



PATIENT PRESENTING CLINICAL SIGNS

Bessie Hong The clinical signs were first noted on March 25th 2022; she was limping on the right pelvic limb and progressed to being wobbly and crossing in the pelvic limbs. Ataxia of the pelvic limbs have been progressively worsening.

SPECIES Abnormal PE/Chem/CBC/UA Results: Mentation: Bright, alert and responsive. Cranial nerve exam: No deficits noted. Gait/posture: Ambulatory with mild-moderate proprioceptive ataxia of pelvic limbs and mild paraparesis lateralizing to the right, characterized by mild erratic paw abduction. Postural reactions: Proprioceptive positioning and hopping were mildly delayed in both pelvic limbs (moderate on left and mild on right) and normal in thoracic limbs. Spinal reflexes: Normal patellar reflex. Normal withdrawal. Normal cutaneous trunci.

Canine

BREED

Boston Terrier

Sensory/nociception: Moderate hyperesthesia elicited with palpation along the caudal thoracic vertebrae (around T12). CBC, Biochemistry was unremarkable. Currently being treated with gabapentin and tramadol. Responded and showed transient improvement when injected with dexamethasone.

SEX

SF

MAGNETIC RESONANCE IMAGING STUDY OF THE THORACOLUMBAR SPINE

T2, T1, T1-with and without fat saturation, and with and without contrast enhancement in multiple image planes available for review.

AGE

6 Years

MAGNETIC RESONANCE IMAGING FINDINGS

Patient is of a corkscrew tailed breed.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Multiple coccygeal vertebral malformation is seen.

The sacrum comprises 2 vertebrae only.

A lumbosacral transitional vertebra is seen.

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Number, alignment, and general anatomy of the remainder of the lumbar vertebrae present within normal limits.

No evidence of increased contrast enhancement of the spinal cord is noted and there is no evidence of compressive myelopathy throughout the lumbar spine.

REFERRING VET

Dr. Little

Multiple thoracic vertebral malformation with hemivertebrae between T4-T8 and at T10/11 with mid thoracic lordosis followed by caudal thoracic kyphosis and moderate concurrent scoliosis is seen. Resulting vertebral canal stenosis can be observed at T4/5 and T10/11 with mild lateralized deviation and flattening of the spinal cord. However, no evidence of spinal cord swelling, or edema is seen at these sites.

INVOICE

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Multiple lumbar and thoracic vertebrae present extensive increase in signal intensity on T2-weighted sequences as well as increased contrast enhancement on the T1-weighted studies with gadolinium. The findings are most pronounced for the lumbar vertebrae L5 and L6; however, L2, T12, and multiple other thoracic vertebrae are effected as well. The changes are mostly confined to the vertebral bodies. The 7th cervical vertebra presents similar changes as well.

DATE

4-9-22

The splenic head appears to be enlarged with multiple T2-hypointense nodules.



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MAGNETIC RESONANCE IMAGING DIAGNOSIS

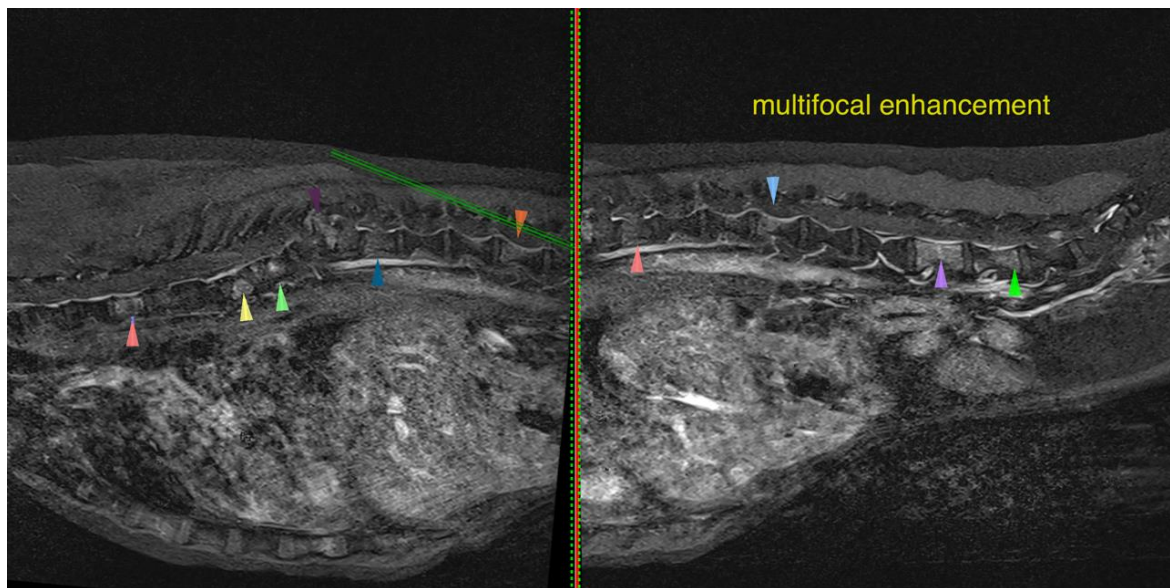
- Multifocal spondylopathy with increased contrast enhancement and T2 signal intensity throughout the cervical, thoracic, and lumbar spine.
- Multiple congenital vertebral malformation with thoracic lordosis, kyphosis, and scoliosis, as well as vertebral canal stenosis.
- Splenopathy with splenomegaly and multiple nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding appears to be the multifocally increased enhancement of cervical, thoracic, and lumbar vertebrae. Differential diagnosis includes round cell neoplasia, multiple myeloma/plasmacytoma, metastatic disease of another primary tumor, and less likely hematogenous osteomyelitis or active osseous remodeling.

If not performed already, consider abdominal ultrasound with eventual sampling of the liver and spleen for further definition. Bone biopsy could be considered a reasonable next step should this be inconclusive.

Other than the thoracic vertebral canal stenosis at T4/5 and T11/12, I cannot identify compressive or other myelopathy that would explain the paraparesis in this patient. However, infiltrative disease of the spinal cord cannot be ruled out entirely even if occult on MRI.





PATIENT

Bessie Hong

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.

SPECIES

Canine

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