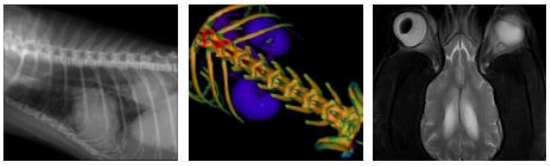
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Dude Brouillette

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Little

INVOICE

51142

DATE

3-24-22

PRESENTING CLINICAL SIGNS

9 yo MN DSH presented for acute vestibular signs. Has also been having weight loss gradually over past 1 month. Previous history - was attacked/shaken by a large dog as a young kitten and shortly after diagnosed with Diabetes Insipidus and hypothyroidism.
Abnormal PE/Chem/CBC/UA Results: Mentation: Quiet but responsive. Cranial nerve exam: Spontaneous rotary nystagmus not seen but positional pathological nystagmus fast phase clockwise still seen. Moderate right head tilt. Otherwise unremarkable. Gait/posture: Ambulatory with a moderate vestibular ataxia lateralizing to the right and no paresis. Body leaning and turning to the right and occasional circling to the right. Postural reactions: Proprioceptive positioning and hopping were normal in all limbs. Spinal reflexes: Normal. Sensory/nociception: No hyperesthesia elicited with palpation along the vertebral column. Neurolocalization: Right peripheral vestibular nerve CSF: Protein level = 0.14g/L (normal <0.30 g/L) WBC = 1.6 /uL (normal 0-4/uL); low numbers of normal mononuclear cells; no atypical cells or infectious organisms identified. Chest/abdomen rads: Unremarkable Ultrasound abdomen: Pending CBC, Biochem: Normal January 2022: TT4 25.5 (normal)

MAGNETIC RESONANCE IMAGING STUDY OF THE BRAIN

T2, T2 star, diffusion weighted plus ADC, plain and post contrast FLAIR, and T1-weighted images available for review.

MAGNETIC RESONANCE IMAGING FINDINGS

No defect or asymmetry of the neurocranium is seen.

A 9mm sized ovoid well delineated thin walled cystic lesion with fluid intense contrast negative content is seen ventrally within the right temporal lobe. The lesion appears to be in contact with the subarachnoid space. No evidence of perilesional edema, mass effect, or disrupted blood-brain barrier is seen. The right lateral ventricle is minimally wider than the left lateral ventricle; however, the asymmetry is within the limits of anatomic variation. No other neuroparenchymal changes are identified. There is no evidence of increased intracranial pressure.

The middle and inner ear as well as the external auditory meatus present within normal limits.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Single cystic lesion within the right temporal lobe.
- No evidence of middle or inner ear pathology.
- Structurally normal cerebellum and brainstem.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The MRI study reveals a cystic lesion ventrally within the right temporal lobe. Intracranial arachnoid cyst is considered most likely. The cyst may be the result of prior trauma, stroke, or congenital in origin. Parasitic cyst, cystic neoplasia, abscess, and other all are considered highly unlikely as differential diagnoses. The position of the cyst does not correlate with the patient's clinical signs and idiopathic vestibular signs should be considered a potential. Consider complementary CSF analysis if not performed already.

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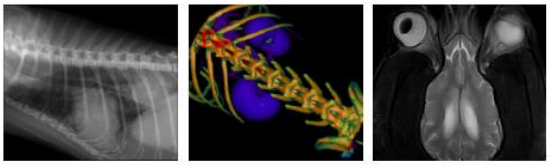

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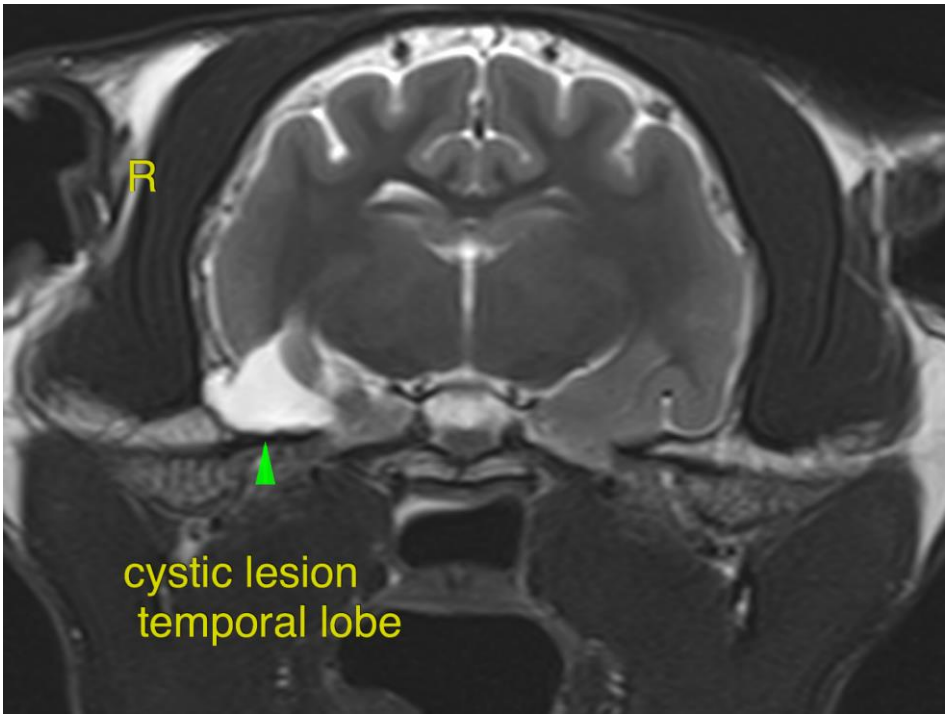

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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