



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Mars Grigorian

SPECIES
Canine

BREED
Mixed Breed

SEX
Male

Mars clinical signs were first noted about 2 months ago and include more prominent occiput. Mars went to his regular vet and observed it could be age-related with mild muscle atrophy. But then, about 3 weeks later, the temporalis and masseter muscles atrophy became more obvious on the left side (right side seems correct). Since then it is getting gradually worse. No mastication difficulty is noted. At times, his left globe is retracting. He had 3 episodes, when he is lying and suddenly crying and jumping, resolved shortly. Last time was 2 weeks ago. Mentation: Bright, alert and responsive. Gait/Posture: No ataxia or paresis. Cranial nerve examination: --pupil symmetry: normal. --pupillary light reflex (II,III): normal OU. --palpebral reflex (V,VII): normal OU. --menace response (II,FB,C,VI): normal OU. --physiological nystagmus (III,IV,VI,VIII): normal. --nasal stimulation response (Vmax, FB): normal bilaterally. --facial symmetry (V, VII): moderate to severe temporalis and masseter muscle atrophy on the left side Postural reactions: --proprioceptive positioning: normal in all limbs. --hopping: normal in all limbs. Spinal Reflexes: mildly patellar reflex decrease in the right pelvic limb. Other spinal reflexes normal in all limbs. Pain : No hyperesthesia with palpation of vertebral column

MAGNETIC RESONANCE IMAGING STUDY OF THE BRAIN

T2-weighted, T2-star weighted, diffusion weighted, and FLAIR, as well as T1-weighted plain and post contrast studies of the brain available for review.

MAGNETIC RESONANCE IMAGING FINDINGS

There is moderate to severe atrophy of the left masticatory muscles sparing the digastricus muscle. The signal behavior of the muscles is within normal limits in the plain sequences. Mild diffuse increase contrast enhancement is seen on the post-contrast studies.

There is a dumbbell shaped mass lesion of the left trigeminal nerve level with its origin. The intracranial diameter of the nerve level with the pons measures approximately 8mm. There is a mild mass effect onto the pons and temporal lobe. The signal behavior is hyperintense on fluid sensitive sequences. Moderate uniform contrast enhancement is seen on the post-contrast studies. Peripheral extracranial thickening of the mandibular branch of the left trigeminal nerve with increased contrast enhancement is seen medial of the left temporomandibular joint and 1.0 cm distal of it.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Mass-like central and segmental peripheral trigeminal nerve thickening with increased contrast enhancement and intracranial extra-axial mass effect on the left side with left sided masticatory muscle atrophy with active fatty replacement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The MRI findings are highly suggestive for peripheral nerve sheath tumor of the left trigeminal nerve. Other neoplasia such as lymphoma or other round cell neoplasia cannot be ruled out entirely but is thought by far less likely. Neuritis cannot be ruled out entirely as a differential diagnosis as well. However, is considered very unlikely here based on the MRI findings, clinical history, and patient demographics.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health
Partners

REFERRING VET

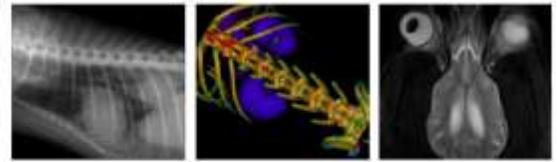
Dr. Marchal

INVOICE

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DATE

8-7-21



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AGE

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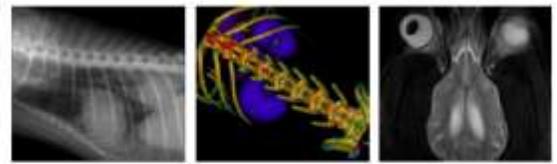
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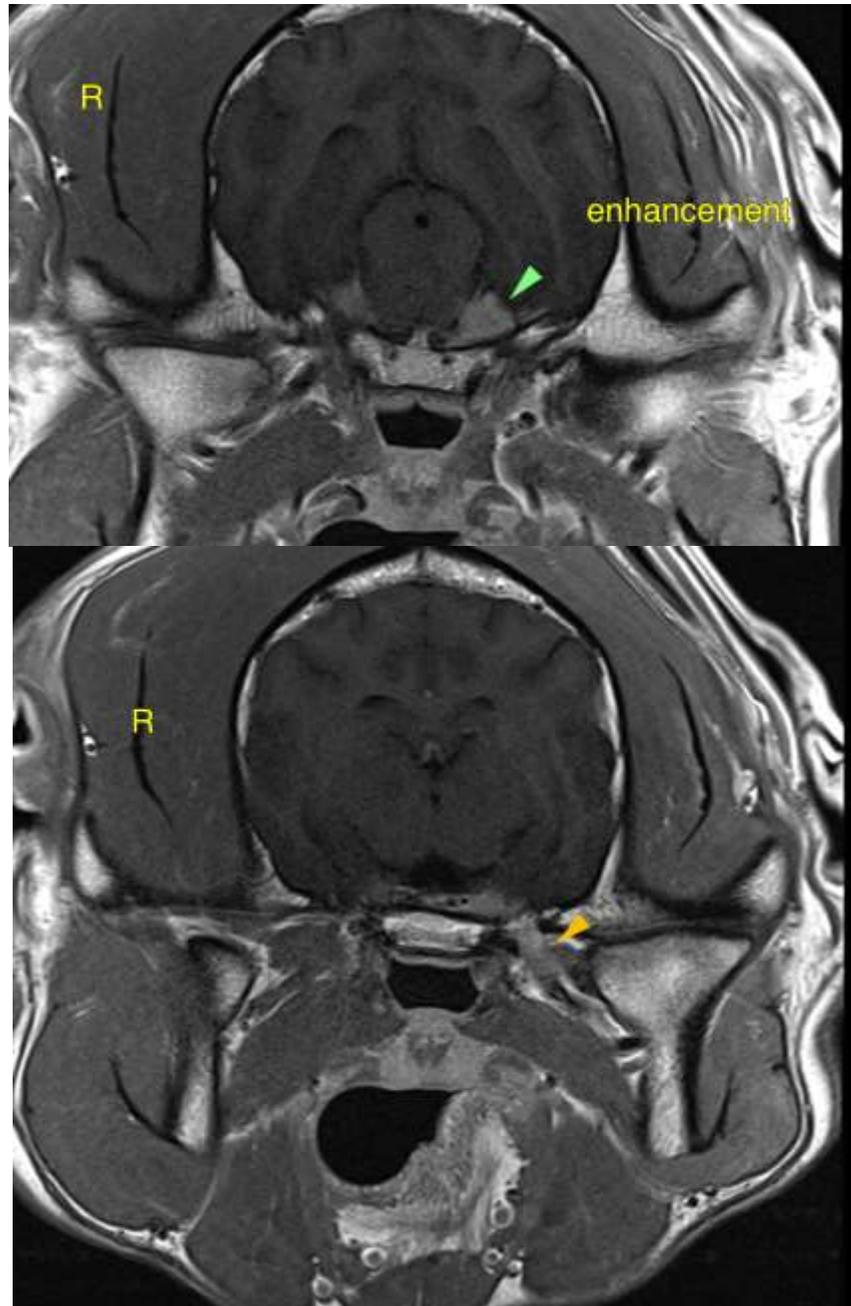
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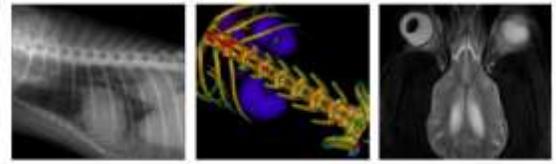
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

Canine

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