



PATIENT

Angelita Gonsalves

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

14

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health
Partners

REFERRING VET

Dr. Greg Kilburn

PRESENTING CLINICAL SIGNS

Presenting complaint: seizures, circling When was the problem first noticed? How have the symptoms changed? 4:30 am owner heard scratching/digging Was on the floor, hypersalivation, seemed out of it For 5-10 minutes walking in circles, bumping into things After 10-15 minutes she settled down and slept for a few hours Ate a small amount of breakfast (not unusual for her) 6:00 pm ate normal meal, seemed normal 9:00 pm owner heard her scratching, on her side, mouth frothing, kicking Episode lasted less than a minute Afterwards circling to the left and vocalizing Vital parameters WNL General physical examination: heart murmur 1/6 severe periodontitis Neurological examination: Mentation: Bright, alert and responsive. Cranial nerve exam: Severely decreased to absent menace response OD. Decreased right nasal cortical response. No other deficits noted. Gait/posture: Ambulatory with mild spastic tetraparesis Postural reactions: Proprioceptive positioning are normal in all 4 limbs. Hopping are delayed in the right pelvic limb and normal in all other 3 limbs. Spinal reflexes: Normal. Sensory/nociception: No hyperesthesia elicited with palpation along the vertebral column.

MAGNETIC RESONANCE IMAGING STUDY OF THE BRAIN

T2, T2-star, diffusion weighted with ADC map, FLAIR, and T1-plain and post contrast sequences available for review.

MAGNETIC RESONANCE IMAGING FINDINGS

The patient has a brachycephalic head conformation.

Bilateral lateral ventriculomegaly is noted as well as third ventriculomegaly. There is a small supracollicular fluid accumulation.

Relative craniocervical stenosis with dorsal dense angulation, crowding in the caudal fossa, steep conformation of the supraoccipital bone, and generalized caudal shift of the neuroparenchyma is noted. Moderate upper cervical syringomyelia is seen.

There is a mild dorsal angulation of the odontoid peg and mild C2/3 intervertebral disc protrusion.

An ovoid 15.0 x 20.0 x 9.0 mm sized extraaxial mass is seen lateral of the left temporal lobe. The mass presents heterogenous with T2 and T2-star signal void as well as foci of restricted diffusion of the water molecules in the ADC map accentuating the periphery of the lesion. Strong uniform contrast enhancement with long dural tails is seen on the post-contrast studies. There is mild hyperostosis of the neighboring temporal bone.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Extraaxial neoplasia with mass effect onto the left temporal lobe and evidence of chronic intralésional hemorrhage as well as meningeal thickening.
- Brachycephaly with moderate ventriculomegaly.
- Supracollicular fluid accumulation, relative craniocervical stenosis, and secondary syringomyelia - unrelated to the reason of clinical presentation.

INVOICE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the presence of an extraaxial neoplasia with mass effect onto the left cerebral hemisphere. Owing to the MRI presentation, meningioma with intralesional hemorrhage is by far the most likely differential diagnosis. However, meningeal infiltration with round cells remains a potential differential diagnosis. The mass is in a position accessible for surgical resection. It has to be noted though that even though meningiomas are typically benign, the recurrence rate is higher in dogs when compared with cats after surgical resection.

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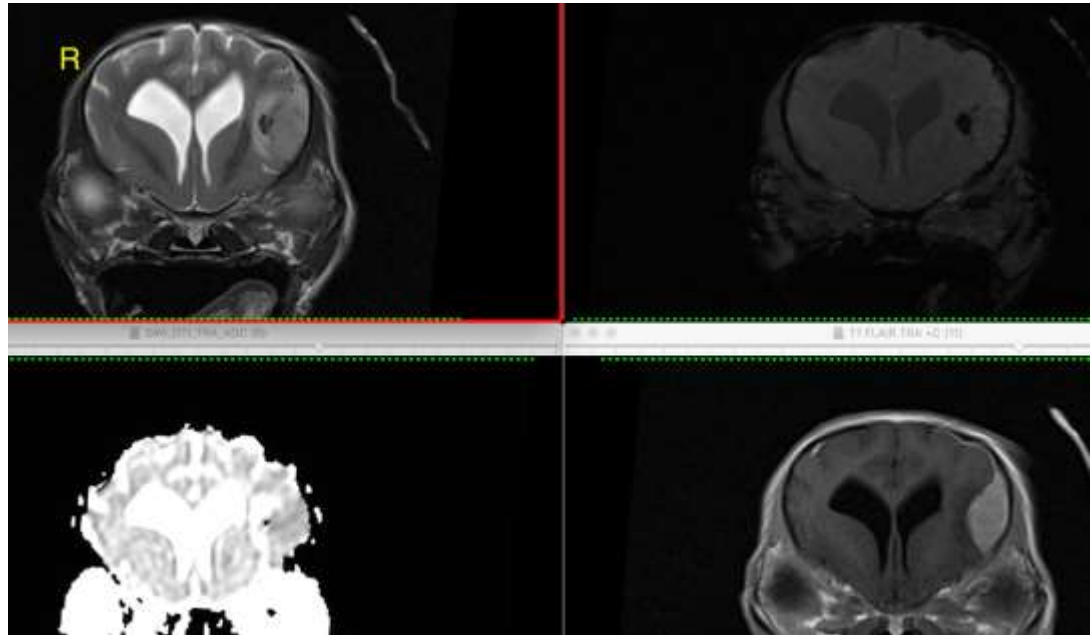
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Greg Kilburn

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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