SonoPath Teleradiology

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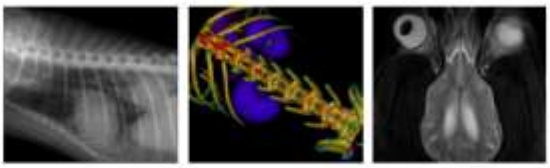

SonoPath.com

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

PATIENT

Lola Thomarat

SPECIES

Canine

BREED

Border Collie X

SEX

FS

AGE

4 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Greg Kilburn

INVOICE

47739

DATE

10-8-21

PRESENTING CLINICAL SIGNS

PC: unable to use back legs Current history: 1 hour prior to presentation - was chasing after a squirrel and suddenly squealed - O saw that Lola had gone down and was unable to stand up again Previous history: 1 week ago had vomiting - was seen by referring veterinarian and treated with omeprazole - resolved since Hx ST hip injury - managed with rest/physio Abnormal PE/Chem/CBC/UA Results: Gait/posture: Paraplegic with intact nociception. Schiff-Sherrington posture Postural reactions: Proprioceptive positioning and hopping were normal in the thoracic limbs and absent in the pelvic limbs. Spinal reflexes: Forelimb withdrawals difficult to elicit due to forelimb extensor tone but present. Markedly decreased withdrawal reflexes of the pelvic limbs bilaterally. Remainder of spinal reflexes within normal limits.

MAGNETIC RESONANCE IMAGING STUDY OF THE THORACOLUMBAR SPINE

T2, T2-Star, and T2-Dixon fat saturated images available for review.

MAGNETIC RESONANCE IMAGING FINDINGS

Mild volume and signal loss of the T13/L1 intervertebral disc is seen. The dorsal annulus fibrosis of the disc appears to be disrupted. The ventral epidural space is obliterated with heterogeneously hypointense material. Extensive multifocal intramedullary signal void is seen in T2-Star weighted sequences and accentuates the spinal cord level with the disc extrusion at T13/L1; however, extends caudally within the cranial half of L1 and cranially over the length of the vertebral bodies of T13, T12, and T11.

Extensive concurrent T2 hyperintensity of the spinal cord is seen spanning the area from T11 through L2.

Mild cord swelling is present accentuating the region L1 and L2.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Acute non-compressive nucleus pulposus extrusion with extensive intramedullary hemorrhage and extensive intramedullary hyperintensity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The MRI findings are compatible with non-compressive nucleus pulposus extrusion at T13/L1. The changes are compatible with low volume high impact extrusion and severe intramedullary hemorrhage appears to be present and is concurred by extensive spinal cord hyperintensity spanning the length of five vertebrae, which is negative prognostic factor. The hyperintensity may reflect uncomplicated edema; however, myelomalacia / necrosis / ischemia are a potential as well.

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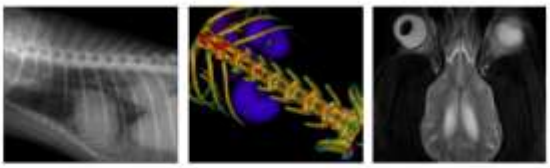

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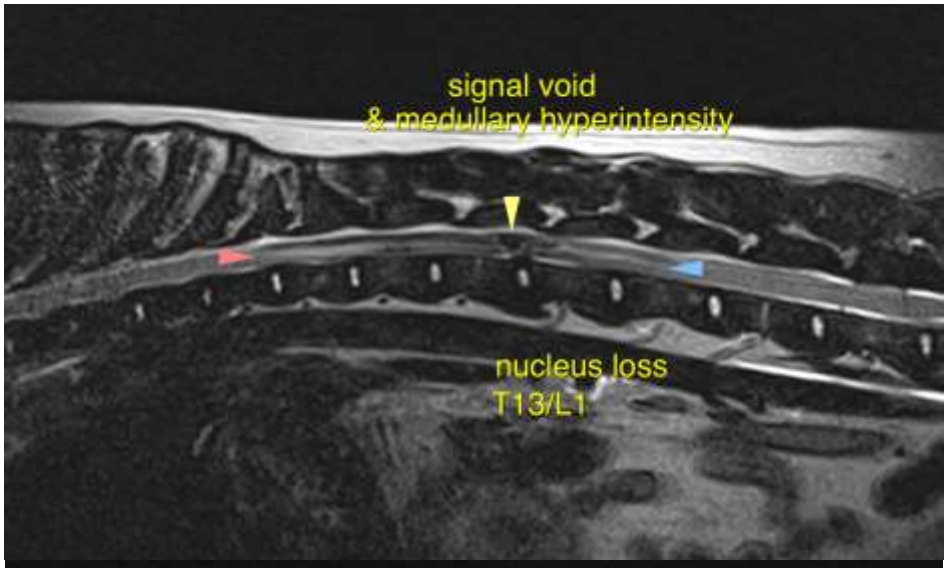

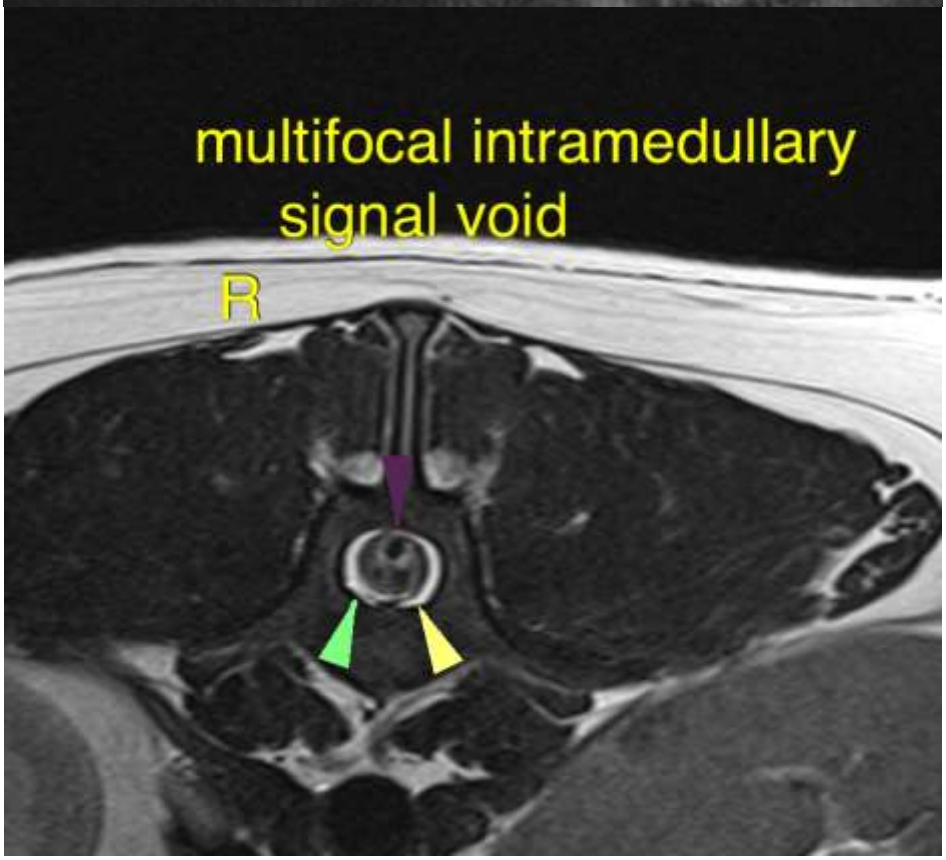

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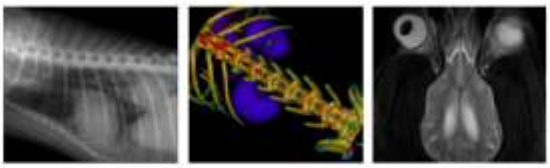

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com