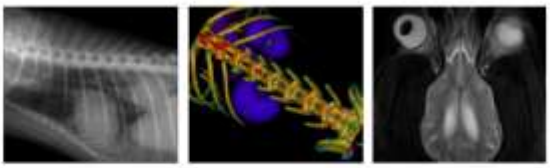

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1-800-838-4268 info@sonopath.com

PATIENT

Chase Gwin

SPECIES

Canine

BREED

Nova Scotia Duck Tolling Retriever

SEX

MN

AGE

11 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Kilburn

INVOICE

47981

DATE

10-25-21

PRESENTING CLINICAL SIGNS

Chase presented to the VEC Neurology Service on October 21, 2021 for a CT scan of a cervical neck lesion. Chase first presented to the VEC Neurology Service in September 2021 for a phone consult and was recently diagnosed with discospondylitis. After a course of antibiotics (cephalexin), a new lesion was noted in the cervical spine, and a new antibiotic (Clavaseptin) was prescribed at 375 mg orally every 12 hours. Chase initially presented to the VEC Surgery Service in June 2021 for left forelimb lameness. A CT scan had been performed then and it was noted that Chase had a lumbosacral lesion which could have been diskospondylitis. Chase has not shown improvement in his left forelimb lameness since starting the antibiotics. He will bear weight on the limb and not show any overt signs of pain. Chase is also currently maintained on gabapentin and supplements for osteoarthritis. Chase was referred to AHP for a MRI scan.

MAGNETIC RESONANCE IMAGING FINDINGS

Left Shoulder

A large 8mm sized isolated ossicle of the left infraglenoid tubercle is seen.

There is moderate distension of the left shoulder joint with hyperintense fluid.

The periarticular margins present mild osseous remodeling.

A moderate amount of effusion is seen within the bicipital tendon sheath as well as mild thickening of the synovial lining. There is a moderate exostosis within the intertubercular groove of the biceps tendon.

The trilaminar pattern of the supraspinatus tendon is maintained, however, moderate internal architectural remodeling of the supraspinatus is seen without evidence of biceps impingement.

Mild hyperintensity and thickening of the medial glenohumeral ligament are present.

Intermedullary hyperintensity of the left proximal humerus is seen in the fat saturated proton density weighted images which is presumed to represent an area of failed fat saturation due to susceptibility and local disturbance of the magnetic field in the region of the ID chip.

The left shoulder musculature presents moderate atrophy.

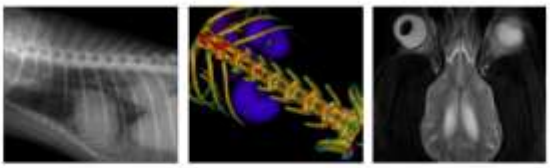
Spine

Moderate protrusion of the intervertebral disc C5/6 and C6/7 is seen. The intervertebral disc spaces are reduced in width. Vertebral end plate remodeling is noted. The nucleus pulposus signal is lost.

There is mild dorsal deviation of the spinal cord without significant compression at C5/6 and C6/7. The dorsal epidural and subarachnoid spaces are maintained.

Mild focal dilation of the central canal is present at C4/5.

Left sided spinal nerves C6/7 and C7/T1 present mild thickening when compared with the right spinal nerves; however, no overt mass effect is seen, and the thickening appears to be limited to



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the neuroforamina and seizes distal of the exit zone. No evidence of a brachial plexus mass is seen.

Mild to moderate protrusion of the annulus fibrosis of the T12/13 intervertebral disc is seen without evidence of significant compressive myelopathy.

There is moderate protrusion of the lumbosacral disc with vertebral end place remodeling, mild step formations, spondylosis deformans, and modification of the vertebral end plates with mild T2 heterogeneity, mild hyperintensity in fat saturated sequences, and no significant contrast enhancement. The ventral epidural fat is lost. Dorsal deviation of the cauda equina fibers is seen. A rim of dorsal epidural fat is still maintained. Mild bilateral neuroforaminal narrowing is noted.

Multiple T2 hypointense nodules are seen throughout the spleen.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Moderate chronic rotator cuff injury of the left shoulder including supraspinatus and medial glenohumeral ligament remodeling.
- Moderate chronic left biceps tenosynovitis.
- Mild left shoulder osteoarthritis.
- Isolated ossicle of the infraglenoid tubercle.
- Left shoulder muscle atrophy.
- Moderate chronic intervertebral disc protrusion C5/6 and C6/7.
- Moderate chronic lumbosacral disc protrusion with mild bilateral neuroforaminal stenosis.
- Mild non-compressive T12/13 protrusion.
- Mild spinal nerve thickening C6/7 and C7/T1.
- Splenic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multiple sites of chronic intervertebral disc protrusion are seen including C5/6, C6/7, and L7/S1. No definitive signs of discospondylitis are identified however low grade discospondylitis cannot be ruled out entirely especially at the lumbosacral junction. Note the concurrent presence of mild bilateral neuroforaminal stenosis in the lumbosacral junction.

The significance of the minimal spinal nerve thickening C6/7 and C7/T1 is unclear. Consider presence of neuritis. Early infiltrative disease cannot be ruled out entirely but is thought unlikely based on the MRI findings.

There is significant muscle atrophy in the left shoulder musculature which may be explained by the presence of moderate chronic rotator cuff injury which appears to involve the medial glenohumeral ligament and supraspinatus tendon.

There also is moderate chronic biceps tenosynovitis and shoulder osteoarthritis with a large, isolated ossicle of the infraglenoid tubercle.

The splenic nodules are compatible with benign nodular hyperplasia. Presence of benign T2 hypointense nodules is rather common in the spleen. Nevertheless, neoplastic disease can never be ruled out entirely.

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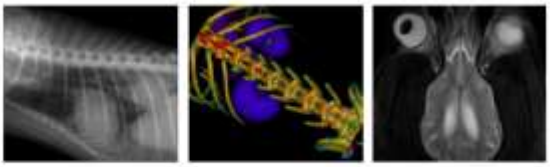

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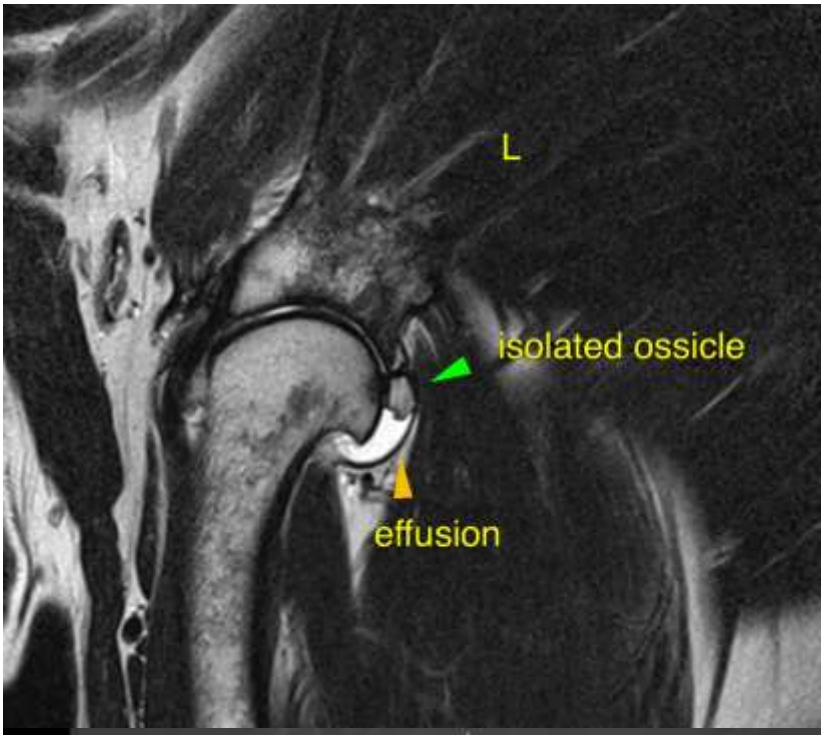

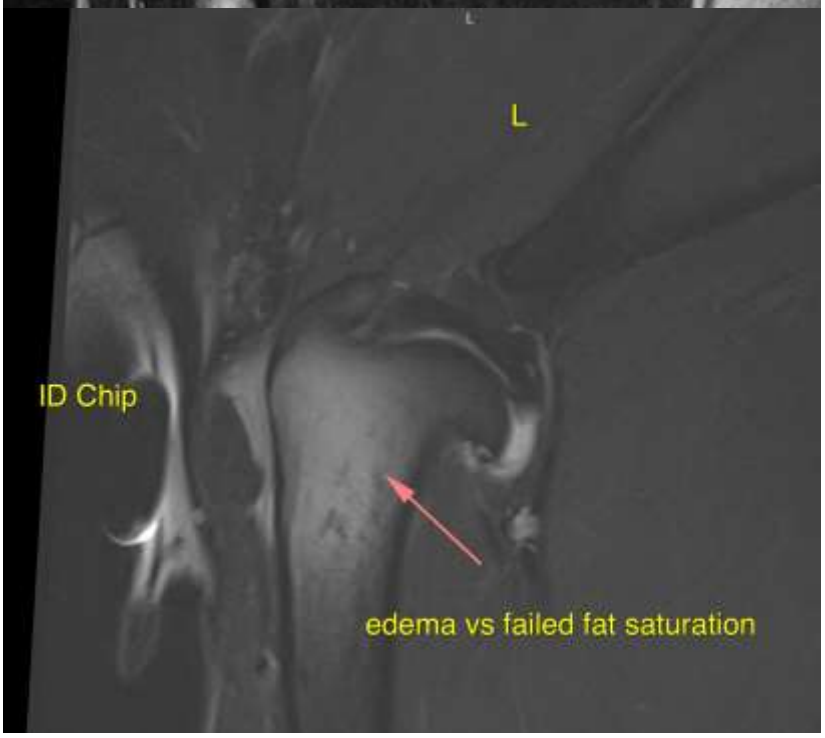

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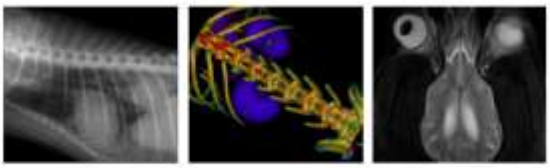

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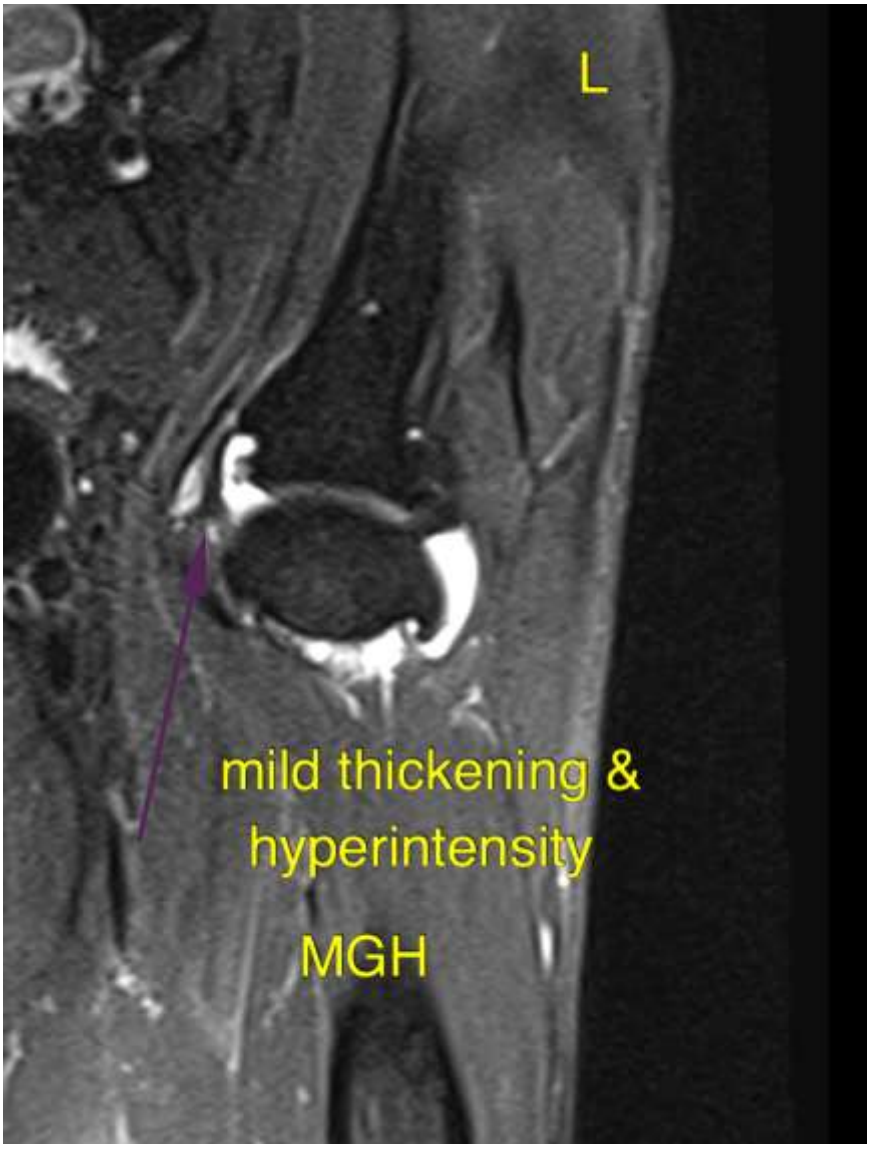

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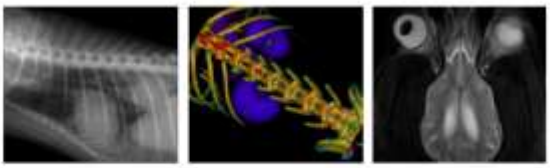

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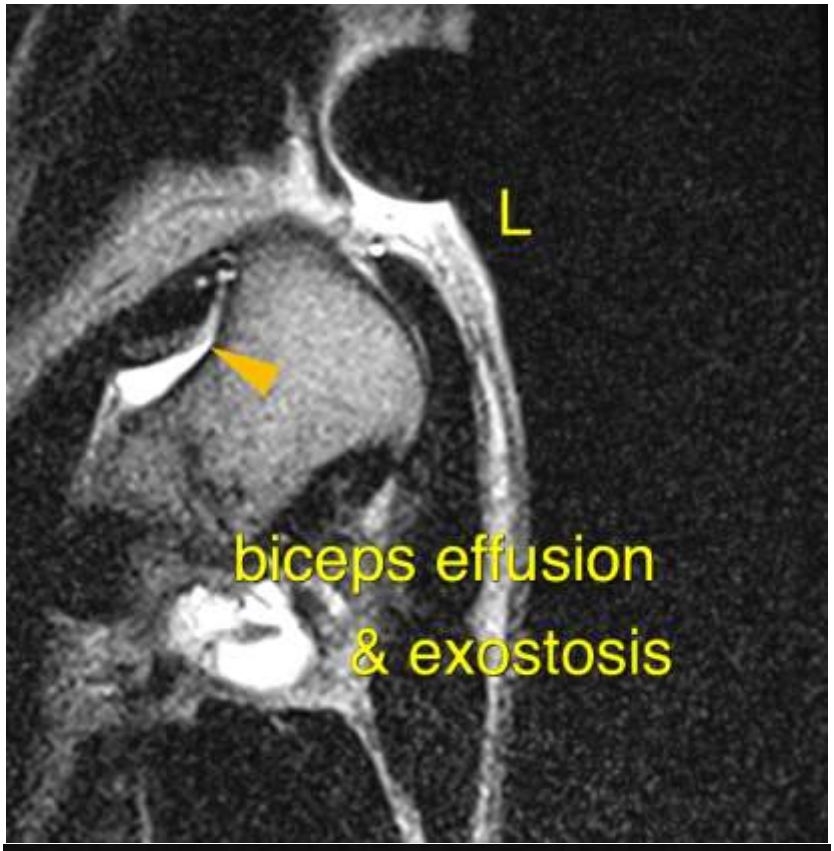

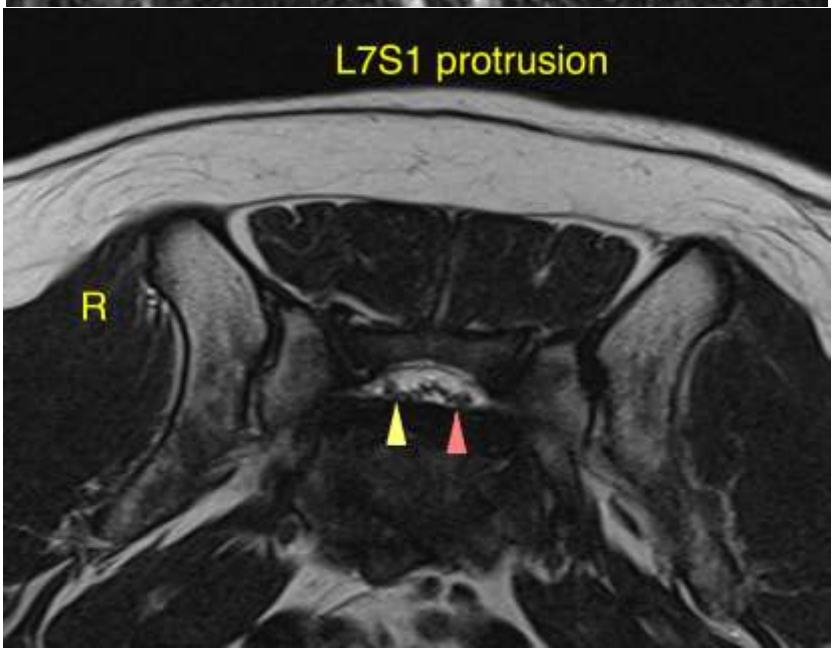

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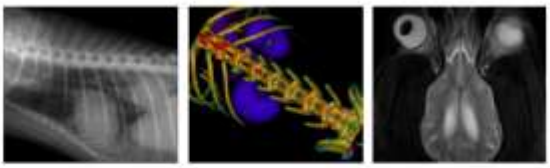

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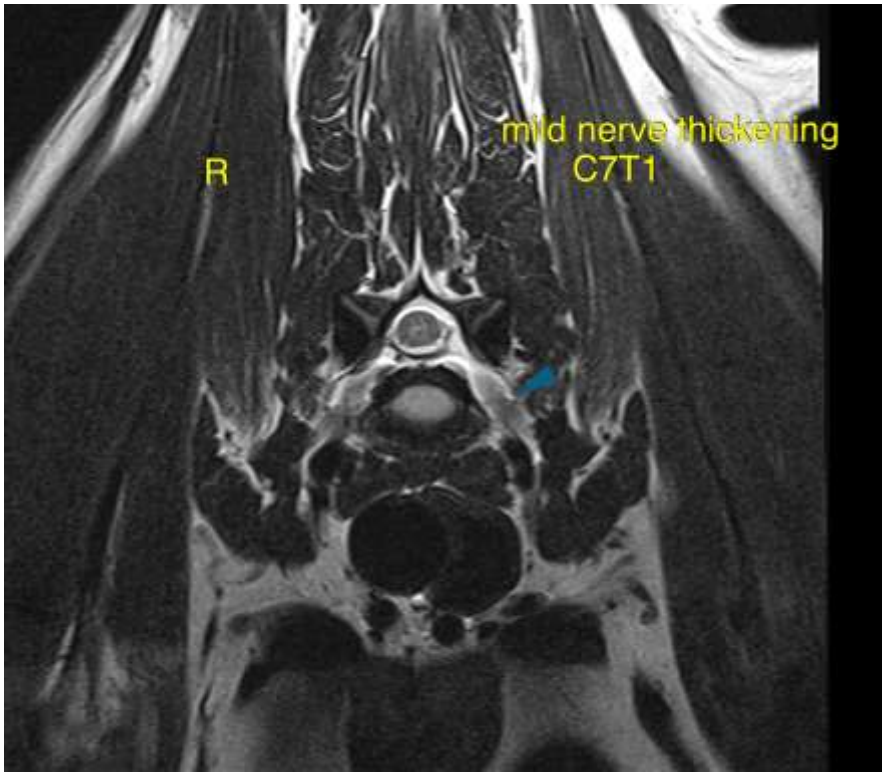

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
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