SonoPath Teleradiology

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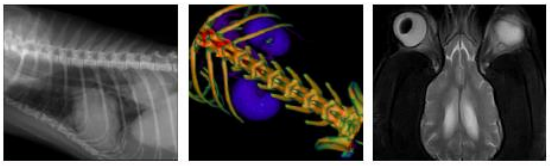


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Casper Rependa

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact Male

AGE

7 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Little

INVOICE

51271

DATE

3-31-22

PRESENTING CLINICAL SIGNS

Casper, 7 months old, M Golden Retriever. He became acutely lethargic 4 days ago (from day of presentation); he was reluctant to eat, reluctant to move, showed signs of wobbliness and was in pain/discomfort even at rest.
Abnormal PE/Chem/CBC/UA Results: MSK: Mild grade 1/5 lameness on pelvic limbs and discomfort on pelvic Rectal: Discomfort with dorsal palpation of the sacrum. Neurological examination: Mentation: Bright, alert and responsive. Cranial nerve exam: No deficits noted. Gait/posture: Ambulatory with mild pelvic limb sway and lameness as described above. Postural reactions: Proprioceptive positioning and hopping were normal in all four limbs Spinal reflexes: Normal to mildly reduced patellar reflex bilaterally. Normal withdrawal reflex and cutaneous trunci. Sensory/nociception: Moderate hyperesthesia elicited with palpation along the lumbar vertebral column and on tail jack. Hip examination was performed under general anesthesia and showed mildly increased laxity of the hip joints as evidenced by abnormal angles of reduction and subluxation during the Ortolani maneuver.

MAGNETIC RESONANCE IMAGING STUDY OF THE THORACOLUMBAR SPINE & PELVIS

T2, T2-fat saturated, T1-plain and post contrast with and without fat saturation in various image planes available for review.

MAGNETIC RESONANCE IMAGING FINDINGS

The MRI study reveals normal age related anatomic relationships of the thoracolumbar spine. No evidence of myelopathy can be identified.

The coxofemoral joints present mild joint space divergence. Both coxofemoral joints present mildly increased amounts of effusion. The capitis femoris ligaments are intact. No overt subluxation is seen. Femoral head coverage appears adequate.

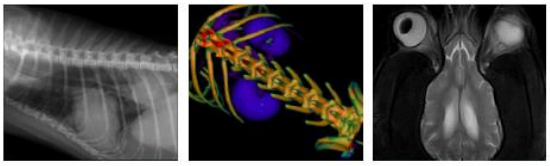
Regional T2 hyperintensity and swelling is seen in the origin of the left gracilis muscle and extends into the mid third of the gracilis. The area is T1 isointense with moderate contrast enhancement. Mild similar changes are seen in the right gracilis origin.

The left gluteus origin is ill-defined with ill-defined and interrupted outline of the fascial planes, heterogeneous increase in signal intensity in T2, and iso- to hypo- intense signal in T1 with increased contrast enhancement. The main findings are localized to the trochanteric fossa however, the changes can be traced distally along the femoral biceps and semitendinosus muscle which encompass the sciatic nerve. Mild left sciatic nerve thickening is noted level with the trochanteric fossa and left proximal thigh. At this time, there is no evidence of muscle atrophy.

The left subinguinal lymph nodes present mild symmetric enlargement.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Polymyopathy of the proximal left hind limb involving the gracilis, gluteus, semitendinosus, and femoral biceps muscles.
- Mild peripheral left sciatic neuropathy.
- Mild subinguinal lymphadenomegaly.
- No overt signs of canine hip dysplasia.



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- Structurally normal findings of the thoracolumbar spine.

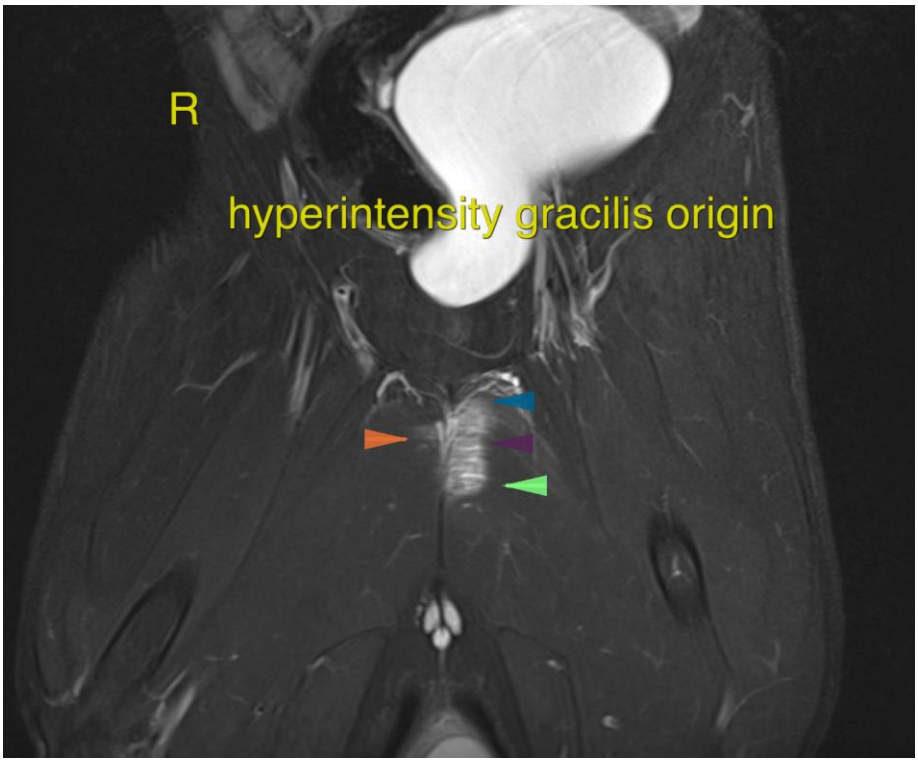
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The MRI study reveals multiple muscle injury in the proximal left hind limb involving the gracilis, gluteus, semitendinosus, and semimembranosus muscles. Differential diagnosis includes traumatic myopathy and atypical presentation of myositis. Based on the signal behavior, acute traumatic injury with intermuscular hematoma/edema of the gracilis, semitendinosus, and biceps femoris, as well as partial rupture of the gluteus appears most likely.

The thickening of the left sciatic nerve is mild and may well be secondary to the muscle injury. At this time, there is no evidence of neurogenic muscle atrophy.

It remains open as to whether the muscle injury is a consequence of the neurologic deficits with swaying hind limbs or whether this represents the primary entity in this case.

Mild bilateral joint effusion of the coxofemoral joints is seen. No overt conformational abnormality of the acetabular grooves and femoral heads is present; however, increased laxity cannot be ruled out. Arthritis including immune mediated would a potential differential diagnosis.



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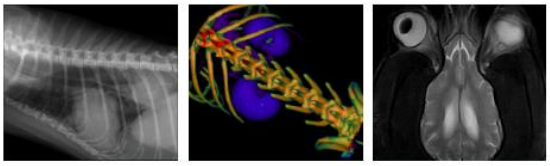

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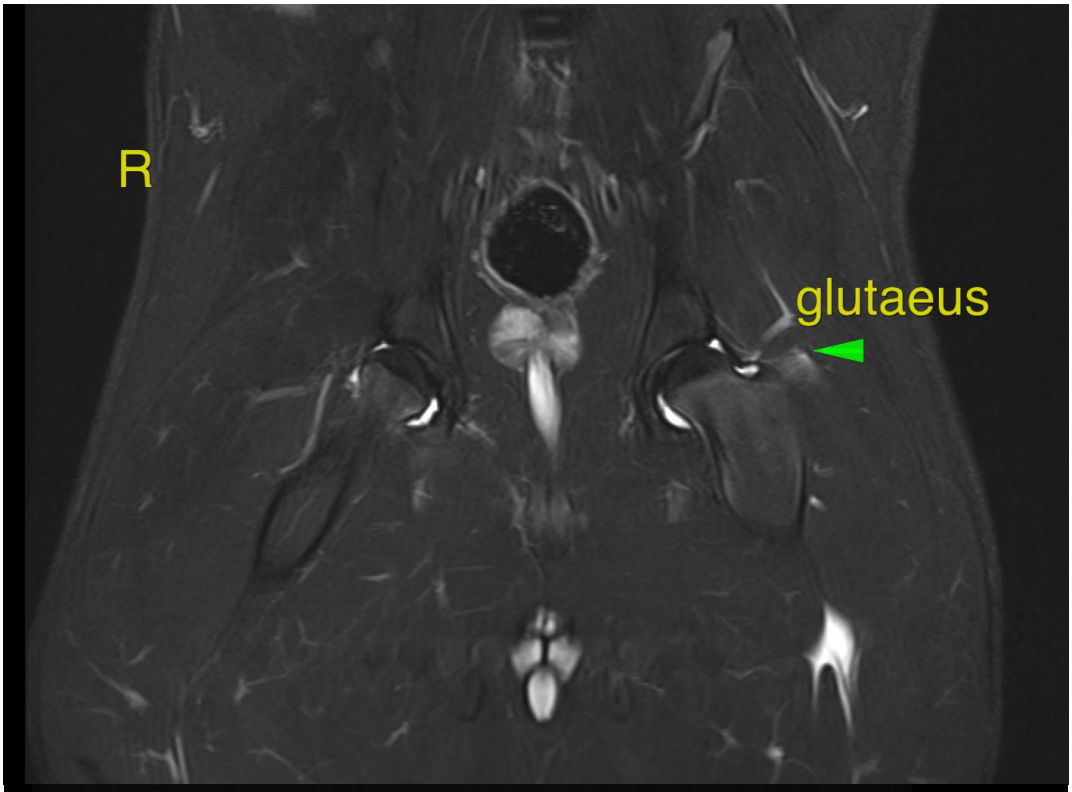

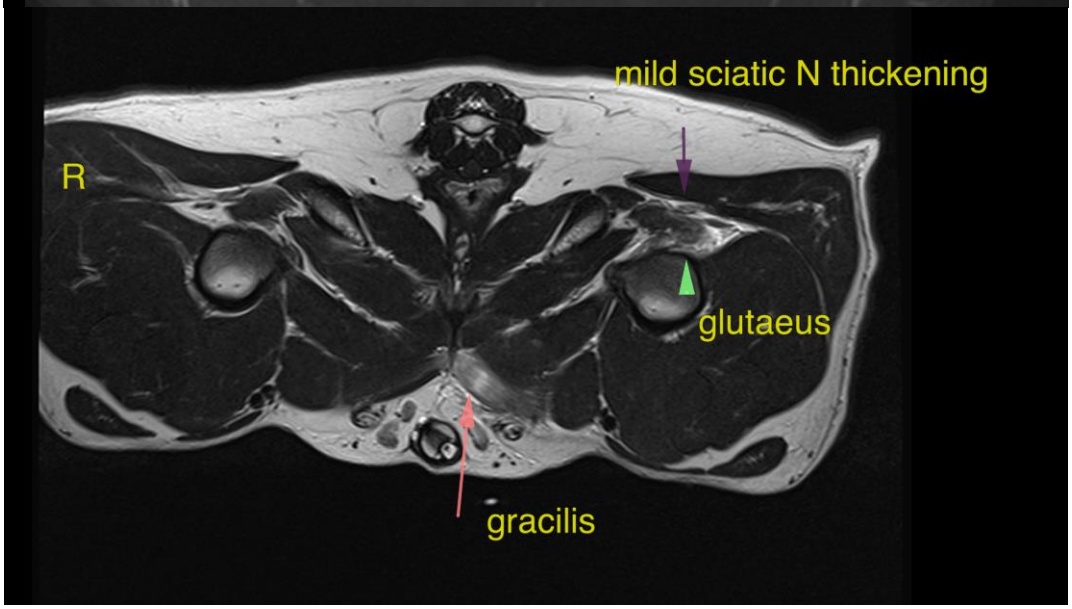

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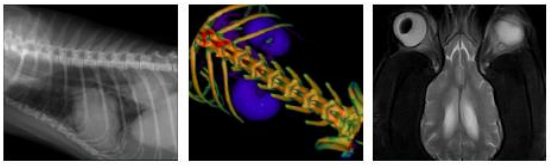

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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