



PATIENT PRESENTING CLINICAL SIGNS

Tuck Merritt
SPECIES Canine
BREED Husky X
SEX MN

Tuck clinical signs were first noted around the last week of July and he was seen to have urinary incontinence while walking, without being aware of it. He was treated for a suspected UTI with antibiotic and no changes were seen. He progressed to have fecal incontinence and diarrhea a few days later and was treated with antibiotic, with which mild improvement was seen. As the weeks passed he started showing pelvic limbs weakness, more severe on the Left pelvic limb, consisting of difficulty in getting up, scuffing of the paws and being wobbly. He eventually lost the ability to wag his tail. He has another relapse of diarrhea and continues to have incontinence while walking. This was mildly responsive to tylosin and metronidazole.

Abnormal PE/Chem/CBC/UA Results: Blood work done showed low Na:K ratio but Addison test was negative. Radiographs on the spine was normal and radiographs of the pelvic showed bilateral DJD of hip joints. EENT: Mild nuclear sclerosis OU Gait/posture: Ambulatory with moderate-severe proprioceptive ataxia and moderate paraparesis characterised by crossing of both pelvic limbs and occasional knuckling more lateralised to the left. Postural reactions: Proprioceptive positioning mildly delayed in both pelvic limbs Spinal reflexes: Normal patellar on both pelvic limbs, withdrawal weak on Left pelvic limb (reduced flexor tone). other: Flaccid tail and no anal tone appreciated.

MAGNETIC RESONANCE IMAGING STUDY OF THE THORACIC & LUMBAR SPINE

AGE 12 Years

T2, t2-Star, t1-plain and contrast enhanced images in various image planes available for review.

MAGNETIC RESONANCE IMAGING FINDINGS

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

There is an intramedullary mildly mass occupying lesion level with the cranial half of the 12th thoracic vertebra. The lesion is well delineated, ovoid in shape, and measures 8mm in length and 5mm in width. Mild expansion of the spinal cord is seen owing to the mass effect of the lesion. The lesion center is layered with t2 hypointense material in the dependent portion of the lesion and fluid intense material in the non-dependent portion of the lesion. The hypointense material presents strong signal on t2-star weighted images and mild t1 hyperintensity. The contrast enhancement of the lesion is largely restricted to the periphery with a penumbra pattern. Mild dilation of the central canal of the spinal cord is seen cranial of the lesion.

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Moderate chronic intervertebral disc protrusions are seen caudal of the lesion at T12/13, T13/L1, and L1/2. The moderate protrusions present mild dorsal deviation of the spinal cord. The dorsal and lateral subarachnoid and epidural spaces are maintained. No evidence of structural myelopathy is seen in the L4/S3 segment.

REFERRING VET

Dr. Marchal

There is multifocal degenerative disc disease throughout the thoracic and lumbar spine.

The lumbosacral junction presents within age related normal limits.

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Multiple t2 hypointense nodules are seen throughout the spleen.

The left portal lymph node is mildly enlarged and heterogeneous.

DATE

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The cisterna chyli is prominent and seen level with the 3rd lumbar vertebra dorsolateral of the aorta.



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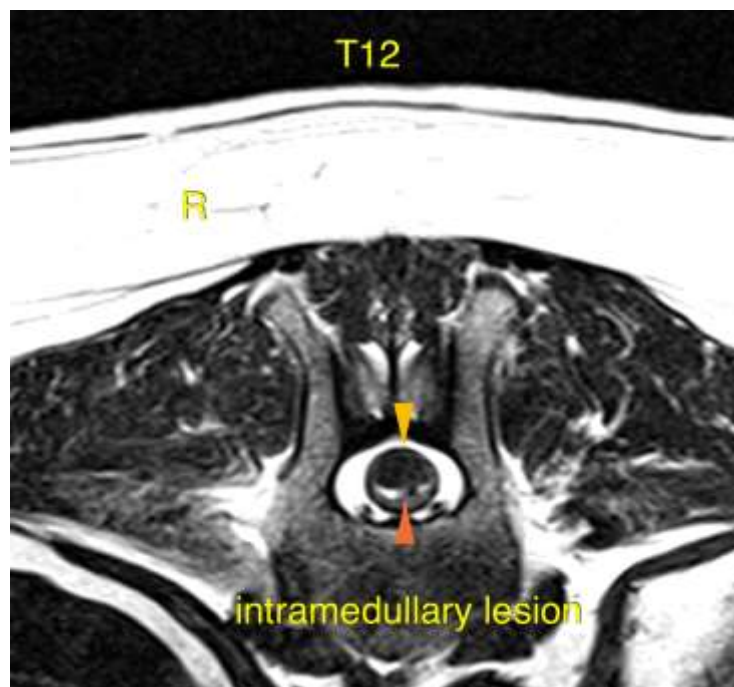
MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Intramedullary space occupying lesion within the caudal thoracic spine with subacute intralesional hemorrhage and penumbra enhancement.
- Moderate chronic intervertebral disc protrusion T12/13, T13/L1, and L1/2.
- Splenic nodules.
- Portal lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No macromorphological lesion can be identified in the L4/S3 segment that would correlate with the clinical history of the patient which renders degenerative myelopathy a potential. The moderate chronic intervertebral disc protrusions within the thoracolumbar junction area do not explain the clinical signs. The degree of spinal cord compression caused by them is mild.

The intramedullary lesion level with T12 is compatible with intramedullary hemorrhage. Based on the signal behavior, subacute to chronic hemorrhage is considered likely. Intramedullary neoplasia with intralesional hemorrhage cannot be ruled out entirely as a differential diagnosis but is thought less likely. The significance of this lesion in the context of the clinical signs is questionable.





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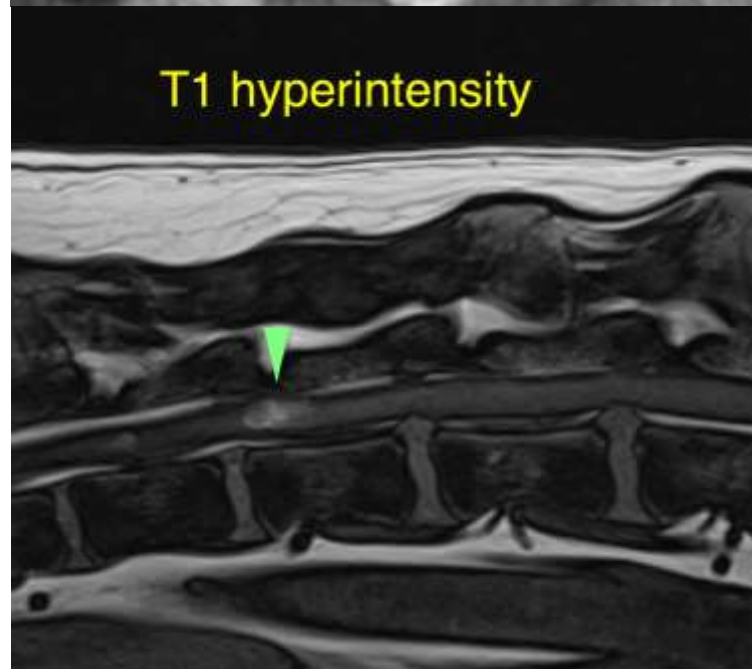
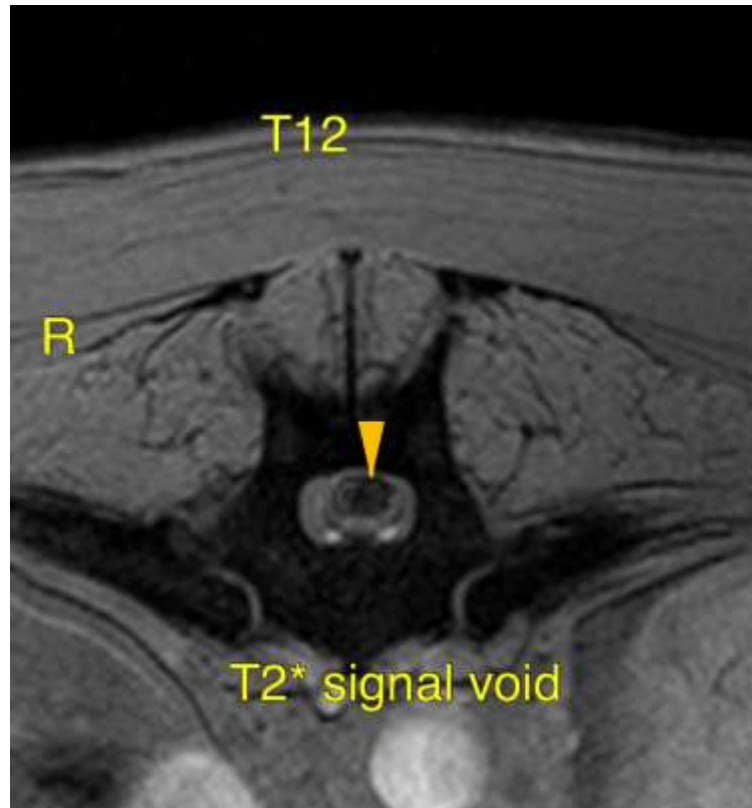
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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