



PATIENT

Finn Durham

PRESENTING CLINICAL SIGNS

Finn, a 6 months old, MN Bernese Mountain Dog, presented to the AHP Neurology Service on December 20, 2021 for evaluation of hyperthermia and neck pain. Finn was neutered and had an umbilical hernia repair performed Wed (15/12/2021). He had low energy since the surgery and seemed to become progressively more lethargic. He has been eating poorly since surgery and declining with time. He seemed painful in abdomen - not willing to bend over to eat. About 2 days ago, Ms Durham noticed that he had difficulty to lower his head. He collapsed this morning and has been unable to walk this since. He was worse on the back limbs, especially on the left. Last night, he was not swallowing correctly.

SPECIES

Canine

BREED

Bernese Mountain Dog

MAGNETIC RESONANCE IMAGING STUDY OF THE HEAD & NECK

T2, T2-star, diffusion weighted, FLAIR, and T1-plain and post contrast enhanced studies, as well as T2, T1 plain and post contrast of the cervical spine available for review.

SEX

MN

MAGNETIC RESONANCE IMAGING FINDINGS

T2 hypointense material is seen within the ventral aspect of the right lateral ventricle within the third ventricle with extension into the fourth ventricle and upper cervical central canal through the mesencephalic aqueduct. The material is T1 and FLAIR isointense. Marked signal void is noted on the T2-star sequence. The material is contrast negative. The ventricular system is widened with moderate dilation of the lateral third and fourth ventricles as well as dilation of the mesencephalic aqueduct and upper cervical central canal. Similar material is noted within the subarachnoid / subdural space in the upper cervical spine. There is mild bilaterally symmetric periventricular edema.

AGE

6 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The cerebellum presents mild subtentorial herniation and the hypointense material within the subdural / subarachnoid space occupies the subarachnoid space of both the skull base and cisterna magna. Diffuse T2 hyperintensity of the spinal cord is seen level with C2 and C3 circumferential to the central canal. Moderate multifocal contrast enhancement of the subarachnoid space is noted in the cervical spine.

HOSPITAL NAME

Animal Health Partners

Both medial retropharyngeal lymph nodes are moderately enlarged.

Mild focal T2 hyperintensities are seen within the temporal musculature.

REFERRING VET

Dr. Kilburn

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Intraventricular hemorrhage with hydrocephalus internus and increased intracranial pressure with periventricular edema.
- Extensive subarachnoid hemorrhage in the region of the brain stem and cisterna magna as well as within the central canal with spinal cord edema.
- Questionable concurrent myopathy.
- Bilateral medial retropharyngeal lymphadenomegaly.

INVOICE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

12-20-21

The MRI findings are compatible with extensive hemorrhage into the ventricular system of the brain as well as into the subarachnoid space of the cisterna magna, skull base, and upper neck. Moreover, there is evidence of increased intracranial pressure with pressure related



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periventricular white matter edema. The cause of the hemorrhage may be spontaneous hemorrhagic cerebrovascular event with vessel rupture, coagulopathy, vasculitis / arteritis / meningitis, and less likely secondary to infection or systemic hypertension. Caution must be applied when attempting csf sampling for further definition owing to the increased risk of causing further hemorrhage, aspirating blood degradation products from the cisterna magna, which may falsify the results of the csf analysis, and owing to the presence of increased intracranial pressure.

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Concurrent presence of polymyopathy/masticatory myopathy such as immune mediated or infectious cannot be ruled out. The lymph node changes are compatible with lymphadenitis. Neuromuscular biopsies and fine needle aspiration of the lymph nodes could be considered for further definition as well.

BREED

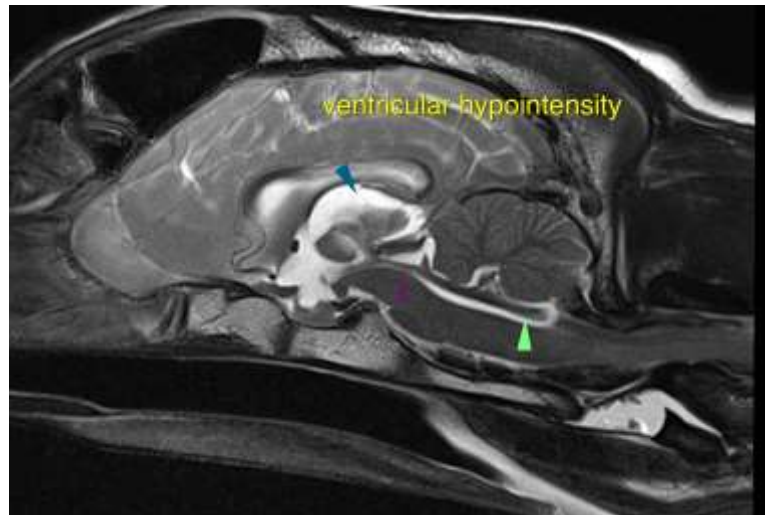
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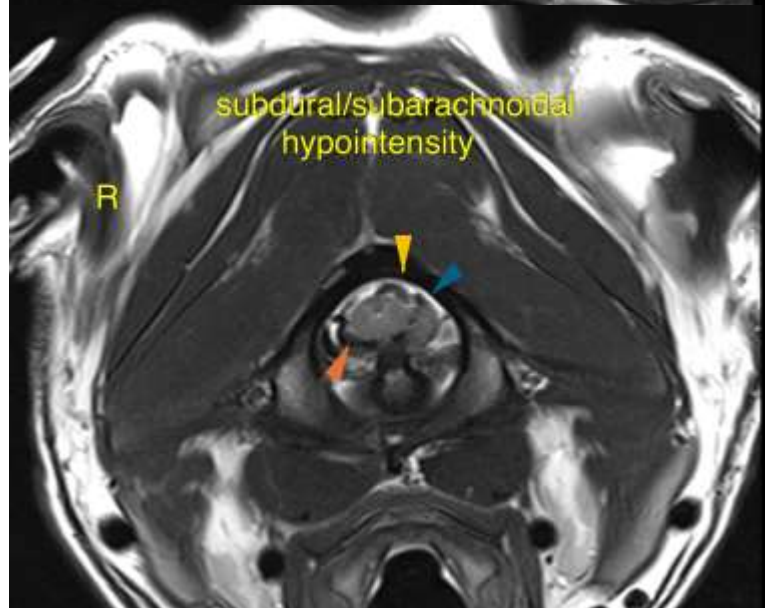


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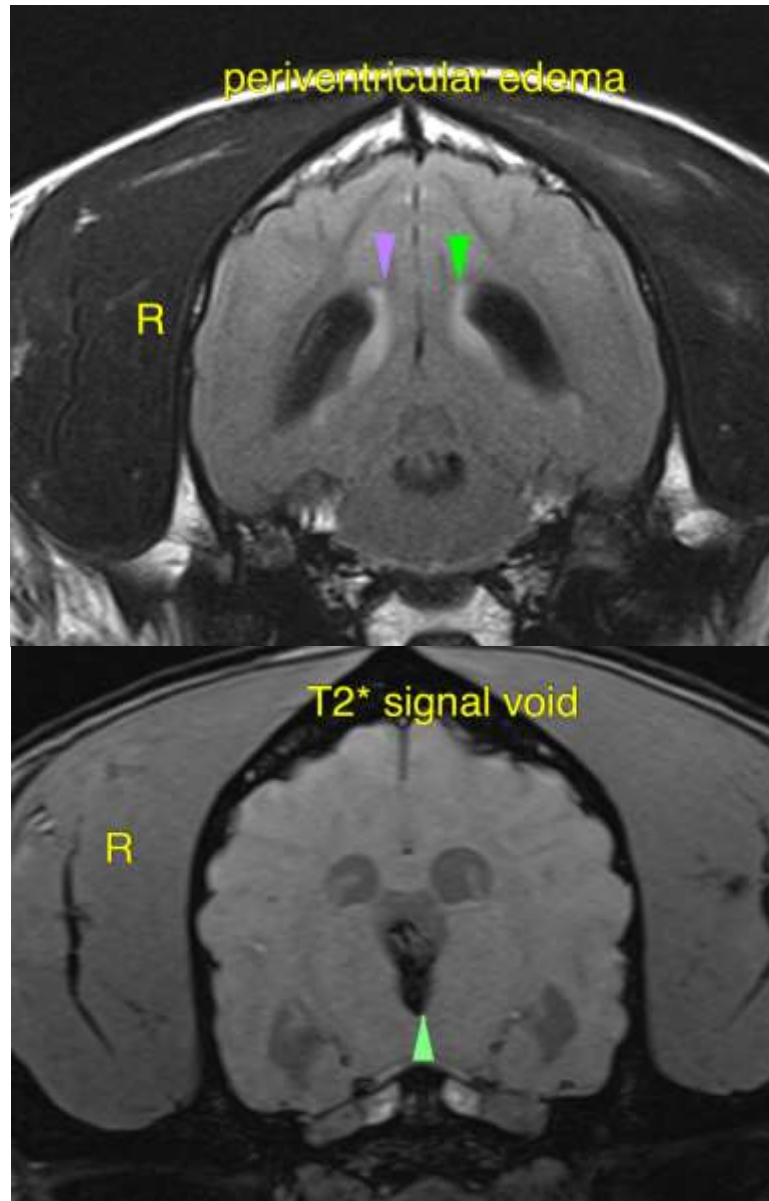
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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