



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Charlie Booth no known injury, o is unaware of what happened. Limping since may, gradually got worse. Did not improve with pred and gabepentin.

SPECIES Canine
 Abnormal PE/Chem/CBC/UA Results: Eyes: bright and clear Ears: clean with no inflammation
 Nose and throat: no abnormality Heart: No noted arrhythmia or pulse deficits, normal subjective peripheral circulation Lungs: normal respiratory sounds, rate and effort Abdomen: soft and non-painful with no noted abnormalities Musculoskeletal: A continual right front leg lameness that is non weight bearing to toe touching lame is present. No orthopedic abnormalities are identified. There is pain with palpation of the region caudal to the right shoulder and on shoulder flexion.

BREED Golden Retriever
 Integument: Clean and smooth hair coat Lymph Nodes: Normal size and firmness Neurological: No mentation, cranial nerve, or neurologic gait abnormalities seen. The right hind leg shows a gait asymmetry with extra flick in the extension phase. No CP delay noted. Reflexes normal to mildly increased in the right hind.

SEX MAGNETIC RESONANCE IMAGING STUDY OF THE BRACHIAL PLEXUS

SEX MN T2-STIR, T1-plain and post contrast studies in multiple image planes available for review.

MAGNETIC RESONANCE IMAGING FINDINGS

AGE 9 Years Severe atrophy of the right shoulder girdle musculature is seen.

There is a tubular mass of irregular thickness in the right axillary region which can be traced medially and proximally medial of the first rib up to the right T1/2 neuroforamen. The length of the mass is approximately 10.0 cm. Maximum width is 1.6 cm. The right T1/2 nerve root is thickened and reveals increased contrast enhancement and throughout the entire neuroforamen. No obvious mass effect is seen within the vertebral canal beyond the entrance zone of the neuroforamen.

The right axillary lymph node presents within normal limits.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

HOSPITAL NAME

Mountain West
 Veterinary Hospital

The mediastinal lymph nodes present within normal limits.

Effusion of the right shoulder joint is seen.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

REFERRING VET

Burton

- Right brachial plexus mass meeting neoplastic criteria with neurogenic muscle atrophy of the right thoracic limb musculature.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

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The MRI findings are highly suggestive for peripheral nerve sheath tumor within the right brachial plexus. The structural changes can be traced medially and proximally medial of the right first rib and throughout the entire length of the right T1/2 neuroforamen and involvement of the right spinal nerve. The right T1/2 spinal nerve has to be assumed.

DATE

12-3-21



PATIENT

Charlie Booth

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

9 Years

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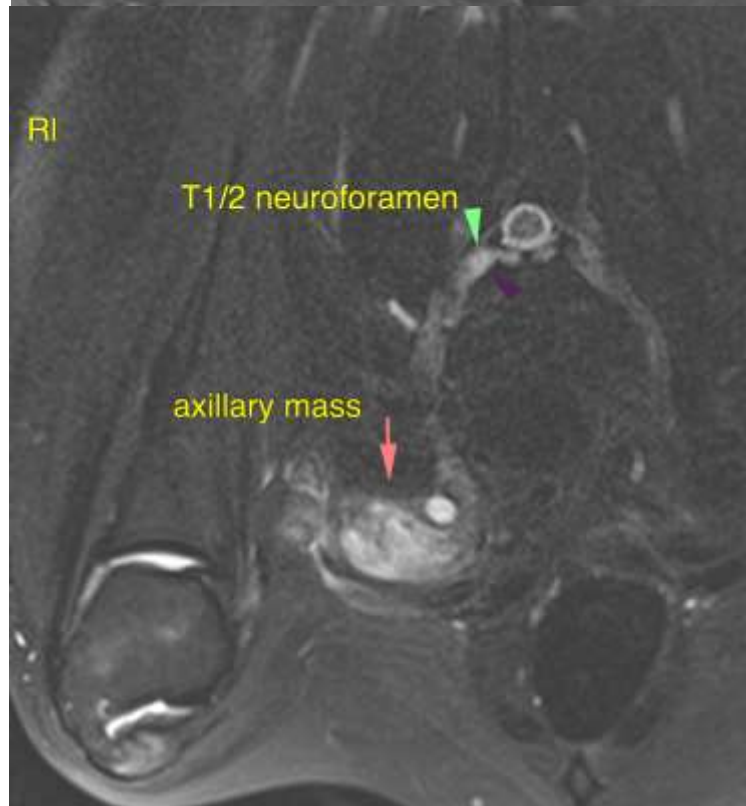
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PATIENT

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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.

SPECIES

Canine

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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
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