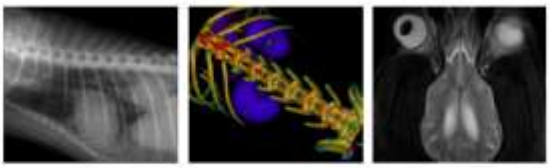

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Stenfeld Shekhtman

SPECIES

Feline

BREED

British Shorthair

SEX

MN

AGE

12 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Marchal

INVOICE

48939

DATE

12-10-21

PRESENTING CLINICAL SIGNS

Stenfeld, a 12 year old, MN British Shorthair, presented to the AHP Neurology Service on December 9, 2021 for evaluation of wobbliness in the pelvic limbs. Stenfeld's clinical signs were first noted about acutely about a days ago and have been progressively worsening for the past 2 days. Initially, his pelvic limbs appeared weak, and walk with a wobbly gait and it was progressively worsening. His thoracic limbs were normal. He was presented on November 30 2021 Central Toronto Veterinary Referral Clinic for elevated liver enzymes for evaluation of the liver enzymes. On presentation he was bright and alert. The physical examination revealed that he had copper-coloured irises and a small fleshy mass associated with the left lower lip on the oral side. No other abnormalities were noted. An abdominal ultrasound was performed that revealed no overt abnormalities were noted to explain the elevations. Although no changes were noted to the liver that did not rule out a vascular abnormality or infiltrative disease including inflammation or neoplasia. Based on the duration of therapy the Enrofloxacin, Metronidazole and Clindamycin were discontinued. He was recommended to continue the transition from Budesonide to Prednisolone and a recheck examination was scheduled for a CT angiography study. Over the week he became more lethargic and appeared unstable on his feet. The metronidazole was restarted but he continued to not eat and became more dull and ataxic. He was presented to the CTVEC on December 6th 2021. On presentation he was dull and appeared reactive to stimuli and was ataxic in the pelvic limbs. Bloodwork revealed a mild improvement in the liver enzymes from the previous values performed by the referring veterinarian and a persistent hyperbilirubinemia. An ammonia concentration was performed that was within normal limits. He was admitted to the hospital and treated with intravenous fluids and supportive care overnight. The following day he was continued on the supportive care and a nasoesophageal tube was placed and he was started on enteral feedings. He was monitored over the night and the following morning was brighter and more alert but remained ataxic in the pelvic limbs. The CBC revealed a moderate non regenerative anemia and the chemistry revealed that the liver enzyme concentrations has continued to decrease but the hyperbilirubinemia remained. An ammonia concentration was rechecked and was within normal limits. Due to the persistent ataxia he was transferred to Animal Health Partners for an neurological evaluation.
Abnormal PE/Chem/CBC/UA Results: Previous diagnostic testing: CBC, biochem on 09/12/2021: ALKP 189 IU/L (H) 12 - 59 ALT 436 IU/L (H) 27 - 158 AST 152 IU/L (H) 16 - 67 BUN/UREA 3.6 mmol/L (L) 5.7 - 13.2 CHOL 10.1 mmol/L (H) 2.4 - 7.9 CK 787 IU/L (H) 64 - 440 CREA 72 umol/L (L) 80 - 203 GLU 9.7 mmol/L 4.0 - 9.7 EENT: Copper-coloured iris OU, clean AU, nares clear, Pedunculated circumscribed mass with irregular surface at right mid-mandible (1x1cm) Mentation: Quiet but responsive. Cranial nerve exam: Pathological jerk nystagmus with indistinct fast and slow phases and changing abnormal ocular movement in a horizontal, rotary, and vertical direction Gait/posture: Ambulatory with moderate vestibular ataxia (triggered after body position changed) and mild tetraparesis characterized by side to side truncal sway.

MAGNETIC RESONANCE IMAGING STUDY OF THE BRAIN

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

MAGNETIC RESONANCE IMAGING FINDINGS

There are no structural changes of the neuroparenchyma seen. The gray/white matter distinction is as expected. No deviation from the signal behavior is noted.

There is mild generalized atrophy of the forebrain and cerebellum.

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No pathologic contrast enhancement is seen. No evidence of hemorrhage is noted on the T2 star weighted sequence. There is no evidence of restriction of the water molecules on the ADC map.

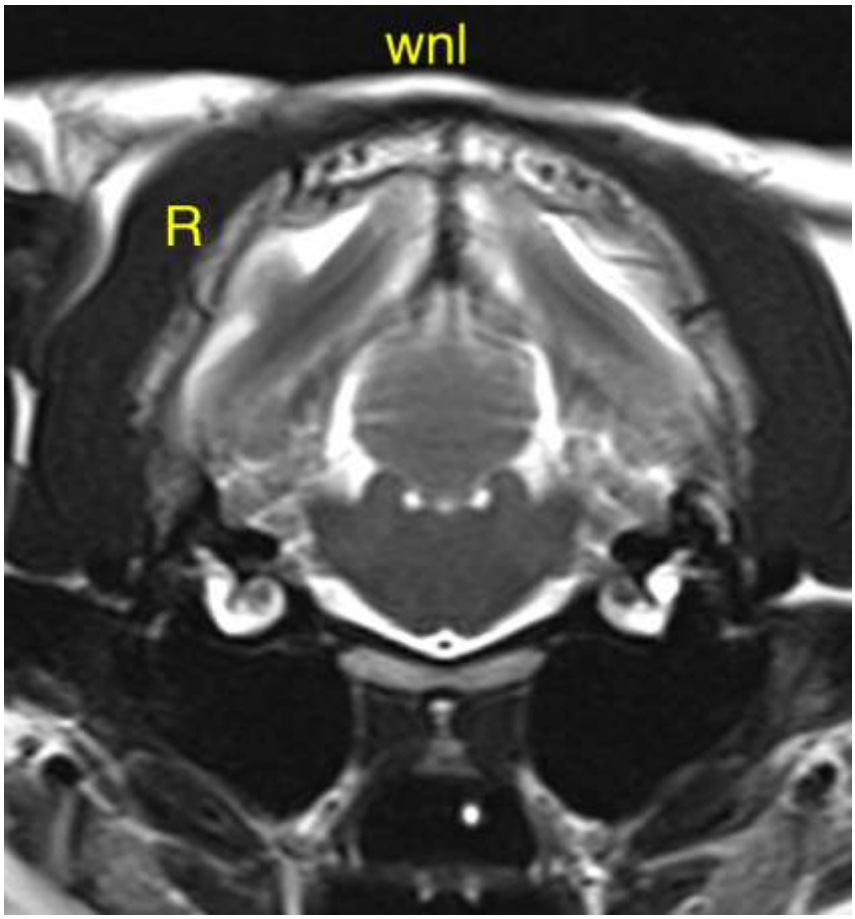
The osseous labyrinthium and cochlea of the inner ear presents within normal limits. The tympanic bullae and external auditory meatuses present within normal limits as well.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Mild generalized brain atrophy - within age related normal limits.
- Otherwise structurally normal MRI study of the brain.
- Normal presentation of the middle and inner ear.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The MRI study of the brain, middle, and inner ear is negative for structural pathology. Nonstructural brain injury cannot be ruled out and may require further definition by means of complementary csf analysis. The possibility of idiopathic vestibular signs should be considered as well.



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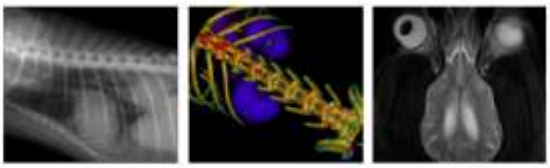

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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