



PATIENT PRESENTING CLINICAL SIGNS

Sadie Mehring
 Began to have weakness in hind end about 5 weeks ago. Over the last year she has been painful in the low back / hip. Was managed with rimadyl. It has been slow. 3 weeks ago P collapsed on the stairs and slide down them. O to rDVM. Put P on Gab, an exam was done and also did a neuro exam and there was no deficit. P has been collapsing frequently. In the AM she seems to do better but shortly after is exhausted. U/D has been fairly normal but O is noticing she is seeming to have a hard time getting in position. Attitude still seems great. Has had a history of seizures but has not had one since 2018 since starting thyroid supplementation.

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

11 Years

Abnormal PE/Chem/CBC/UA Results: Eyes: bright and clear Ears: clean with no inflammation Nose and throat: no abnormality Heart: No noted arrhythmia or pulse deficits, normal subjective peripheral circulation, no murmur ausculted by either Dr. Simmons or Dr. Burton at this exam. Lungs: normal respiratory sounds, rate and effort Abdomen: soft and non-painful with no noted abnormalities Musculoskeletal: No significant musculoskeletal abnormalities or orthopedic lameness Integument: Clean and smooth hair coat Lymph Nodes: Normal size and firmness Neurological: Abnormal: Mentation and cranial nerves normal. The forelimbs are normal. No loss of cutaneous trunci reflex. The hind limbs show bilateral ataxia, CP delays, and mild paresis. Hind limb reflexes are increased in patellar and sciatic fields. Perineal reflex normal. progressive T3-L3 neuropathy, history of hypothyroidism and allergies.

MAGNETIC RESONANCE IMAGING STUDY OF THE THORACOLUMBAR SPINE

STIR, T2-plain and post contrast, T1-weighted images available for review.

MAGNETIC RESONANCE IMAGING FINDINGS

Multiple intervertebral discs within the thoracic and lumbar spine present varying degrees of loss of their nucleus pulposus signal and volume with mild to moderate intervertebral disc protrusion.

Moderate intervertebral disc protrusion is present in the thoracolumbar junction T13/L1 as well as the lumbosacral junction L7/S1, respectively. There is moderate dorsal deviation and compression of the spinal cord at T13/L1. No evidence of spinal cord swelling is seen. There is no signal alteration of the spinal cord. The dorsal and lateral epidural and subarachnoid space is maintained. Mild dorsal deviation of the cauda equina fibers is seen at L7/S1 as well as hypertrophy of the ligamentum flavum resulting in moderate overall stenosis of the lumbosacral junction. There also is vertebral end plate sclerosis and early spondylosis deformans in the lumbosacral junction. No significant narrowing of the lumbosacral neuroforamina is seen.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

HOSPITAL NAME

Mountain West
 Veterinary Hospital

REFERRING VET

Andrew Burton

Mild intervertebral disc protrusion is present at T4/5, T5/6, T6/7, T7/8, T8/9, T9/10, T12/13, L1/2, L2/3, L4/5, L5/6, and L6/7.

Moderate ventrally bridging spondyloses are present at L1/2, L2/3, and L3/4.

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Mild spondylosis is seen at T13/L1.

Occasional T2-hypointense splenic nodules are seen which is a common incidental finding and likely to represent either benign nodular hyperplasia or extramedullary hematopoiesis.

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8-19-21



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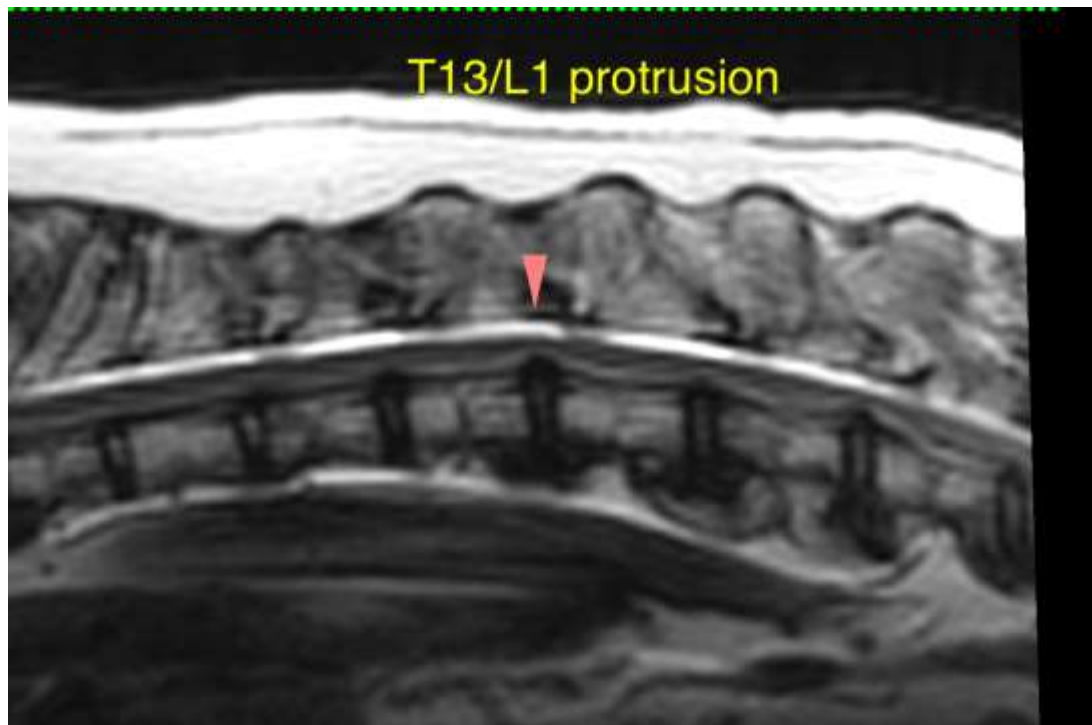
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MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Moderate chronic intervertebral disc protrusion T13/L1.
- Moderate degenerative lumbosacral stenosis with protrusion and hypertrophy of the ligamentum flavum.
- Multiple mild chronic and non-compressive intervertebral disc protrusions throughout the thoracic and lumbar spine.
- Multiple spondyloses.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The moderate and compressive intervertebral disc extrusions T13/L1 and L7/S1 are presumed to be the most significant disc hernias in this patient based on the MRI findings. Correlating the MRI findings with the clinical history T13/L1 may well be the underlying cause of the patient's clinical signs and T3/L3 myelopathy. The changes strongly support chronic protrusion and chronic spinal cord compression. There is no evidence of acute myelopathy and atrophy/gliosis of the spinal cord are a potential based on the chronicity of the disease.





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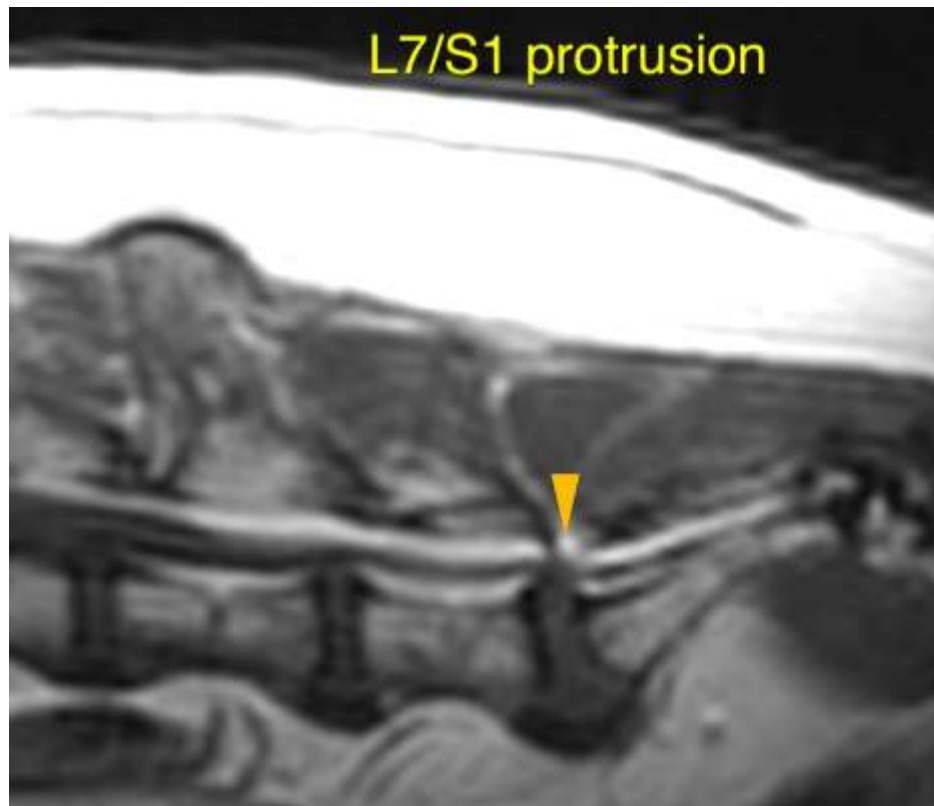
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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