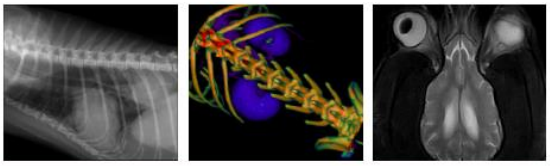


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ruari Bourns

SPECIES

Canine

BREED

GSD

SEX

FS

AGE

13

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Little

INVOICE

50098

DATE

2-4-22

PRESENTING CLINICAL SIGNS

Ruari- 13 year old FS german shepherd Two weeks ago she second guessed herself on the stairs 8 days ago noted to be more overt Two days ago she splayed out in her right front leg. since then she has been ataxic right forelimb lamness since splaying out. Progressive ataxia Examination: Mentation: Bright, alert and responsive. Cranial nerve exam: No deficits noted. Gait/posture: Ambulatory with a mild right forelimb lameness and mild to moderate parparesis Postural reactions: Proprioceptive positioning and hopping were normal in the thoracic limbs and mildly delayed in the pelvic limbs bilaterally Spinal reflexes: Normal. Sensory/nociception: DIscomofort on caudal cervical palpation and on TL palpation Localized C6-T2 +/- T3-L3 Concern for nerve root impingement in cervical spine and acute on chronic TL IVDD

MAGNETIC RESONANCE IMAGING STUDY OF THE SPINE

T2 and T1-plain and post contrast studies of the cervical, thoracic, and lumbar spine available for review.

MAGNETIC RESONANCE IMAGING FINDINGS

The patient appears to be obese.

Generalized muscle wasting appears to be present.

Multifocal moderate degenerative spondyloarthropathy with hypertrophy of the facet joints is seen within the cervical spine from C3 through T1. The facet joint enlargement causes multifocal dorsolateral narrowing of the vertebral canal which is most pronounced between C6 and C7 where mild chronic intervertebral disc protrusion causes narrowing of the ventral epidural space and bilateral dorsolateral narrowing of the neuroforamina is present because of the facet joint hypertrophy. The left C6/7 nerve root appears to be thickened while passing through the left neuroforamen.

Chronic intervertebral disc protrusions with spondylosis deformans are also present between C5 and C6 and C7 and T1. No signal alteration or swelling of the spinal cord is seen and there is no direct spinal cord compression.

A series of mild to moderate chronic intervertebral disc protrusions with spondylosis deformans are present from T2 through T7 with moderate protrusion of intervertebral disc material between T5/6 and T6/7. At these sites, mild dorsal deviation and ventral flattening of the spinal cord are noted without direct compression.

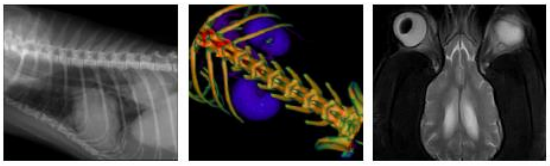
Moderate chronic intervertebral disc protrusion is present within the lumbar spine between T13/L1, L1/2, and L2/3.

Spondylosis deformans is seen between L1/2 and L2/3.

There is mild dorsal deviation and ventral flattening of the spinal cord at T13/L1 and L1/2.

A moderate left sided protrusion is noted between L6 and L7 narrowing the left neuroforamen.

Moderate protrusion of the lumbosacral disc causing mild dorsal deviation of the cauda equina fibers is noted.



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There are spondyloses between L5/6, L6/7, and L7/S1.

Multiple degenerative facet joint hypertrophy is noted throughout the lumbar spine accentuating the right facet joint of L3/4.

Moderate generalized splenic enlargement is noted with multiple T2 hypointense nodules.

Multifocal multicystic lymphadenomegaly is seen within the parietal and visceral lymph nodes of the abdomen with multiple small cavities containing T2 hyperintense material and T2 hypointense areas which may either represent mineralization, gas, or hemorrhage.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Multifocal chronic and mildly compressive myelopathy secondary to moderate intervertebral disc protrusions between T5/6, T6/7, T13/L1, L1/2, L2/3, L6/7, L7/S1.
- Mild chronic intervertebral disc protrusion and bilateral neuroforaminal narrowing secondary to degenerative facet joint hypertrophy with left sided spinal neuropathy between C6 and C7.
- Multiple degenerative disc disease.
- Multiple mild non-compressive chronic intervertebral disc protrusions.
- Multifocal degenerative facet joint hypertrophy.
- Hypersplenism with multiple hypointense nodules - likely German shepherd dog hypersplenism with benign nodular hyperplasia.
- Multiple abdominal lymphadenomegaly with multicystic and/or emphysematous appearance.
- Obesity.
- Muscle wasting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The MRI study confirms multifocal mild to moderate spinal cord/cauda equina compression within the thoracolumbar and lumbosacral area. There also is chronic deep cervical intervertebral disc disease with bilateral neuroforaminal stenosis between C6 and C7. An acute on chronic event is not identified on the MRI study.

Consider further definition of the abdominal lymph nodes and splenic changes by means of abdominal ultrasound if not performed already.

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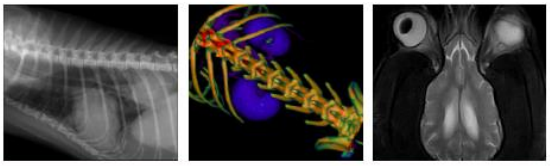

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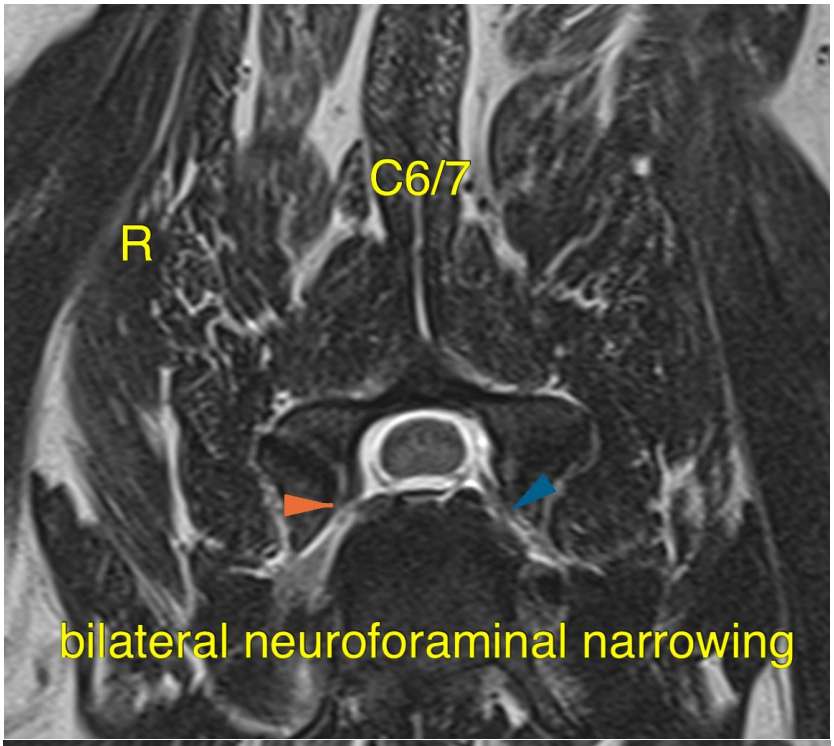

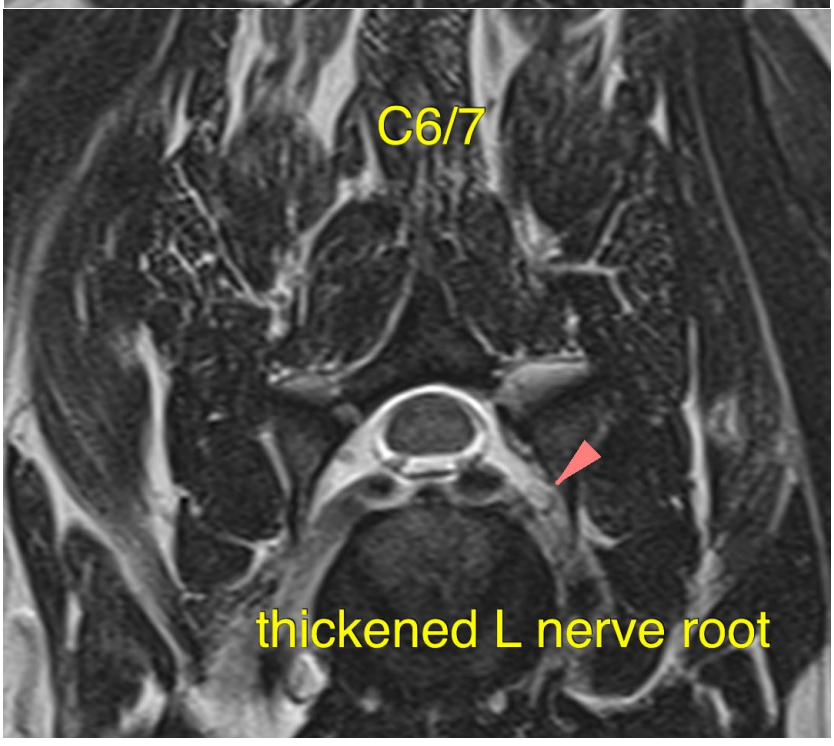

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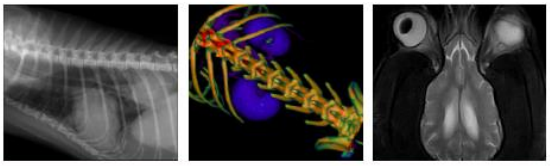

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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