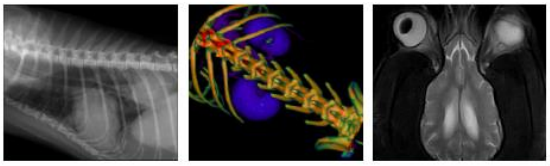
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Whiskey Ellis

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

2 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Mountain West Veterinary Hospital

REFERRING VET

Burton

INVOICE

53054

DATE

7-26-22

PRESENTING CLINICAL SIGNS

Dog was rescued with unknown history few years ago, initially diagnosed with autoimmune anemia and thrombocytopenia. Treated with steroids, azothioprine, and chemotherapy. Abnormal PE/Chem/CBC/UA Results: Non ambulatory parapelegic with forelimb paresis. Cranial nerves normal. Mentation excited and abnormal. Forelimb withdrawl decreased and intermittent. No cutaneous trunci reflex. Absent patellar and decrease sciatic, and perineal reflexes. Neuroanatomic localization multifocal. Hyperphosphatemia 7.2, hyperglobulinemia 3.9, ALP 428 Leukocytosis 62.33, neutrophilia 56.98, monocytosis 2.77. Normocytic normochromic anemia 20.5%.

COMPUTED TOMOGRAPHIC STUDY OF THE SPINE

Plain study and CT myelogram with cervical puncture available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Number, alignment, and anatomy of the cervical, thoracic, and lumbar vertebrae present within normal limits.

The subarachnoid space of the cervical and cranial thoracic spine is uniformly filled with contrast media on the CT myelogram. No significant deviation, compression, or widening of the subarachnoid space is noted. Contrast flow seizes within the cranial thoracic spine with no overt signs of compression.

There is no evidence of aggressive bone lesions, traumatic osseous injury, or discospondylitis.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal CT findings of the spine on plain study and myelogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No structural cause of the patient's clinical signs can be identified in the CT study of the spine. There appears to be no compressive myelopathy or abnormal widening of the subarachnoid space throughout the cervical spine. The plain study of the thoracic and lumbar spine is within normal limits. There is no evidence of discospondylitis.

Differential diagnosis includes neuromuscular disease including polyradicular neuritis, myasthenia, and other as well as meningitis, myelitis, and less likely ischemic or hemorrhagic vascular disease and infiltrate pathology. Correlation with the csf analysis is recommended if available in order to rule out meningitis. Nerve and muscle biopsies could be considered in the further workup of potential neuromuscular disease.

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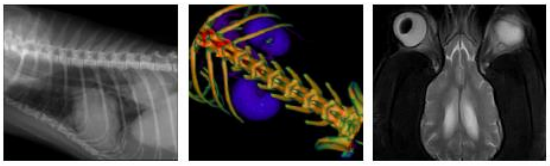

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Nele.Eley@sonopath.com