



PATIENT

Dickens Colabella

SPECIES

Canine

BREED

Cavalier King Charles
Spaniel

SEX

MN

AGE

6 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health
Partners

REFERRING VET

Dr. Jeffery Biskup

INVOICE

51648

DATE

4-20-22

PRESENTING CLINICAL SIGNS

Dickens presented for evaluation of Left shoulder pain. The lameness was initially noticed in December but owners think it has been going on for about a year. Owner first noticed the pain occasionally when lifting paws to clean them after going outside and as the day progresses the lameness/pain gets worse to the point where he doesn't want to jump on the couch. Owner reports a small wart on groin area, but no change in size, unable to find at time of appointment. Dickens has had a previous history of Heart murmur at birth which went away but has come back in the last year. A murmur was noted on exam. (Grade 3/4 left systolic Heart murmur) Dickens current medications None. Dickens is currently eating/eating normally, with no history of allergies. Dickens is up to date on vaccines.

Abnormal PE/Chem/CBC/UA Results: Grade 3/6 left systolic murmur Abdomen tense on palpation Right: -pain on elbow extension, moderate -pain on triceps palpation, mild Left: -pain on elbow extension, moderate -pain on abduction of the shoulder, moderate

MAGNETIC RESONANCE IMAGING STUDY OF THE CERVICAL SPINE & LEFT SHOULDER

T2, T2-fat saturated, proton density weighted images of the cervical spine and left shoulder available for review.

MAGNETIC RESONANCE IMAGING FINDINGS

Cervical Spine

The left cervical spinal nerve root C6/7 presents moderate thickening level with the vertebral canal and entrance zone of the left sided neuroforamen. No significant intervertebral disc hernia is seen between C6 and C7.

All intervertebral discs within the cervical spine present moderate signs of degenerative disc disease with no significant disc hernia or compressive myelopathy.

Mild ventralization of the caudal vertebral roof of C3 and cranial vertebral roof of C4 is seen and creates mild focal dorsal narrowing of the vertebral canal with no overt spinal cord compression.

Crowding of the caudal cranial fossa with mild foraminal herniation of the cerebellum and narrow cisterna magna is seen. There is mild medullary kinking. No evidence of syringomyelia is noted.

Left Shoulder

The left shoulder presents moderate effusion within the joint and bicipital tendon sheath. Mild thickening of the synovial lining of the biceps is seen as well as early exostosis within the intertubercular groove.

A mild osteophyte is present at the caudal aspect of the humeral head.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Central left C6/7 neuropathy
- Mild left shoulder osteoarthritis and biceps tenosynovitis.
- Mild vertebral canal stenosis C3/4
- Chiari like malformation with no signs of syringomyelia.



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- Multifocal degenerative disc disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The MRI findings are compatible with neuropathy of the left C6/7 spinal nerve. Neuritis is considered most likely, however, early neoplastic disease such as peripheral nerve sheath tumor or round cell neoplasia cannot be ruled out entirely. A clinical trial of treatment for neuritis with narrow clinical monitoring and eventual MRI recheck is recommended.

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The vertebral canal stenosis between C3 and C4 appears to represent primary stenosis secondary to osseous malformation which, however, is not associated with compressive myelopathy at this point.

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The left shoulder presents signs of chronic degenerative joint disease with mild biceps tenosynovitis. Concurrent medial shoulder instability cannot be ruled out. The clinical significance of the pertinent MRI findings in a small lightweight dog varies.

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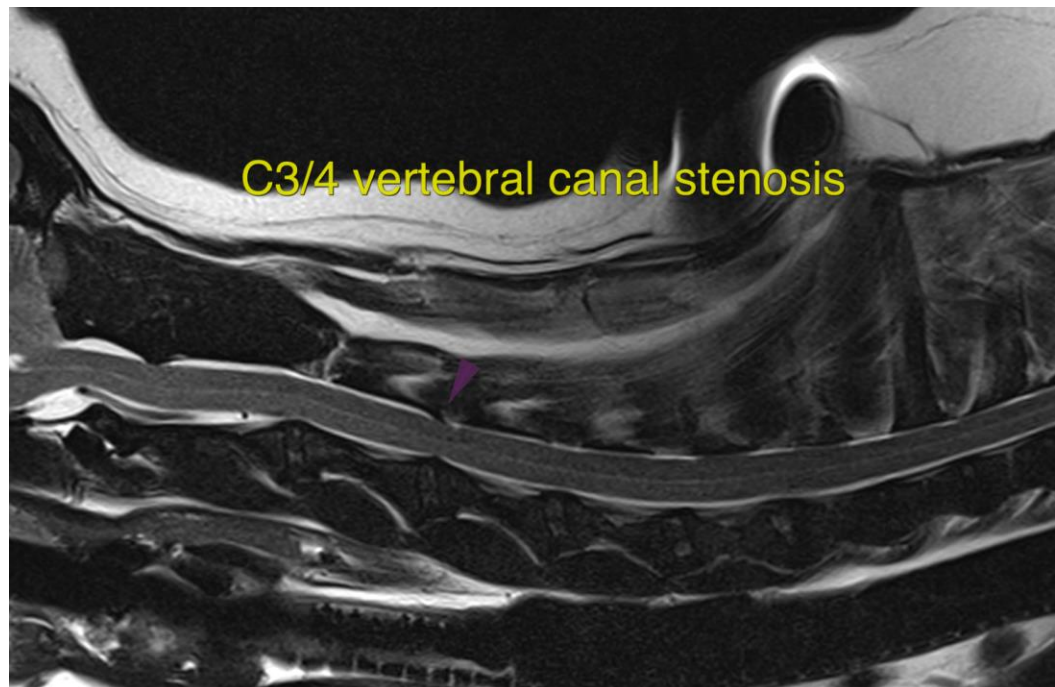
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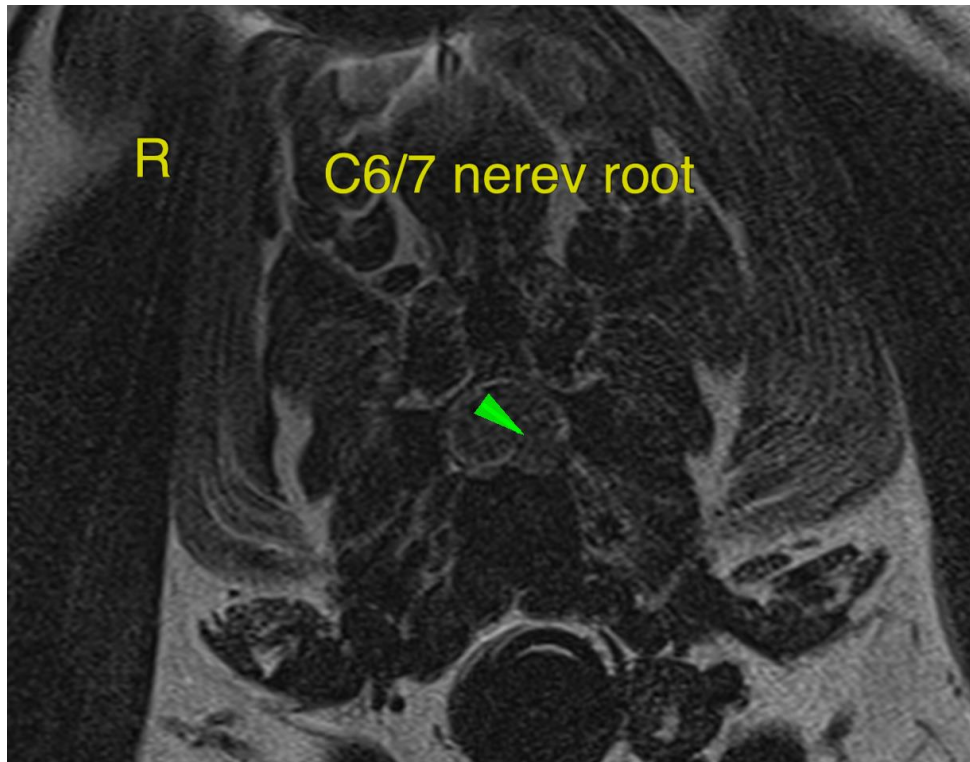
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

HOSPITAL NAME

Animal Health
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