



PATIENT

Bear Colbourne

SPECIES

Canine

BREED

Shepherd X

SEX

MN

AGE

11 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health
Partners

REFERRING VET

Dr. Marchal

INVOICE

46973

DATE

8-14-21

PRESENTING CLINICAL SIGNS

Mentation: Bright, alert and responsive. Cranial nerve exam: PLR mildly responsive OU (iris atrophy OU). Other cranial nerves normal. Gait/posture: Ambulatory without assistance. Mild spastic paraparesis with very mild proprioceptive ataxia in the pelvic limbs (scuffing). Postural reactions: Proprioceptive positioning and hopping were delayed in the right pelvic limb and severely delayed in the left pelvic limb. They were normal in the thoracic limbs. Spinal reflexes: Patellar reflexes are normal. Withdrawal reflexes are bilaterally normal but hock's flexion seems a little bit weak. Sensory/nociception: No hyperesthesia elicited with palpation along the vertebral column. Bear, an 11 yo MC shepherd mix, presents for evaluation of progressive incontinence. The owners have noticed that Bear has urinated his bedding multiple times in the last 24 hours. He also urinates outside while posturing but begins to walk without seeming to realize that he is still urinating. This is his first episode of urinary incontinence. A USG was submitted which showed no evidence of bacteriuria and a USG of 1.015. He has a history of intermittent fecal incontinence and drops feces roughly once a week without seeming to be aware. This was noted before his TPLO in April 2021, seemed to resolve, and has recurred. He has had no trouble posturing to urinate or defecate. He is an active dog and goes swimming and on walks

MAGNETIC RESONANCE IMAGING STUDY OF THE THORACIC & LUMBAR SPINE

T2-weighted, T2-fat saturated, T1-weighted plain and post contrast studies available for review in various image planes.

MAGNETIC RESONANCE IMAGING FINDINGS

There is regional T2 hyperintensity in the epaxial muscles lateral of L3 and L4.

The lumbosacral junction presents within age related normal limits.

Mild degeneration of the lumbosacral intervertebral disc is seen.

There is minimal hypertrophy of the ligamentum flavum; however, no evidence of cauda equina compression is noted.

Nuclear clefts in terms of early degenerative disc disease are seen within all intervertebral discs within the lumbar spine.

There is a series of mild intervertebral disc protrusions from T12 through L3 without evidence of compressive myelopathy or signal alterations of the spinal cord.

Varying degrees of disc degeneration are seen within the thoracic spine as well. However, no compressive and no other structural myelopathy can be identified.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Multifocal degenerative disc disease within the thoracic and lumbar spine.
- Mild intervertebral disc protrusion T12/13, T13/L1, L1/2, and L2/3 without spinal cord compression.
- No evidence of degenerative lumbosacral stenosis or other structural lesion in L4-S3 neuroanatomic segment.



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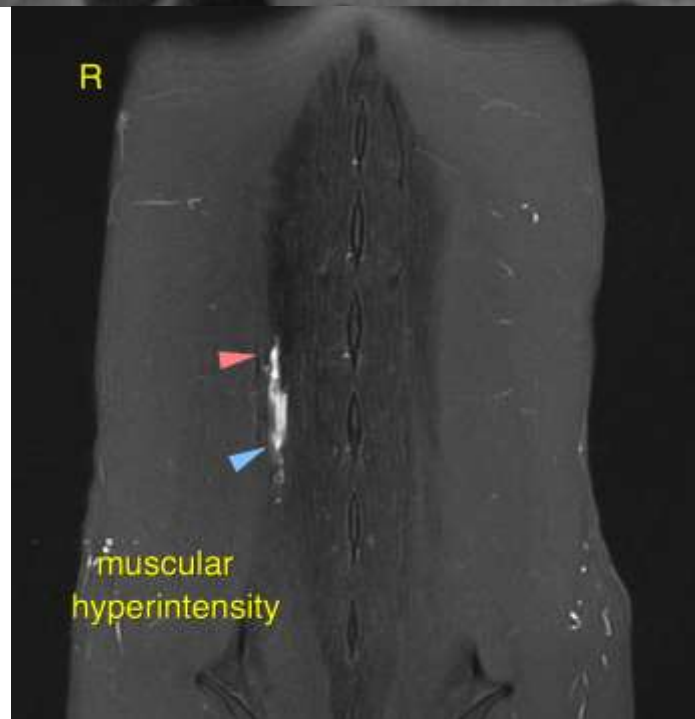
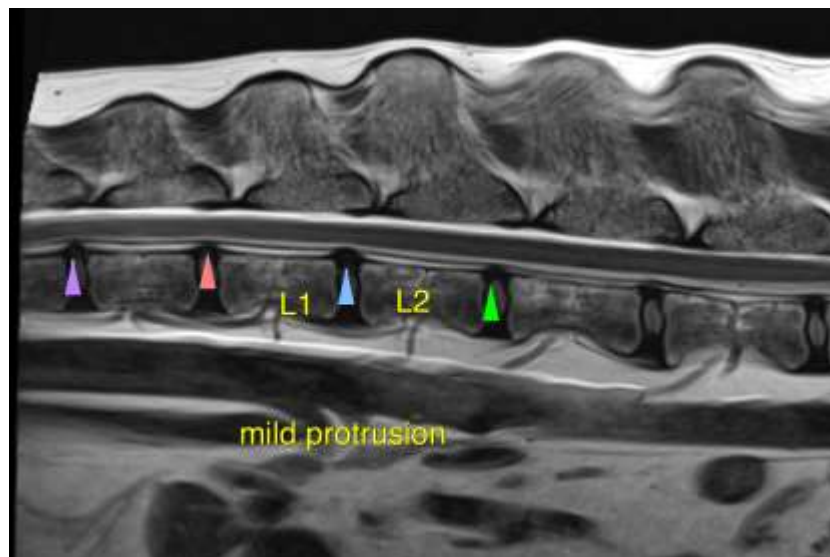
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- Mild regional hyperintensity of the musculature may be due to prior injection.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No explanation for the patient's clinical signs can be identified in the MRI study of the thoracic and lumbar spine. The negative MRI findings may increase the odds for degenerative myelopathy or neuromuscular disorder. The neuroanatomic segment L4 to S3 is free of compressive or other structural lesions.





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

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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

Shepherd X

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