



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Truffles Wong
SPECIES Canine
BREED French Bulldog
SEX Intact Female
AGE 4

Progressive pelvic limb weakness since Sept 2021. Reluctant to put her left pelvic limb down intermittently initially and this is still persistent. Weakness in pelvic limbs has progressed to occasional spontaneous knuckling when ambulating, difficulty to position to urinate or defecate. Had a balloon valvuloplasty for pulmonary stenosis in 2018, on atenolol.

Abnormal PE/Chem/CBC/UA Results: Ambulatory with mild-moderate proprioceptive ataxia and mild paraparesis characterized by occasional paw placement mistake and spontaneous knuckling in both pelvic limbs. Proprioceptive positioning and hopping were absent in left pelvic limb and markedly delayed in right pelvic limb. Normal in thoracic limbs. Normal patellar and withdrawal reflexes. Flexors in both pelvic limbs are questionably mildly weakened. Cutaneous trunci absent caudal to L1. No hyperesthesia elicited with palpation along the vertebral column.

MAGNETIC RESONANCE IMAGING STUDY OF THE THORACOLUMBAR SPINE

T2, T2-fat saturated, and T2-gradient echo images available for review.

MAGNETIC RESONANCE IMAGING FINDINGS

There is a moderate asymmetric lumbosacral disc protrusion which is mostly situated towards the right of the midline in the ventral epidural space of the vertebral canal. Moderate dorsal deviation and compression of the right cauda equina fibers are seen. There is moderate narrowing of the right lumbosacral neuroforamen. Moderate hypertrophy of the ligamentum flavum is noted as well.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

Dorsal subarachnoid space widening and eccentric ventral position of the spinal cord on the vertebral canal's floor are seen which ends caudally at T12/13 with a tear drop shape. Mild spinal cord swelling and comma shaped hyperintensity of the spinal cord are seen level with the cranial half of the 13th thoracic vertebra.

HOSPITAL NAME

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A series of hemivertebrae with moderate kyphosis is present in the caudal thoracic spine from T9 through T11.

There is moderate T13/L1 spondylosis deformans.

All imaged intervertebral discs present degenerative changes.

REFERRING VET

Dr. Kilburn

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Regional dorsal subarachnoid space widening suggesting presence of an intrarachnoid diverticulum.
- Moderate asymmetric lumbosacral and right sided lumbosacral neuroforaminal stenosis
- Congenital vertebral malformation with moderate caudal thoracic kyphosis from T9-T11

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

2-7-22

The MRI findings suggest presence of an intrarachnoid diverticulum causing compressive myelopathy within the caudal thoracic spine.

There also is a moderate lumbosacral disc protrusion which causes moderate right sided dorsal



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deviation and compression of the cauda equina as well as moderate right sided neuroforaminal stenosis which may contribute to the clinical signs.

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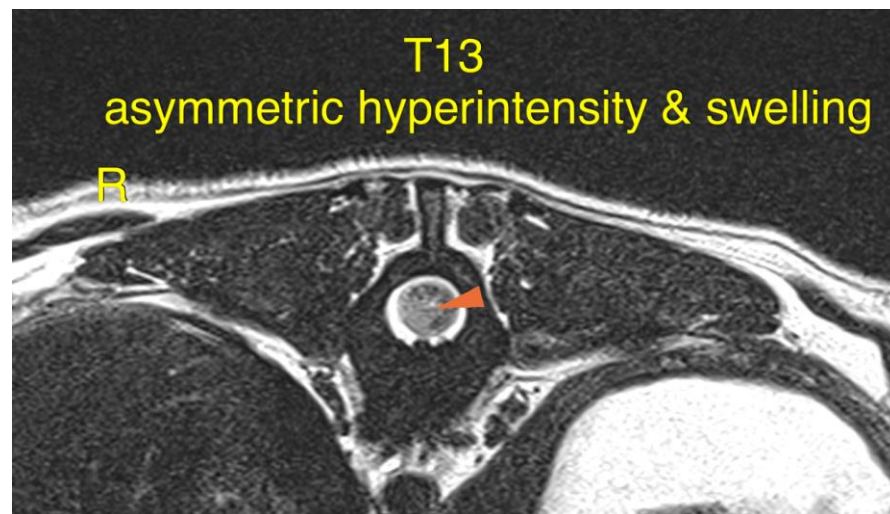
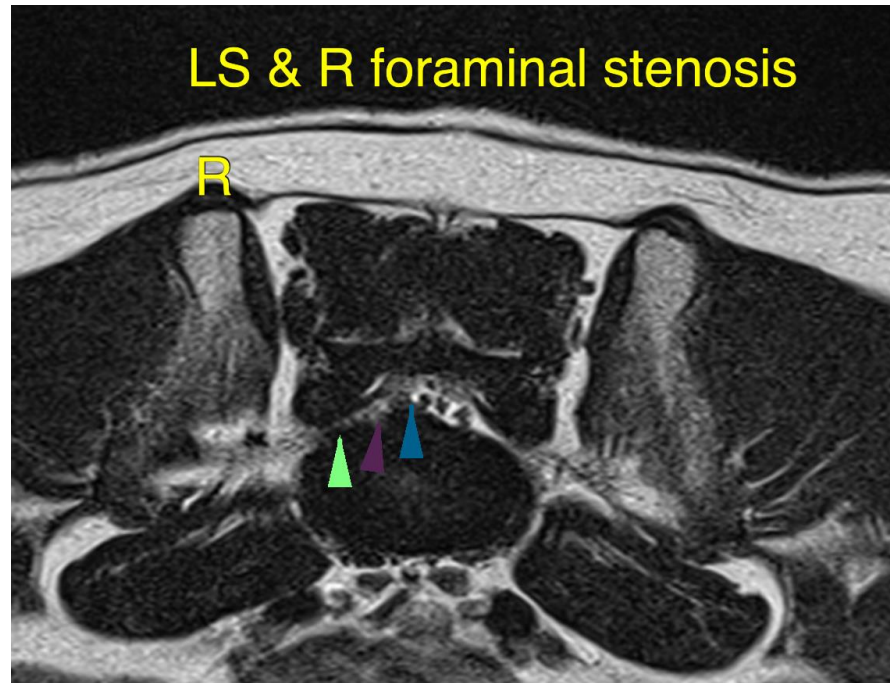
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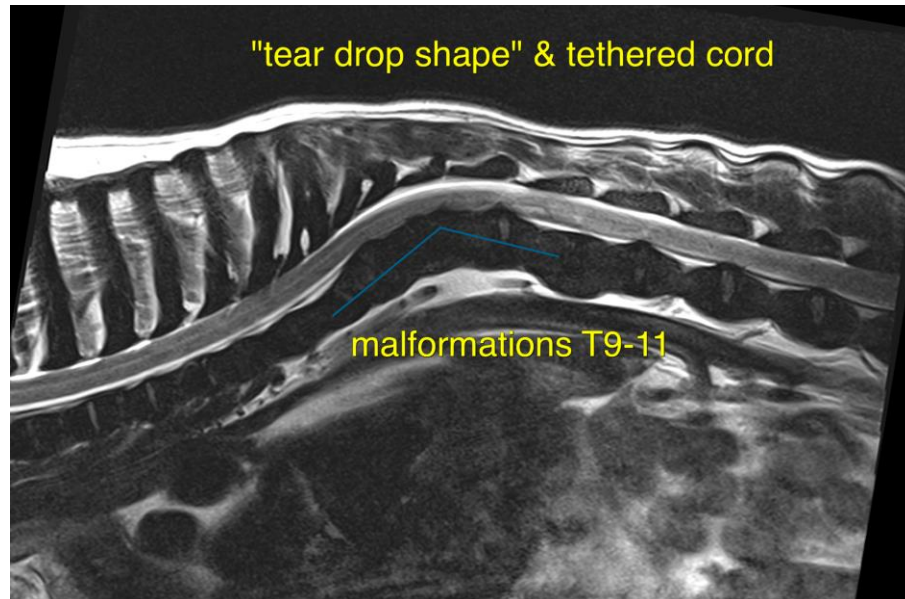
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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