



PATIENT PRESENTING CLINICAL SIGNS

Lion Heart Johnston

6 year old, MN Domestic Short Hair, presented for acute worsening of pelvic limbs weakness. He has had a wobbly pelvic limbs gait since he was adopted but over the past 5 months it has been declining and this past 2 days he is unable to bear weight on them. He is dragging himself around.

SPECIES

Feline

FIV positive Physiologic grade IV/VI systolic heart murmur previously reported
 Abnormal PE/Chem/CBC/UA Results: Rectal: Pain on LS palpation Mentation: Bright, alert and responsive. Cranial nerve exam: No deficits noted. Gait/posture: Minimally ambulatory with severe paraparesis and moderate proprioceptive ataxia of the pelvic limbs characterized by plantigrade stance walks and occasionally crossing of both pelvic limbs. Postural reactions: Proprioceptive positioning and hopping were absent in pelvic limbs and normal in thoracic limbs. Spinal reflexes: Normal patellar reflex. Mildly reduced flexors in both pelvic limbs with discomfort elicited as the limbs are flexed. Normal in thoracic limbs. Sensory/nociception: No hyperesthesia elicited with palpation along the vertebral column. Neurolocalization: T3 - L3 vs L4 - S3 myelopathy

BREED

DSH

SEX

MN

MAGNETIC RESONANCE IMAGING STUDY OF THE THORACIC & LUMBAR SPINE

T2, T2-fat saturated, T1-plain and post contrast studies in various image planes available for review.

AGE

6 Years

MAGNETIC RESONANCE IMAGING FINDINGS

Severe lumbosacral stenosis is noted with moderate ventral subluxation of the sacrum with respect to the last lumbar vertebra. The ventral deviation approximates 2.5mm. Asymmetric collapse of the lumbosacral intervertebral disc space is seen. There is ventralization of the sacral roof. Moderate intervertebral disc protrusion, hypertrophy of the ligamentum flavum, and ventralization of the vertebral facets further contribute to the vertebral canal narrowing which is almost hourglass shaped and severe. The cauda equina fibers cannot be delineated against the hypointense stenosis. Only a thin fat intense rim is seen dorsal to the cauda equina. Severe lumbosacral spondylosis deformans is seen.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health
 Partners

Multiple of the thoracolumbar discs present degenerative changes in terms of varying degrees of loss of the T2 hyperintense nucleus pulposus signal.

T13/L1 and L1/2 present mild disc protrusions with mild ventral flattening of the spinal cord. No signal alteration of the spinal cord is seen and the dorsal csf and fat spaces are maintained.

REFERRING VET

Dr. Marchal

Moderate intervertebral disc space collapse and moderate intervertebral disc protrusion is seen between T2 and T3, T3 and T4, as well as between T6 and T7. Moderate dorsal deviation with loss of the dorsal fat and csf space is present between T2 and T3 and T3 and T4.

INVOICE

50745

The involution of the thymus appears to be incomplete which has been described in FIV positive cats.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

DATE

3-4-22

- Severe degenerative lumbosacral stenosis with moderate ventral subluxation of the sacrum.
- Mild intervertebral disc protrusions T13/L1 and L1/2.
- Moderate disc protrusions T2/3, T3/4, and T6/7.



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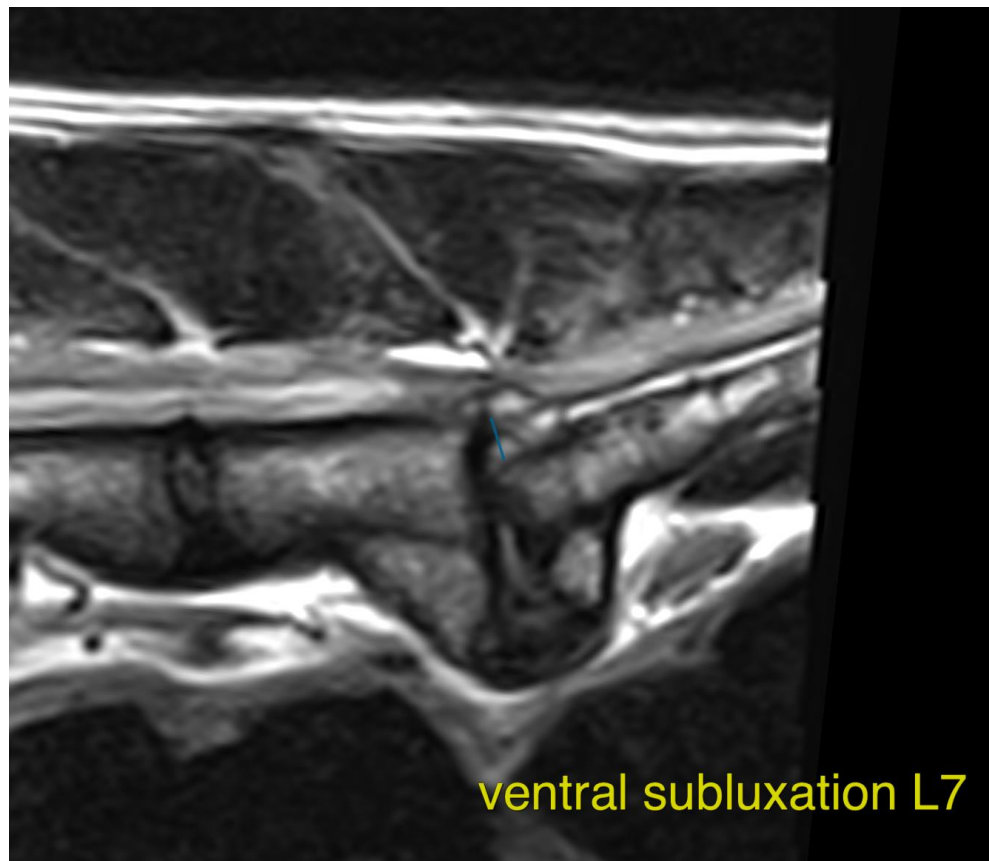
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lumbosacral changes appear to be most striking. Severe stenosis of the vertebral canal is caused by ventral subluxation of the sacrum, moderate disc protrusion, and hypertrophy of the ligamentum flavum. The cauda equina fibers cannot be delineated against the complex stenosis.

The T13/L1 and L1/2 protrusions are mild and less likely to be of clinical significance.

Significant mild to moderate spinal cord compression appears to be present in the cranial thoracic spine between T2/3 and T3/4 which, however, is uncommon to cause the described clinical signs.





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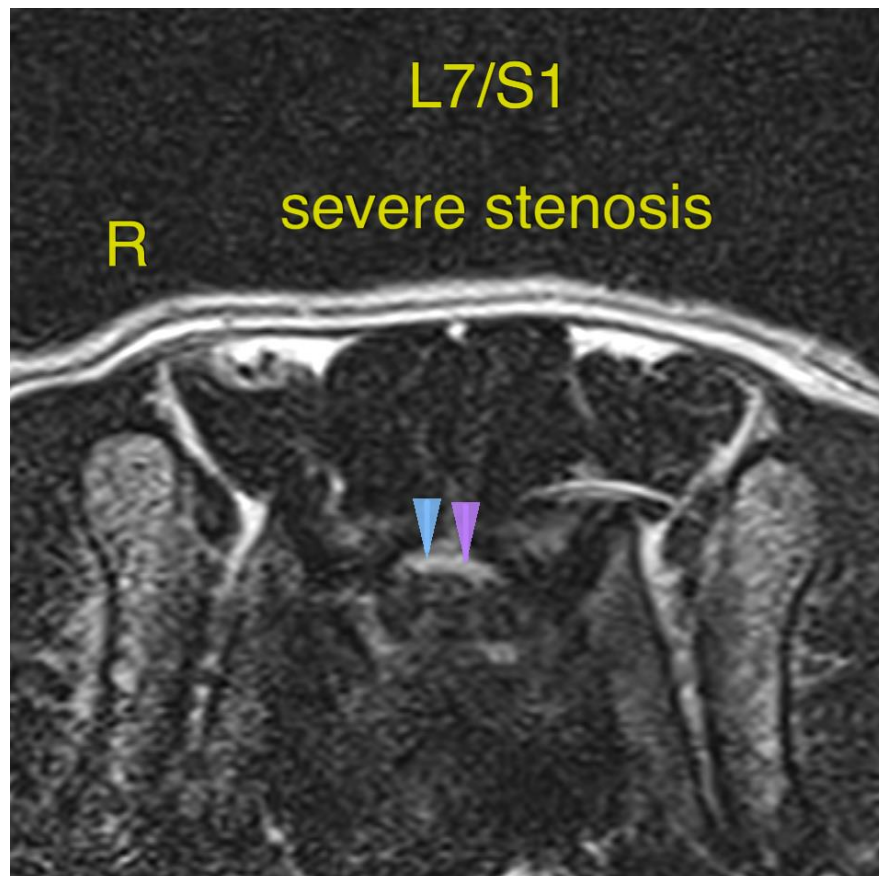
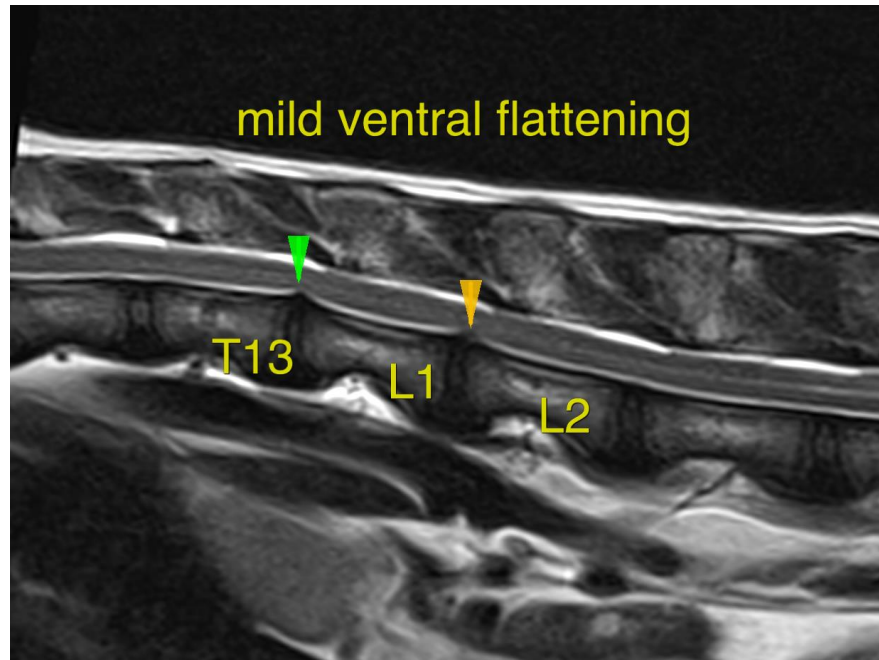
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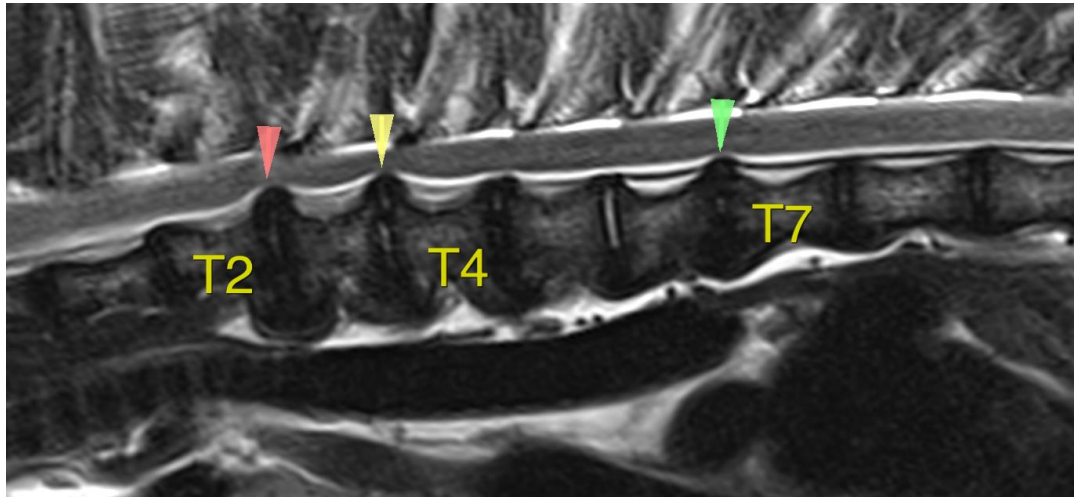
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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