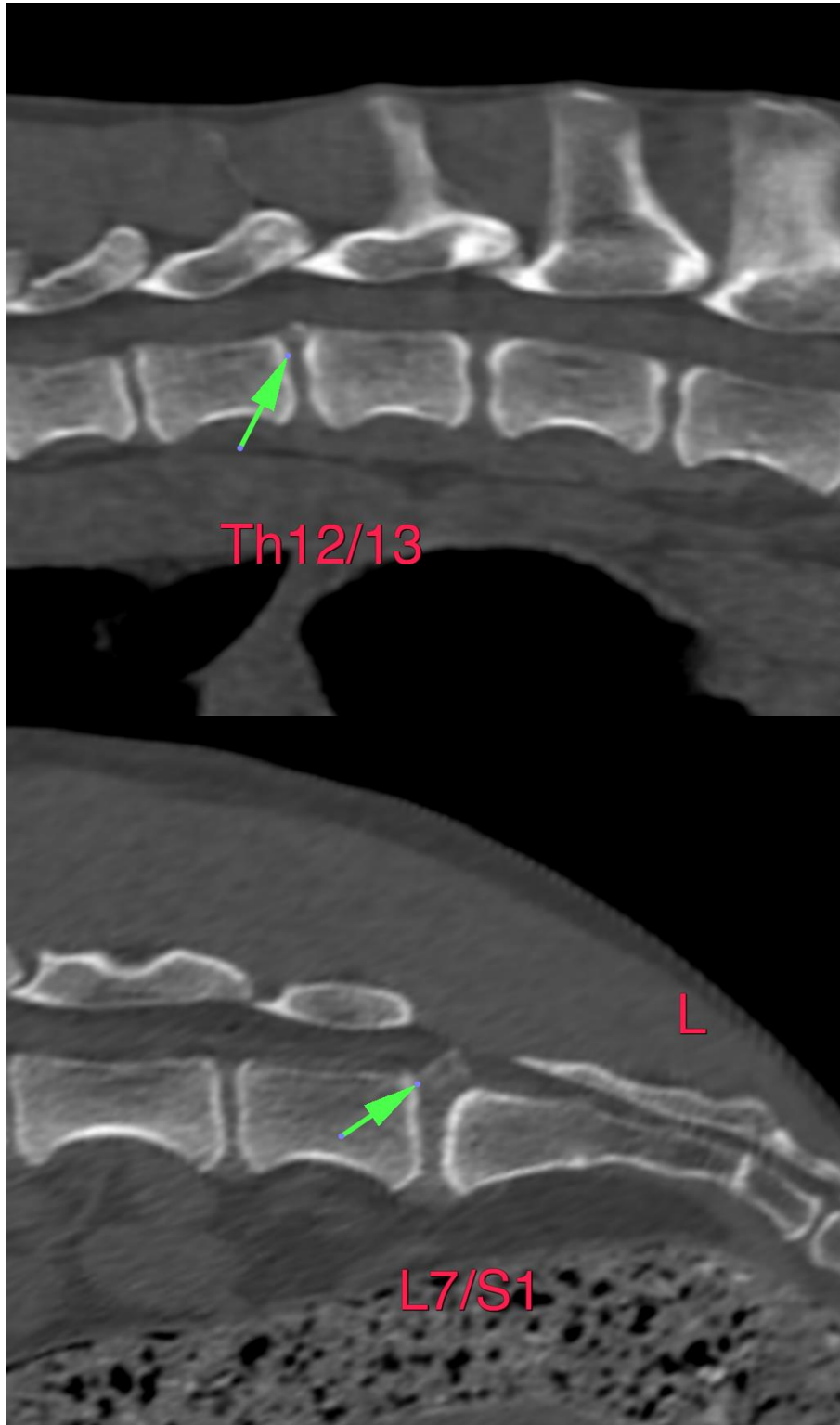
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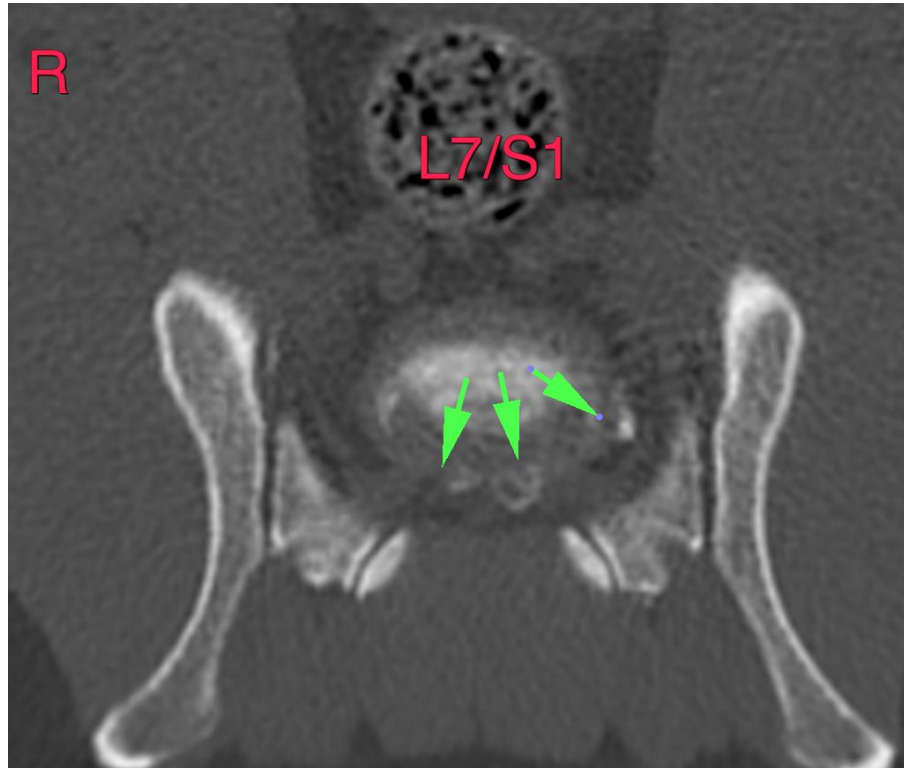
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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