



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Boo Rew  
**SPECIES** Canine  
**BREED** German Shepherd

10 yo MN GSD 5 d history inability to walk in pelvic limbs nonpainful at home. chronic approx february /22 history of urinary incontinence and possible hindlimb paresis/ataxia. multifocal SC dysfunction on exam, had a seizure after premed. MRI normal. Neurological Exam: Mentation: Anxious Gait/Posture: Non-ambulatory paraparesis and proprioceptive ataxia; can advance and take steps in pelvic limbs w pelvic support but knuckling with each step on left pelvic limb (walks on dorsal paw) occ on right, increased right thoracic limb extensor tone with spontaneous knuckling, shortstrided vs floating thoracic limb gait and Cranial nerves: PLRs decreased (++) symp tone) otherwise within normal limits (muzzled) Postural reactions: Absent in PLs Spinal reflexes: Normal patellar bilaterally, CT diminished cd to approximately caudal Nocicpetion: Absent in PLs? Pain: Painful around LS, also painful around inguinal area. Neurolocalisation: Likely multifocal spinal column -

**MAGNETIC RESONANCE IMAGING STUDY OF THE BRAIN & ENTIRE SPINE**

**SEX** MN  
 Multiple T2 weighted and plain as well as post contrast T1 weighted images with and without fat saturation of the head, cervical, thoracic, and lumbar spine available for review.

**MAGNETIC RESONANCE IMAGING FINDINGS**

**AGE** Brain

10 Years  
 The signal intensity and morphology of the brain presents within normal limits. Mild generalized atrophy of the neuroparenchyma with deep sulci and gyri is seen. There is no evidence of abnormal enhancement. The dimensions of the ventricular system present within normal limits.

**INTERPRETED BY**

Nele Eley, DVM  
 Dr. med. Vet. DipECVDI

The craniocervical junction presents within normal limits.

**Spine**

**HOSPITAL NAME**

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 Partners

Number, alignment, and anatomy of the cervical vertebrae and intervertebral discs are within age related normal limits. No morphology or signal change of the spinal cord are seen.

Mild caudal thoracic intervertebral disc protrusions between T12/13 and T13/L1 are noted with reduced width of the ventral subarachnoid space. However, no significant deviation or compression and no signal alteration of the spinal cord can be identified.

**REFERRING VET**

Dr. Stephanie Lovell

The L6/7 intervertebral disc presents mild protrusion into the ventral epidural space of the vertebral canal with no deviation or compression of the cauda equina.

Mild hypertrophy of the ligamentum flavum is seen at the lumbosacral junction. The lumbosacral intervertebral disc however is in situ and presents within age related normal limits.

**INVOICE**

52911

**MAGNETIC RESONANCE IMAGING DIAGNOSIS**

- Normal age related MRI findings of the brain and spine.

**DATE**

7-16-22



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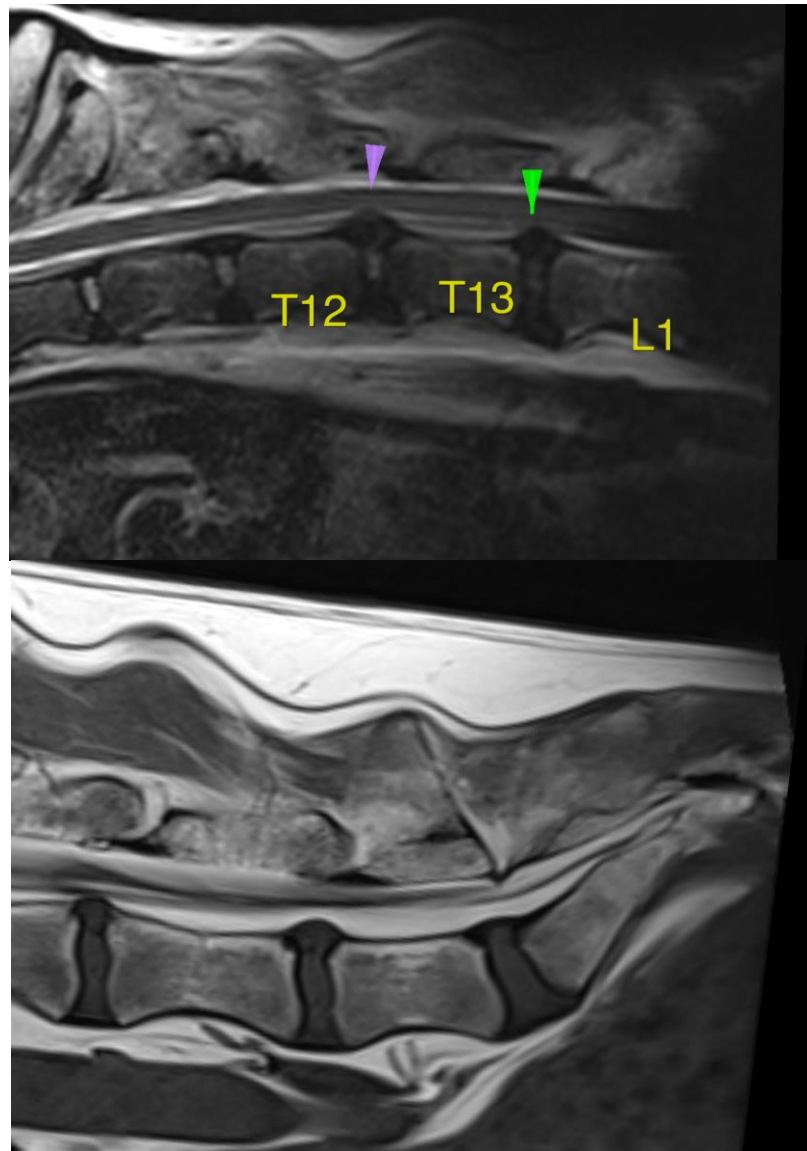
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The MRI study of the brain is within age related normal limits. No evidence of structural brain injury other than presumably age related neuroparenchymal atrophy is seen.

There is no evidence of compressive or other structural myelopathy throughout the cervical, thoracic, and lumbar spine identified on the MRI study that would explain the patient's clinical signs.

The mostly negative MRI findings support a tentative diagnosis of degenerative myelopathy and genetic testing could be considered. Complementary csf analysis could be considered for further definition and to rule out differential diagnoses as well if not performed already.





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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.

**SPECIES**

Canine

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.

**BREED**

German Shepherd

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