

**PATIENT**

Violet Heron

**PRESENTING CLINICAL SIGNS**

seizures Feb 6 and 22, 2022

Abnormal PE/Chem/CBC/UA Results: Normal neurological exam localize thalamocortex normal chest rads abd U/S - steroid hepatopathy and adrenomegaly

**SPECIES**

Canine

**MAGNETIC RESONANCE IMAGING STUDY OF THE BRAIN**

T2, T2-star, FLAIR, plain and post contrast, T1-plain and post contrast, diffusion weighted with ADC map in various image planes available for review.

**BREED**

Golden Retriever

**MAGNETIC RESONANCE IMAGING FINDINGS**

The MRI study reveals an extraaxial irregular shaped mass of 1.5 cm length, 0.91 cm width, and 1.3 cm height lateral of the left frontal lobe. The mass effect onto the surrounding brain parenchyma is moderate. Rightward shift of the rostral cerebral falx is seen. The mass is heterogeneous on T1, FLAIR, and T2 weighted images with areas of signal void and restricted water diffusion. Mild regional frontal bone hyperostosis and dural tails are seen. The contrast enhancement is strong and nonuniform.

**SEX**

FS

**AGE**

12 Years

The pituitary gland presents uniform contrast enhancement and enlargement. Pituitary gland height is 0.9 cm.

**MAGNETIC RESONANCE IMAGING DIAGNOSIS****INTERPRETED BY**Nele Eley, DVM  
Dr. med. Vet. DipECVDI

- Extraaxial neoplasia with intralesional hemorrhage and dural tails as well as mild calvarial hyperostosis lateral of the left frontal lobe.
- Pituitary gland enlargement.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****HOSPITAL NAME**Animal Health  
Partners

The MRI study reveals two intracranial lesions; both of them extraaxial. The extraaxial mass lateral of the left frontal lobe is compatible with a meningioma. Round cell neoplasia such as histiocytic sarcoma or lymphosarcoma cannot be ruled out as a differential diagnosis but is considered by far less likely.

**REFERRING VET**

Kilburn

The pituitary gland enlargement and the clinical history of the patient support the presence of pituitary adenoma. Adenocarcinoma, lymphosarcoma, and meningioma are potential but by far less likely differential diagnoses.

**INVOICE**

50645

**DATE**

3-1-22



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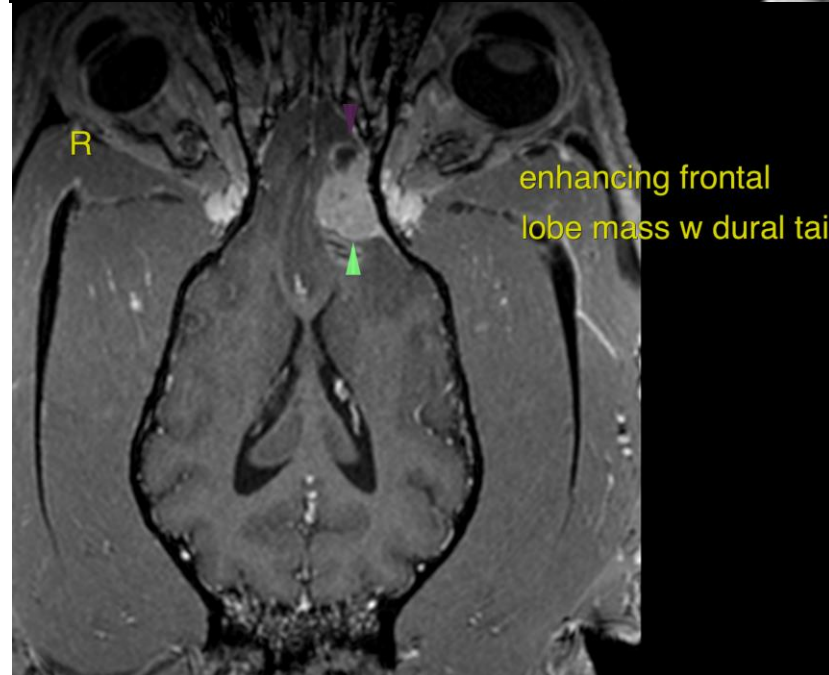
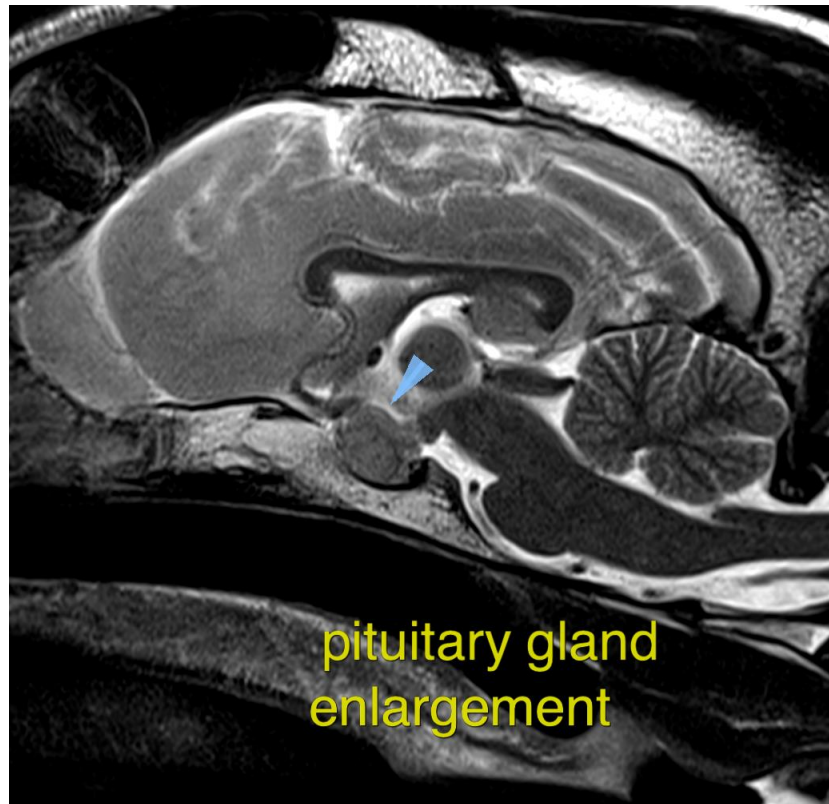
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



**PATIENT** that was not visible in the image/video clips provided.

Violet Heron 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** **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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