



PATIENT

Sam Chaves

PRESENTING CLINICAL SIGNS

Progressive 1 month history of changes in behavior and episodes of disorientation, stuck in the wall, restless, more obvious over the past week

SPECIES

Cat

MAGNETIC RESONANCE IMAGING STUDY OF THE BRAIN

T2, FLAIR, and T1-weighted plain and post contrast studies available for review.

BREED

Domestic Short Hair

MAGNETIC RESONANCE IMAGING FINDINGS

An irregular shaped ovoid mass is situated within the 3rd ventricle and occupying most of its lumen. Severe ventral and rostral deviation and compression of the interthalamic adhesion is seen. The mass measures approximately 19mm in length, 15 mm in height, and 15mm in width. The genu of the corpus callosum is deviated dorsally. The diencephalon and mesencephalon are deviated and compressed ventrally. Rostral flattening of the cerebellum with mild caudal displacement and early foraminal herniation is seen. The lateral ventricles are moderately enlarged. The mass is heterogeneous on T1, T2, and FLAIR images with multiple hypointense areas. Severe nonuniform contrast enhancement is noted on the post contrast studies.

SEX

Male Neutered

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Extra parenchymal intraventricular mass within the 3rd ventricle with severe mass effect and obstructive hydrocephalus internus as well as early cerebellar herniation.

AGE

13 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The MRI study reveals an intraventricular mass. Differential diagnosis includes intraventricular meningioma, intraventricular meningioma in combination with cholesteatoma, choroid plexus tumor, and less likely ependymoma. The mass effect is severe and obstructive hydrocephalus has developed.

HOSPITAL NAME

Animal Health
Partners

REFERRING VET

Sam

INVOICE

50609

DATE

2-28-22



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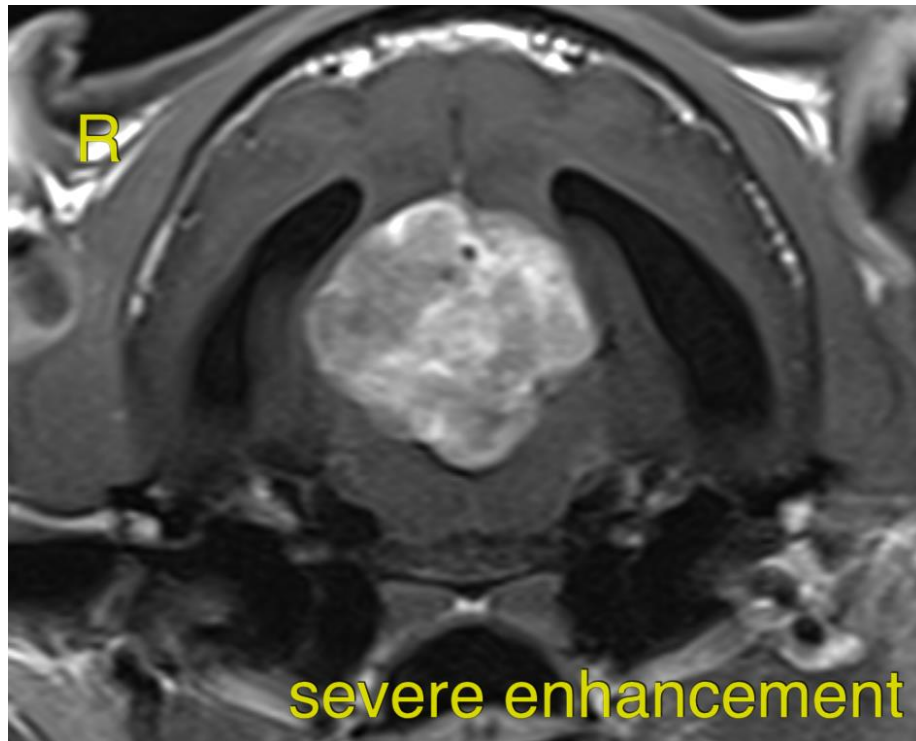
Sam

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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