SonoPath Teleradiology

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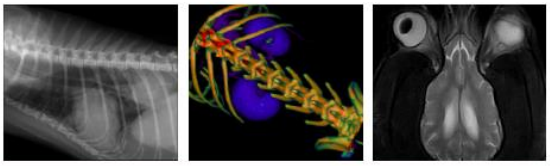

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

O'Shea Varela

SPECIES

Canine

BREED

French Bulldog

SEX

MN

AGE

9 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Alison Little

INVOICE

59098

DATE

6-29-23

PRESENTING CLINICAL SIGNS

O'Shea Roter, a 9 year old, MN French Bulldog, presented to the AHP Neurology Service on June 28, 2023 for evaluation of hind end ataxia. O'Shea has been sporadically hopping with his left pelvic limb. This normally happens when he is accelerating. This behaviour started in April. He was evaluated by his primary care veterinarian where radiographs were performed. He was treated with prednisone and strict crate rest for 5 weeks. His symptoms remained unchanged. He started to knuckle is back pelvic limb in December. A radiograph was performed at that time. Examination: Mentation: Bright, alert and responsive. Cranial nerve exam: No deficits noted. Gait/posture: Ambulatory with a mild/moderate pelvic limb ataxia. Offloads a mild amount of weight on to thoracic limbs. Postural reactions: Proprioceptive positioning and hopping were normal in the thoracic limbs and moderately delayed in the pelvic limbs bilaterally, mildly worse on the left. Spinal reflexes: Normal. Sensory/nociception: Lumbar hyperesthesia. localization: T3-L3 myelopathy

MAGNETIC RESONANCE IMAGING STUDY OF THE THORACIC & LUMBAR SPINE

T2-fat saturated, T1-plain and post contrast images are available for review.

MAGNETIC RESONANCE IMAGING FINDINGS

Multiple congenital vertebral malformation is seen within the thoracic spine and lumbosacral junction.

T4, T7, T8, T9, and T10 are hemivertebrae.

Mild spinal kyphosis and scoliosis are noted between T3 and T5.

Mild vertebral canal stenosis is noted between T7 and T8. The T7/8 dorsal spinous processes are fused. The disc between T7 and T8 shows mild protrusion. Focally hyperintense signal is seen within the spinal cord dorsal to the T7/8 intervertebral disc space with no evidence of a mass effect. Minimally increased contrast enhancement appears to be present at the same level within the right half of the spinal cord.

Serial intervertebral disc protrusion is present within the caudal thoracic and throughout the lumbar spine. The degree of protrusion is mild.

Multifocal degenerative disc disease is seen. There is no evidence of an arachnoid diverticulum.

The 1st sacral vertebra is a butterfly vertebra.

Severe protrusion of the lumbosacral intervertebral disc with bilateral neuroforaminal stenosis is seen.

Moderate protrusion of the L6/7 intervertebral disc is noted. The L6 and L7 nerve roots appear to be thickened bilaterally.

A 3 cm sized irregular shaped and heterogeneous mass is seen at the heart base between the main pulmonary artery and aortic root.

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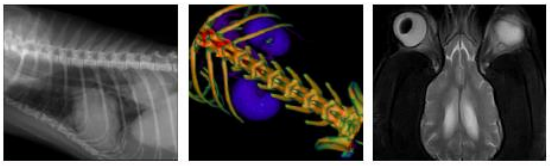

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MAGNETIC RESONANCE IMAGING DIAGNOSIS

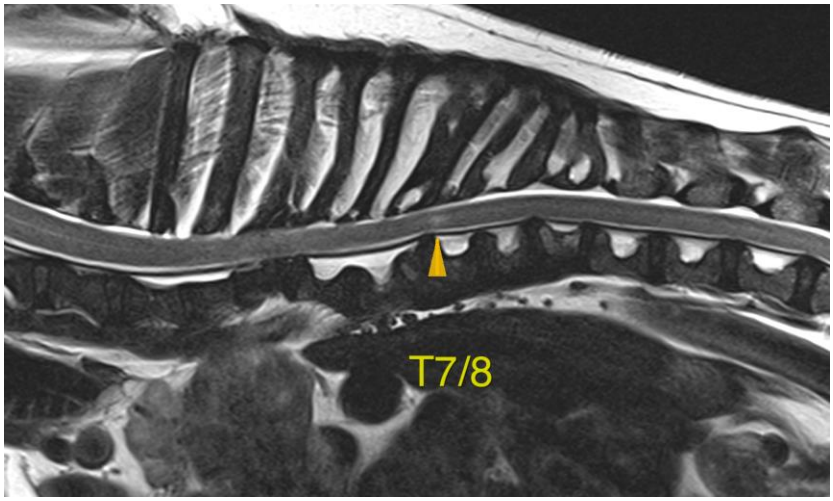
- Focal myelopathy within the spine cord at T7/8.
- Multiple mild chronic intervertebral disc protrusions throughout the thoracic and lumbar spine with no evidence of significant compressive myelopathy.
- Moderate to severe degenerative lumbosacral stenosis with neuroforaminal stenosis.
- L5/6, L6/7, & L7/S1 disc protrusions, cauda equina compression, and bilateral L6 and L7 neuritis.
- Multiple congenital vertebral malformation within the thoracic spine and at the sacrum.
- Heart base tumor.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The MRI study reveals focal myelopathy within the spinal cord between T7 and T8. Differential diagnosis includes ischemic myelopathy, spinal cord gliosis, and less likely myelitis or infiltrative disease. The findings are not necessarily the underlying cause of the patient's clinical signs since the clinical signs appear to be chronic progressive and the laterality to the right side of the spinal cord does not appear to be supported by the clinical findings either.

There is evidence of severe degenerative lumbosacral stenosis with neuroforaminal stenosis and multifocal neuropathy suggesting presence of neuritis of the bilateral L6 and L7 nerve roots which may in part explain the patient's clinical signs.

Note the presence of a heart base tumor. Chemodectoma is considered likely based on the appearance and breed disposition. However, other neoplasia such as hemangioma, hemangiosarcoma, lymphosarcoma, and other cannot be ruled out.



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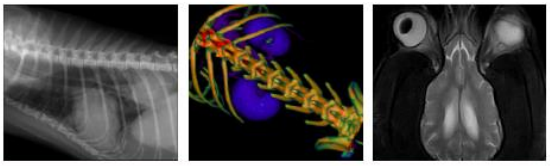

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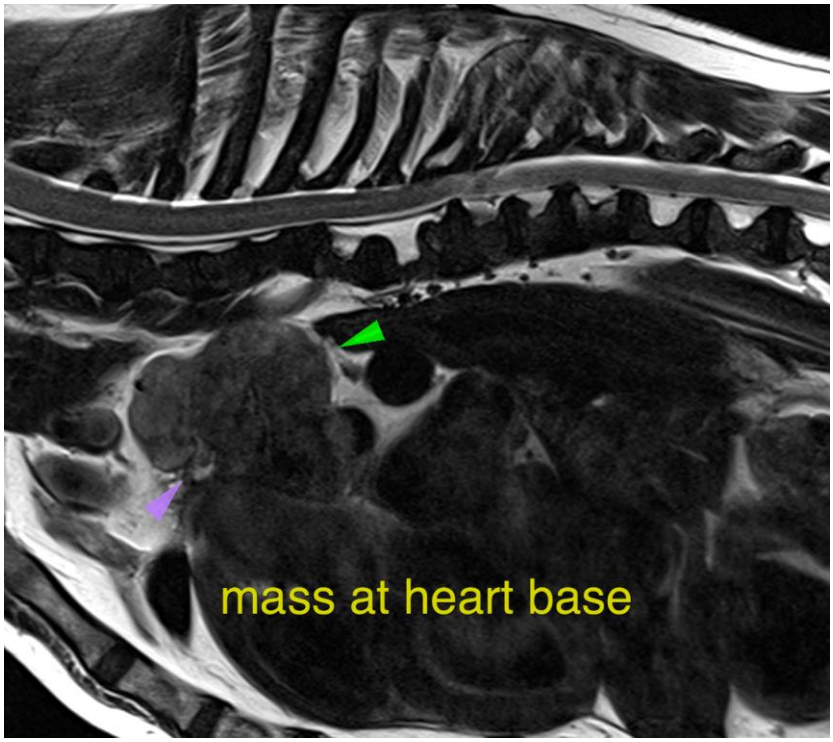

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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