



PATIENT

Arthur Team Dog
Rescue

PRESENTING CLINICAL SIGNS

was chained to a dog house and lived outside. Arthur's clinical signs were first noted about a month ago and include ataxia off and on, scratching up against the wall. Had consult with orthopedic surgeon and didn't think it was orthopedic. On and off lameness of front right shoulder. Neurological examination: Mentation: bright, alert, responsive Gait and posture:

SPECIES

Canine

Ambulatory without assistance. No ataxia, weakness, or lameness Cranial nerves: No abnormalities Postural reactions: Normal in all four limbs Spinal reflexes: Normal Nociception: Normal Pain: None elicited Did not like flexor on right thoracic limb. Did not like extreme extension of right shoulder. Questionable muscle wasting right thoracic limb. Questionable right thoracic limb lameness.

BREED

Mixed Large Breed

Abnormal PE/Chem/CBC/UA Results: Shoulder and right brachial plexus; Chronic, waxing and waning mild right thoracic limb lameness.

MAGNETIC RESONANCE IMAGING STUDY OF THE RIGHT SHOULDER & BRACHIAL PLEXUS

SEX

MN

T2, T1-weighted, T1-fat saturated, T1-plain and post contrast studies, as well as proton density weighted images of the brachial plexus region and right shoulder in various image planes available for review.

AGE

5 Years

The right cervical lymph node is mildly enlarged.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

There is mild effusion noted within the right shoulder joint. The mild joint effusion is translocated into the biceps tendon sheath as well. However, the synovial lining presents no evidence of thickening or increased enhancement.

The supraspinatus tendon, biceps tendon, and infraspinatus present within normal limits. No glenohumeral ligament abnormality is seen. There is no evidence of periarticular osteophytes.

HOSPITAL NAME

Animal Health
Partners

Mild diffuse thickening of the soft tissues level with the axillary plexus is seen with mildly increased contrast enhancement which can be traced further into the right peripheral nerves of the C6, C7, and C8 segments.

Mild atrophy of the right thoracic limb musculature is seen.

REFERRING VET

Dr. Marchal

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Peripheral neuropathy of the right axillary plexus involving the right C6, C7, and C8 segments.
- Presumed neurogenic atrophy of the right thoracic limb musculature.
- Mild right shoulder and bicipital tendon sheath effusion without structural evidence of tendinopathy in the biceps or rotator cuff.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differential diagnosis includes old traumatic injury of the right brachial plexus versus neuritis and less likely peripheral nerve sheath tumor.

DATE

1-8-22

The mild atrophy of the right thoracic limb musculature may well carry neurogenic components.



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The shoulder effusion is mild and unspecific. Overload and prior trauma, primary degenerative joint disease, or inflammation are potential underlying causes.

No evidence of structural pathology in the supraspinatus, infraspinatus, glenohumeral ligament, or biceps is seen.

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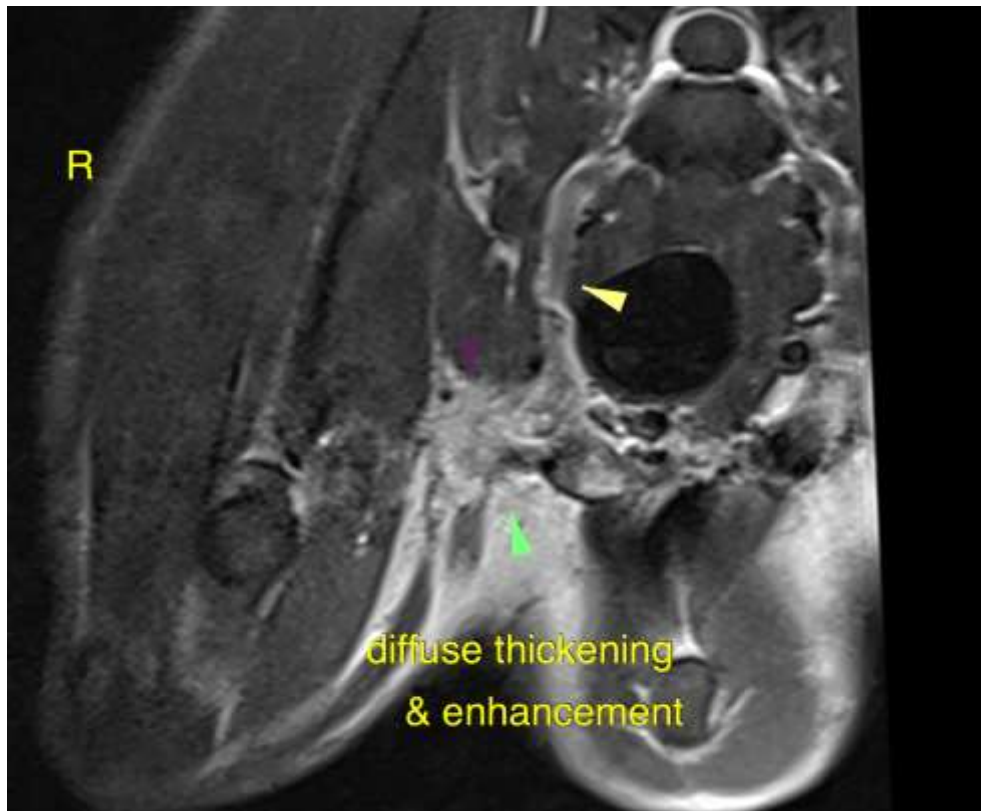
Dr. Marchal

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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