



PATIENT PRESENTING CLINICAL SIGNS

Lily Eggett

Acute onset paraparesis with no history of trauma, no previous medical concerns.

Abnormal PE/Chem/CBC/UA Results: Attitude: BAR, anxious MM: pink CRT 1-2 sec

Hydration: <5% dehydrated BCS 4 /9 Pain: 2 /5 Eyes: Clear with no discharge OU Ears: No

SPECIES

Canine

discharge or erythema, non-painful AU Oral: Moderate dental calculus and gingivitis Nasal: No

obvious abnormalities observed CV: No murmur, Pulses strong and synchronous Lungs: No

crackles or wheezes appreciated Abdomen: Soft, pliable, no pain on palpation UG: Normal

external genitalia MS: Forelimbs rigid and extended, hindlimbs weak. CPs absent in both

hindlimbs, delayed in R front, mostly normal L front. Integ: Smooth, clean hair coat, no overt

lesions or masses appreciated PLN: Peripheral lymph nodes palpate normal in size Neuro: Cranial

nerve examination unremarkable, neck pain is noted at the caudal aspect of the neck with direct

palpation but not with range of motion, decreased placement of the forelimbs was previously

noted by another doctor but could not be elicited at this exam. At this exam hind limbs show

bilateral paresis worse on the right. Hind limbs show increased myotatic reflexes. There is

cutaneous trunci loss at T-L junction region. Rectal: Not performed

BREED

Yorkie Mix

SEX

FS

MAGNETIC RESONANCE IMAGING STUDY OF THE CERVICAL, THORACIC, & LUMBAR SPINE

AGE

8.5 Years

STIR, T1, T2-weighted images of the cervical, thoracic, and lumbar spine totaling 195 images available for review.

MAGNETIC RESONANCE IMAGING FINDINGS

INTERPRETED BY

Nele Eley, DVM

Dr. med. Vet. DipECVDI

The patient appears to have 6 regularly shaped lumbar vertebrae only plus a lumbosacral transitional vertebra.

Reduced signal of the intervertebral discs L1/2, L2/3, L3/4 with mild dorsal protrusion in the ventral epidural space is seen respectively.

HOSPITAL NAME

Mountain West Veterinary Hospital

The spinal cord presents diffuse regional hyperintensity from L1 through L3. Spinal cord deviation or compression cannot be seen. There appears to be mild concurrent dilation of the central canal of the spinal cord.

Number, alignment, and general anatomy of the cervical vertebrae present within normal limits.

REFERRING VET

Burton

Mild dorsal angulation of the odontoid peg is seen with mild medullary kinking.

Regional hyperintensity of the right paraspinal musculature is present from T13 through L2.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

INVOICE

56650

- Spinal cord hyperintensity L1-L3
- Noncompressive intervertebral disc disease L1/2, L2/3, L3/4.
- Paraspinal muscle hyperintensity right hand sided T13 through L2.

DATE

2-8-23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The MRI study reveals no evidence of compressive disc hernia. Acute noncompressive intervertebral disc extrusion, and ischemic myelopathy are primary differential diagnoses.



PATIENT

Lily Eggett

Myelomalacia, myelitis, and infiltrative disease cannot be ruled out entirely as differential diagnoses but appear to be by far less likely.

Note the presence of a lumbosacral transitional vertebra.

SPECIES

Canine

The paraspinal muscle hyperintensity may represent paraspinal myopathy which is a common sequela of intervertebral disc disease or be iatrogenic due to prior injection.

BREED

Yorkie Mix

SEX

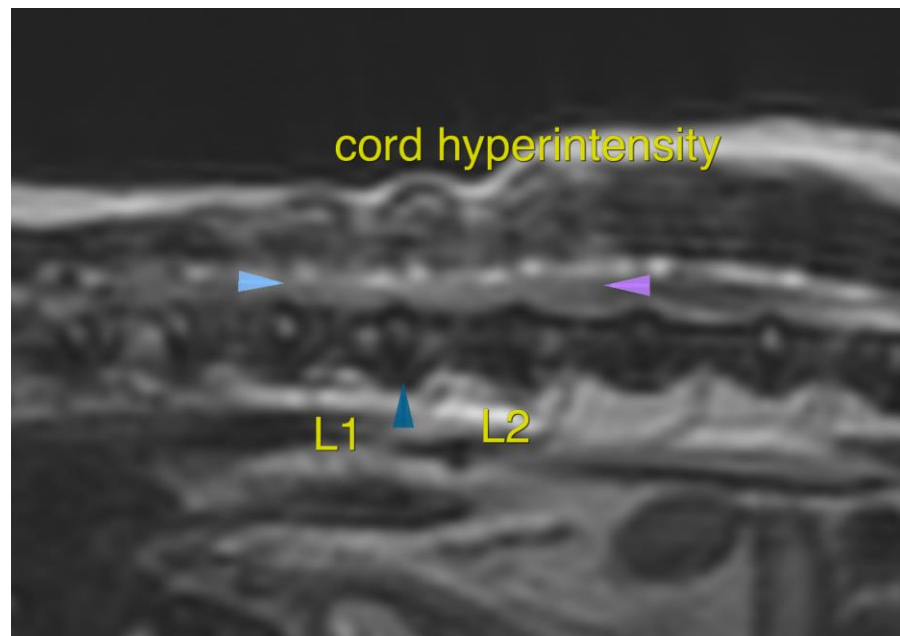
FS

AGE

8.5 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI



HOSPITAL NAME

Mountain West
Veterinary Hospital

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.

REFERRING VET

Burton

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com

INVOICE

56650

DATE

2-8-23