



**PATIENT**

Slim Bates

**PRESENTING CLINICAL SIGNS**

Presented for being non-ambulatory after fall and suspected traumatic injury. : Root signature in left thoracic limb and pelvic limbs held forward in plantigrade stance with spastic tone. Unable to elicit voluntary steps in pelvic limbs (behavioral vs neurological). Localized C6-T2 vs left brachial plexus. Previous hx: autoimmune vasculitis diagnosed 6 years ago - managed with prednisone

**SPECIES**

Canine

**MAGNETIC RESONANCE IMAGING STUDY OF THE CERVICAL SPINE & BRACHIAL PLEXUS**

**BREED**

Chihuahua X

T2, T2- fat saturated, and T1-plain and post contrast images with and without fat saturation available for review.

**SEX**

MN

**MAGNETIC RESONANCE IMAGING FINDINGS**

An ill-defined approximately 3.0 x 2.0 cm sized mass effect with heterogeneous signal on T2 weighted images is seen in the cranial and ventral mediastinum. The mass effect can be traced dorsally to the left of the midline into the paravertebral area level with the 1<sup>st</sup> through 3<sup>rd</sup> thoracic vertebrae. No evidence of extension into the vertebral canal is seen. The signal behavior is mixed with predominantly hyperintense signal on T1 weighted images and weak nonuniform contrast enhancement.

**AGE**

14 Years

The cranial mediastinal lymph nodes are mildly prominent.

Mildly decreased volume and increased signal of the left thoracic musculature is seen.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Minimal dilation of the cervical spinal cord's central canal is seen level with C3/4 which is considered unrelated to the remainder of the changes.

**MAGNETIC RESONANCE IMAGING DIAGNOSIS**

**HOSPITAL NAME**

Animal Health  
Partners

- Ill-defined cranial mediastinal mass with left brachial plexus nerve involvement from the 8<sup>th</sup> cervical through the 2<sup>nd</sup> or 3<sup>rd</sup> left spinal cord segment.
- Mild cranial mediastinal lymphadenomegaly.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The MRI study reveals left brachial plexus pathology involving the 8th cervical through the 2nd or 3<sup>rd</sup> thoracic spinal cord segments on the left side. The nerve root thickening is limited to the periphery. No evidence of vertebral canal or spinal cord involvement is seen. The peripheral neural thickening blends into an ill-defined cranioventral mediastinal mass with weak nonuniform contrast enhancement.

**REFERRING VET**

Dr. Edouard Marchal

**INVOICE**

49930

Based on the imaging findings alone, neoplastic pathology such as peripheral nerve sheath tumor or round cell neoplasia appears to be a primary concern in this patient. However, owing to the pertinent history of trauma and MRI presentation, cranial mediastinal hematoma and traumatic injury of the left brachial plexus nerves are valid differential diagnoses.

**DATE**

1-28-22

Further definition by means of ultrasound of the cranial mediastinum with eventual sampling could be considered.



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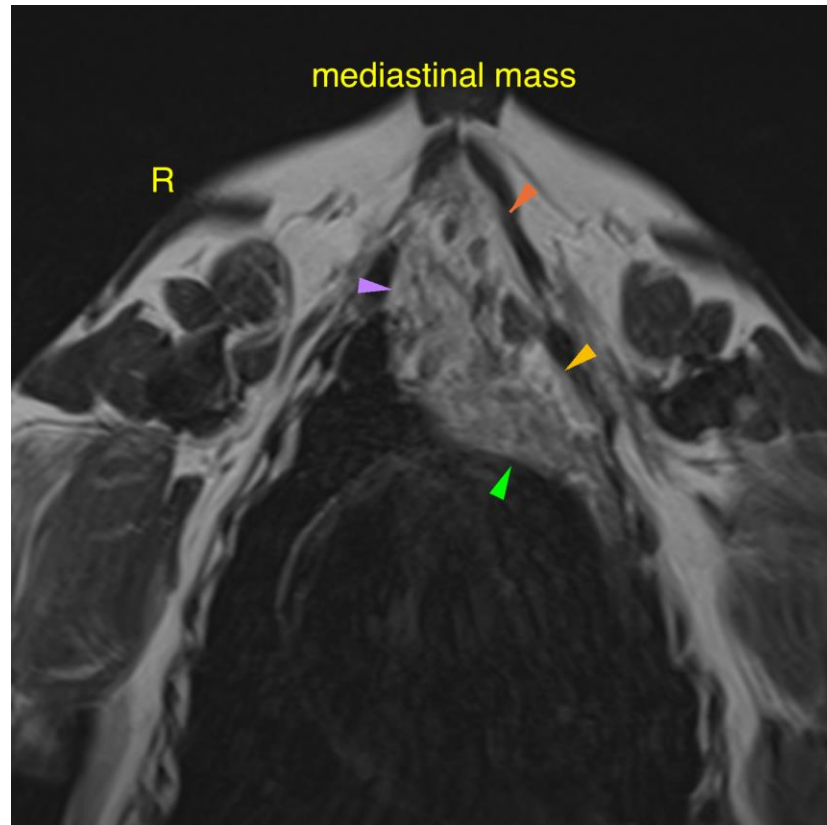
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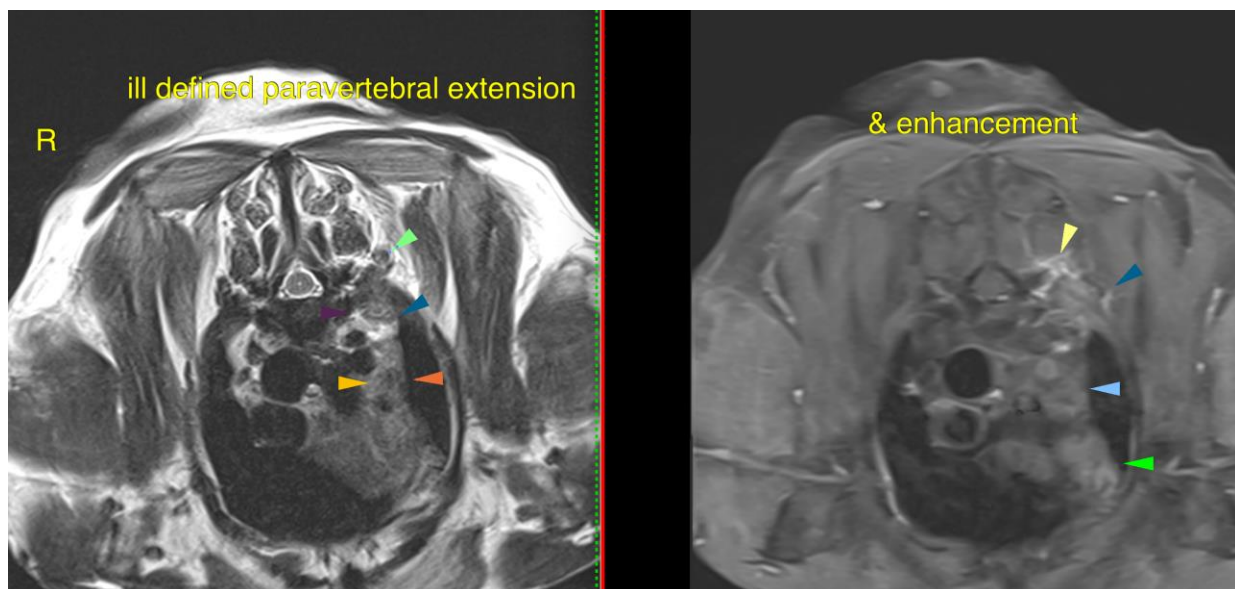
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**SPECIES**

Canine

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