



PATIENT

Ghost Cox

SPECIES

Canine

BREED

French Bulldog

SEX

Male

AGE

5 Years 10 Months

WEIGHT

14 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVCI

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust Bolton

REFERRING VET

Dr. Ana Valega

INVOICE

36217

DATE

3/13/26

PRESENTING CLINICAL SIGNS

- 2w hx of intermittent collapse and abnormal neurological episodes, most commonly occurring after exercise. Initial episode involved sudden collapse, rigidity, protruding tongue, abnormal breathing, and subsequent recovery. Similar event on 25/02. Between episodes has generally appeared normal, eating and drinking normally.
- Owner reports recurrent abnormal episodes characterised by stiff gait, hunched cervical posture, and collapse. Video footage shows Ghost walking, then lying down and developing partial tonic stiffness (particularly in the cervical region and shoulders) with reduced mentation but maintained consciousness. He remains responsive, eyes open, and tongue pink, with mild facial twitching and lip licking. Episodes last approximately 5 minutes, during which he repeatedly attempts to rise before standing again. One previous event involved complete loss of consciousness with urination, suggestive of a seizure.
- A conscious abdominal and thoracic ultrasound (TFAST + abdominal scan) revealed no abnormalities to explain the episodes. Incidental findings included cranially positioned abdominal organs and an enlarged prostate (~5 cm) with small cystic areas.
- On 04/03, Ghost experienced another episode with marked stiffness, stress, panting, and a hunched posture (arched back, head down). None since.
- DDx:
 - Intervertebral disc disease (IVDD), particularly cervical
 - Meningitis / SRMA
 - Seizure activity (focal or atypical)
 - Less likely cardiogenic syncope

Abnormal PE/Chem/CBC/UA Results: On clinical examinations between episodes, neurological exam has largely been unremarkable: Mentation normal between episodes PLR, menace, cranial nerve function normal Postural reactions intact in all limbs No consistent spinal pain on palpation or cervical manipulation Mild intermittent scuffing reported but not consistently observed Cardiovascular exam notable only for a very mild grade I left apical systolic murmur on one exam. Bloodwork was unremarkable

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL AND CERVICAL & THORACIC SPINE

A high resolution pre- and post-contrast CT study of the skull and cervical & thoracic spine is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.



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Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Spine

Level with the intervertebral disc spaces C3/C4, mineral attenuating material is protruding into the vertebral canal, occupying approximately 10% of the cross-sectional area of the vertebral canal at the same level.

The intervertebral discs along the cervical spine present variable degree of central mineralization.

At the ventral aspect of the transverse process of C7, a rudimentary rib is visible.

T4 to T9 present variable degree of congenital malformation.

Level with the intervertebral disc spaces T13/L1 to L2/L3, mild hyperattenuating material is protruding into the vertebral canal, occupying approximately ≤10% of the cross-sectional area of the vertebral canal at the same level.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc protrusion C3/C4 with possible dynamic myelocompression
- Intervertebral disc herniation T13/L1 to L2/L3 without compressive myelopathy
- Congenital malformation multiple thoracic vertebra
- Chondroid disc degeneration multifocal along the cervical spine
- Multiple absent teeth
- Normal brain

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no specific abnormalities that do explain the described clinical signs. If not yet done so the workup should be complemented by examination of CSF and complete bloodwork to screen for brain disease that is not necessarily associated with structural changes of the brain parenchyma and rule out hepatoencephalopathy and other systemic illness. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.

The clinical relevance of the appreciated disc herniation is questionable.



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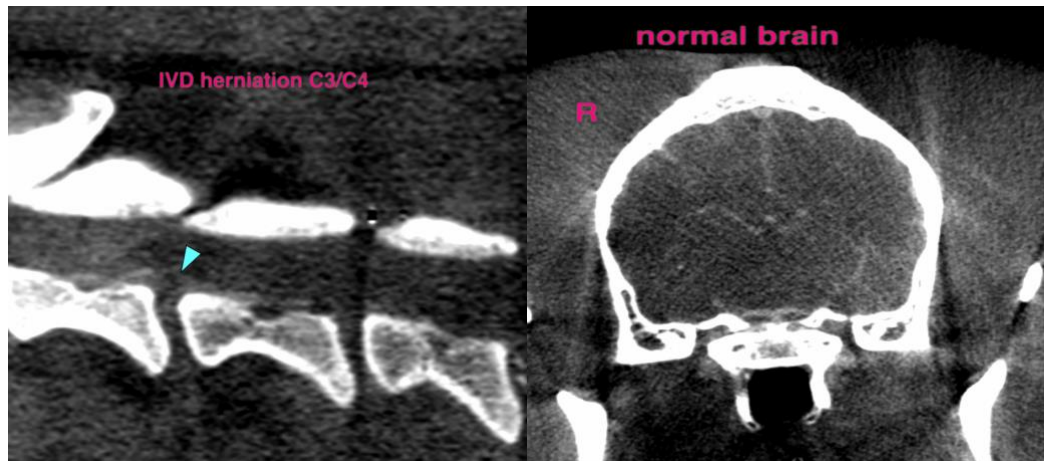
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com