



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Cabby Reber
SPECIES Canine
BREED Labrador Retriever
SEX FS
AGE 6 Years, 1 Month

Lameness of left front leg mid-February at primary vet was non-weight bearing with pain and muscle tensing on palpation around elbow and extension of elbow and shoulder. Resistance on lateral flexion of neck to both sides. Was started on Gabapentin & rimadyl. On March 24, 2022 was examined here for continued lameness PE: C.P. mild delay to LF. Mild delay to bilateral hind when placing in hand, but were normal when placed to table. Severe bilateral neck muscle spasm, worse on Left. BCS: 5/9 No pain on front limb palpations. Walks in room with head down, severe pain in attempt to motion neck in all directions. Unable to put full weight into Left front. Rimadyl was discontinued and Prednisone was started.

Abnormal PE/Chem/CBC/UA Results: Positive for anaplasmosis Feb. 22, 2022 Exam on March 29th:tender on all transitional areas of the spine; under sedation: bilateral medial shoulder instability, very stiff C2-4, very painful ventral cervical area. root signature worse on R. Bilateral shoulder extension pain. Bicipital pain on right. Chemistry & CBC were within normal limits.

COMPUTED TOMOGRAPHIC STUDY OF THE FRONT LIMBS & SPINE

Plain studies of the front paws and carpi, elbows, shoulders, cervical, and thoracolumbar spine. CT myelogram with lumbar puncture of the cervical and thoracolumbar spine.

COMPUTED TOMOGRAPHIC FINDINGS

Moderate extradural spinal cord compression is seen within the upper cervical spine level with the left nerve roots between C2/3 and C3/4. Isoattenuating enlargement of the nerve roots with widening and sclerosis of the left neuroforamina is seen. The spinal cord is deviated to the right of the midline and moderately compressed. Early spondylosis deformans is noted between C2 and C3.

Focal mineralization of the dorsal longitudinal ligament is noted between T11 and T12 and considered of no clinical significance.

The shoulders, elbows, carpi, and front paws present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe chronic thickening of the left C2/3 and C3/4 nerve roots with pressure related atrophy, widening of the neuroforamina, and moderate spinal cord compression.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with chronic severe left cervical spinal nerve root thickening with mass effect at C2/3 and C3/4. Differential diagnosis includes neuritis and less likely multiple peripheral nerve sheath tumor or round cell neoplastic infiltrate. Conservative management / diagnostic treatment with imaging recheck could be considered.

INVOICE

51253

DATE

3-30-22

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDF

HOSPITAL NAME

Casselton Vet Service

REFERRING VET

Brad Bartholomay



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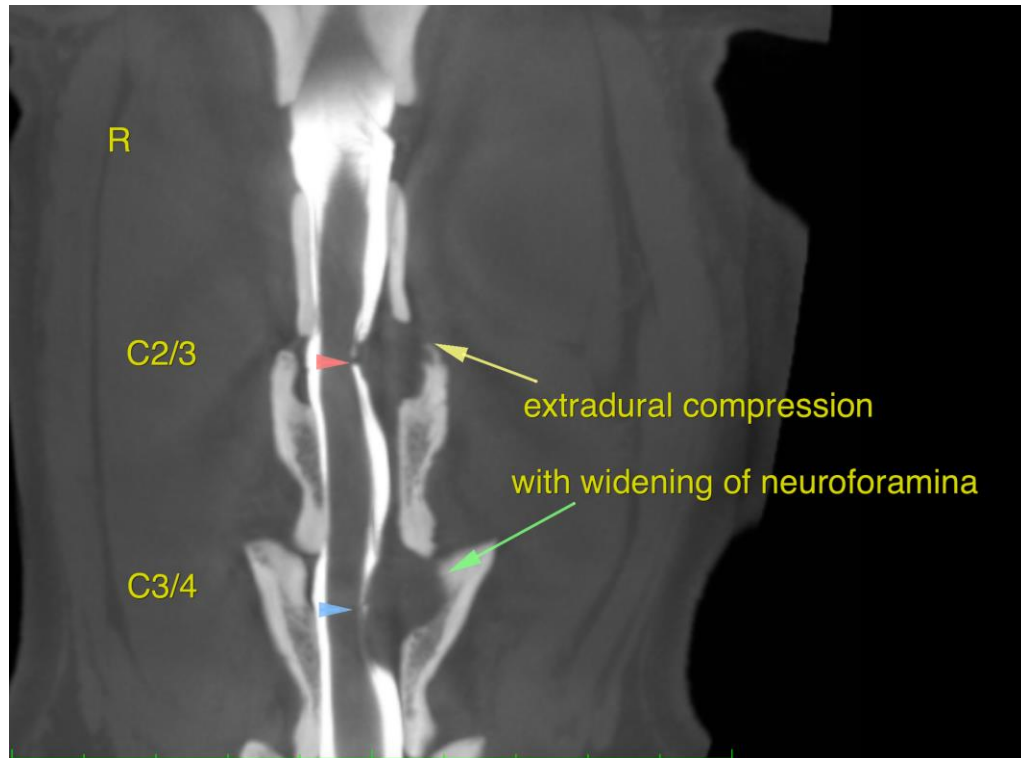
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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