

**PATIENT**

Izzy Shier

PRESENTING CLINICAL SIGNS

5yo MN Golden with 4 month history progressive behavioural changes (lethargy, disorientation, getting stuck in corners); examination findings consistent with left thalamocortical dysfunction and right sided cranial nerve 3 dysfunction. BW unremarkable, CSF: mildly elevated cell count (10); protein pending

SPECIES

Canine

MAGNETIC RESONANCE IMAGING STUDY OF THE BRAIN

T2, T2-star, FLAIR, plain and post contrast, T1-plain and post contrast, diffusion weighted, and ADC sequences available for review.

BREED

Golden Retriever

MAGNETIC RESONANCE IMAGING FINDINGS

A 24 x 16mm sized clearly delineated cystic lesion is seen in the suprapituitary region with ventral depression of the pituitary gland. The cyst creates a severe mass effect onto the thalamus ventral to the interthalamic adhesion. The content of the lesion is isointense to csf and compatible with fluid in the available sequences. An ill-defined plaque-like isointense mass is seen ventral to this cyst on the floor of the middle fossa which presents severe nonuniform contrast enhancement and measures approximately 18mm in length, 15mm in width, and 4mm in height. This mass is broadly attached to the ventral margin of the cyst and to the skull base and exerts a mass effect onto the cavernous sinus including the ocular motor nerves. Part of the right ocular motor nerve appears to be thickened with increased contrast enhancement in the position of the aforementioned mass.

SEX

FS

AGE

5

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Extraaxial intracranial mass in the middle fossa with large suprapituitary cyst.

HOSPITAL NAME

Animal Health
Partners

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The MRI study reveals an extraaxial mass within the middle fossa with mass effect within the cavernous sinus as well as a large suprapituitary cyst with mass effect onto the thalamus. Differential diagnosis includes extraaxial neoplasia with cystic component such as meningioma or round cell neoplasia and less likely two separate entities with a middle fossa neoplasia and additional arachnoidal or ependymal suprapituitary cyst which, however, based on the position is less compatible with the presentation on the MRI.

REFERRING VET

Dr. Stephanie Lovell

INVOICE

53831

DATE

8-30-22



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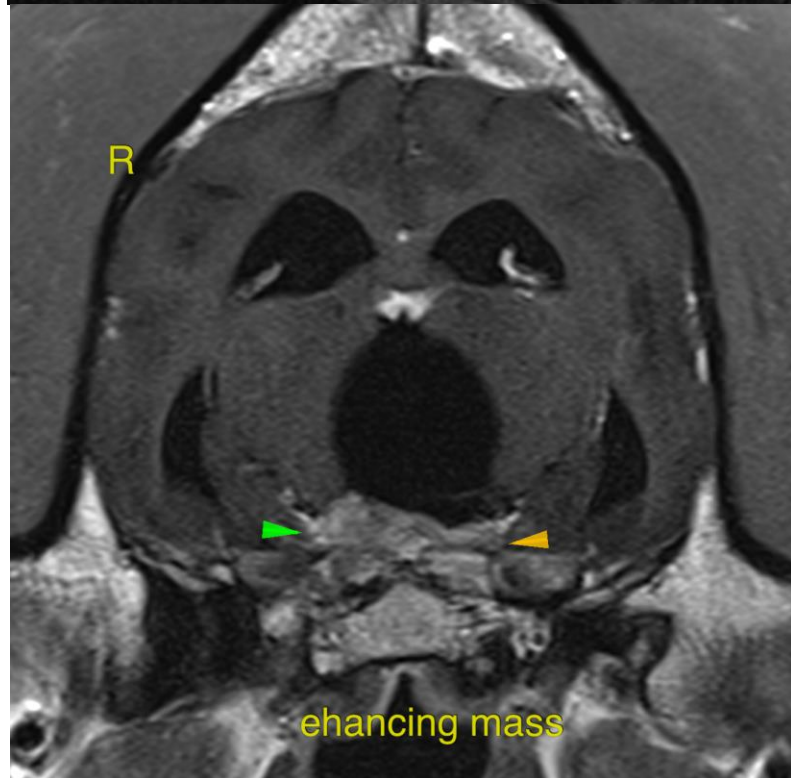
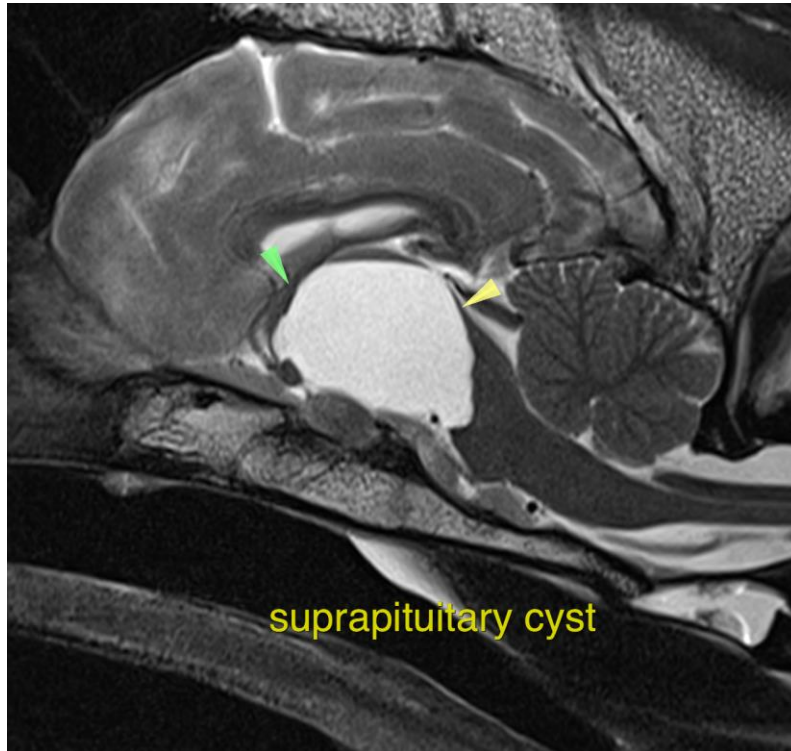
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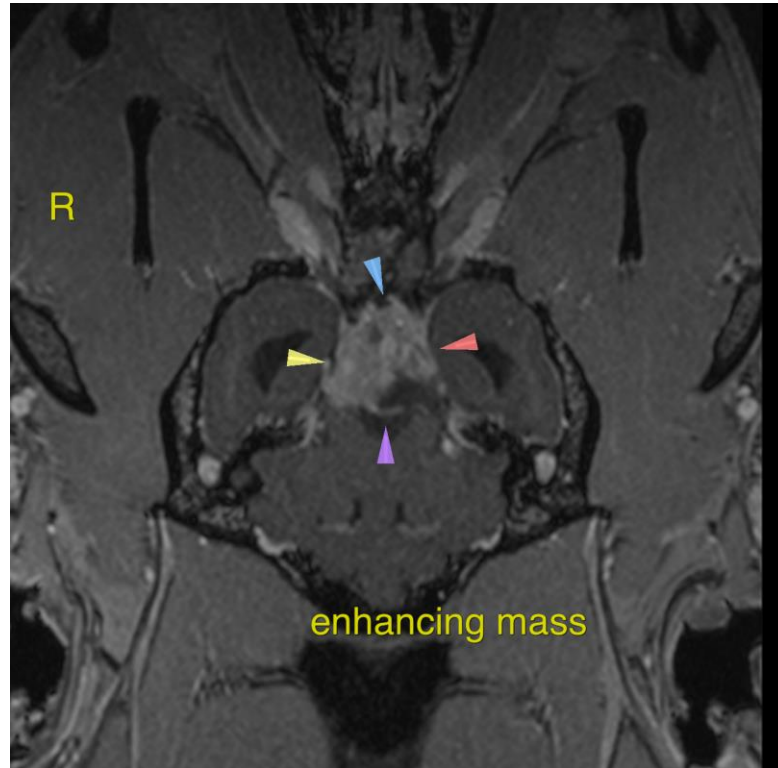
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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