



**PATIENT**

Duncan Lankester

**PRESENTING CLINICAL SIGNS**

Duncan, a 6 year old, M Bernese Mountain Dog, presented to the AHP Neurology Service on January 2, 2022 for evaluation of abnormal gait in all 4 limbs. Duncan has been lame in the right thoracic limb for the past 3 months and showed signs of acute ataxia in all 4 limbs on 11/05/2021 and was seen by Maple animal hospital at that time. He was started on Dexamethasone for 6 days for suspected FCE. He presented to Grand River Veterinary Hospital on 11/29/2021 for a recheck. On assessment, he had poor bilateral lateral flexion and seemed almost painful. When laying on his side, he would shake the left thoracic limb. There was no obvious source of back pain. He also had decreased proprioception on both pelvic legs. His nails in both pelvic limbs were noted to be very short (suspected wearing from dragging). He was subsequently referred to Southern Ontario Animal Rehabilitation. When evaluated, he was noted to have a reduced cervical lateral ROM and dorsoflexion, delayed hopping in all four limbs, crossed extensor both pelvic limbs, and mildly reduced withdrawal both thoracic limbs. The right thoracic limbs resisted flexion of the elbow. The orthopedic examination was normal. Since then his signs have improved. He still scuffs when he walks. He is unable to walk up incline slopes.

**SPECIES**

Canine

**BREED**

Bernese Mountain Dog

**SEX**

MI

**AGE**

6 Years

**MAGNETIC RESONANCE IMAGING STUDY OF THE SPINE**

Pre/post contrast studies provided for review.

**MAGNETIC RESONANCE IMAGING FINDINGS**

The presented spine appears inconspicuous in course, the medullary bone of the vertebral bodies presents a regular signal in all sequences, there are no signs of bone edema recognized.

Multiple degenerative changes are noted with signal loss of the nuclei. At the level of C6/7 and C7/Th1 mild signal loss is detected with mild medio-lateral to right sided protrusion of the disc and mild impression of the spinal cord. The latter shows a focal intramedullary edema in T2 including both sides of the transverse diameter and a focal, spot-like, intramedullary contrast enhancement in T1 adjacent to the impression. The spinal nerves and foramina of C6/7 are inconspicuous.

At C7/Th1 a mild, left sided disc protrusion is detected having contact to the spinal cord without relevant compression.

The thoraco-lumbar transition and lumbar spine demonstrate multiple, partially moderate disc protrusions (s. Th12/13, Th13/L1, L1/2 and L2/3) again with signal loss of the nuclei.

The lumbo-sacral transition impresses with a severe, broad based, medial disc protrusion with significant dorsal elevation of the cauda fibers. The latter are still recognizable with residuals of peripheral fat tissue.

There are no signs of unilateral muscle atrophy noted.

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

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**REFERRING VET**

Dr. Kilburn

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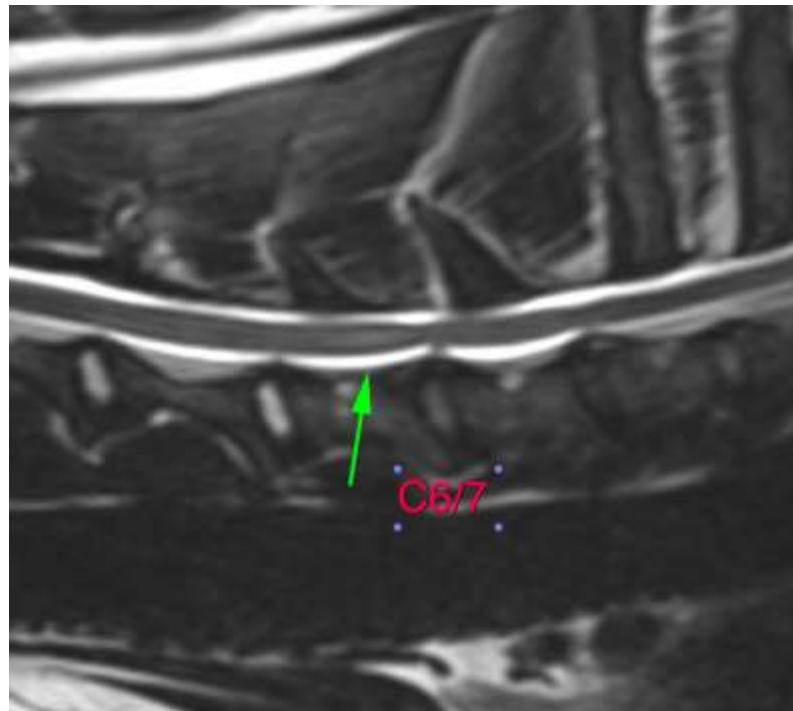
**MAGNETIC RESONANCE IMAGING DIAGNOSIS**

- Mild disc protrusion medio-lateral right C6/7 with mild spinal cord compression, medullary edema and focal contrast enhancement
- Mild disc protrusion medial to medio-lateral left C7/Th1 without obvious signs of compression
- Multiple, chronic disc protrusions thoraco-lumbar and lumbar, partially moderate with dorsal elevation of the spinal cord
- Severe disc protrusion L7/S1 with dorsal elevation of the cauda fibers

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

MRI findings shows degenerative disc disease at multiple levels. The changes of C6/7 likely represent acute findings due to spinal cord trauma/contusion and secondary edema which includes both sides of the transverse diameter and therefore explain deficits on all four limbs. Differentials include dynamic compression and an infarct/embolic or ANNPE lesion. Neoplasia cannot be fully excluded but is considered unlikely.

Findings of the thoracic and lumbar spine more likely show chronic and degenerative changes of which the protrusion at L7/S1 appears most relevant. However, it is difficult to determine which of these is more clinically relevant. Grade of compression as seen with MRI is not compellingly the most relevant clinical finding. With the current MRI I would favor a conservative therapeutic approach.





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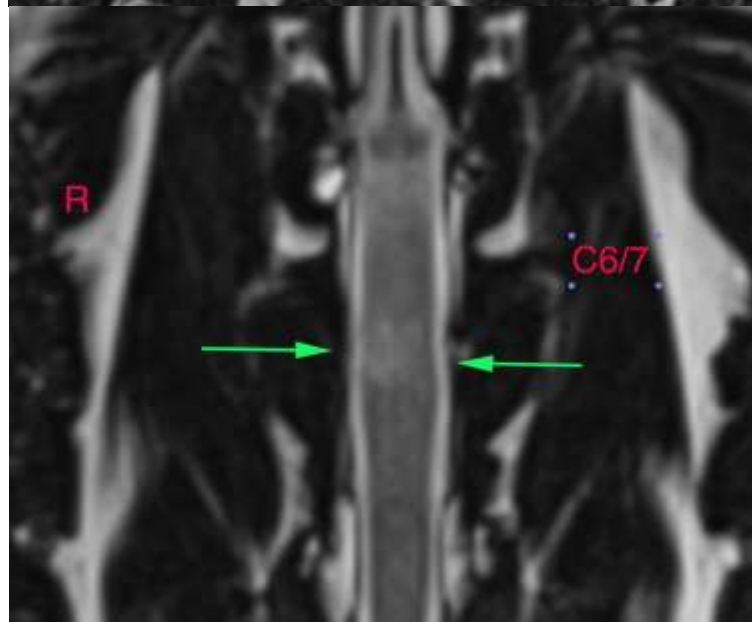
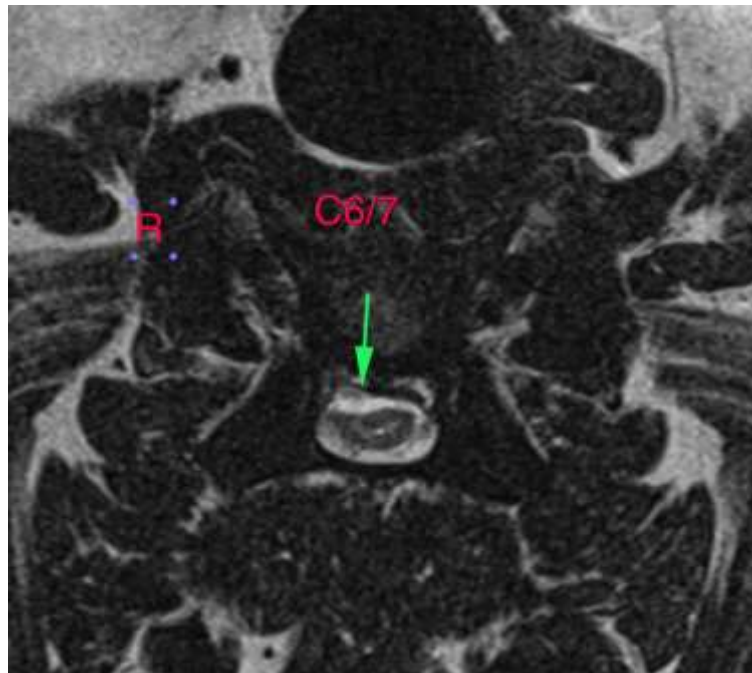
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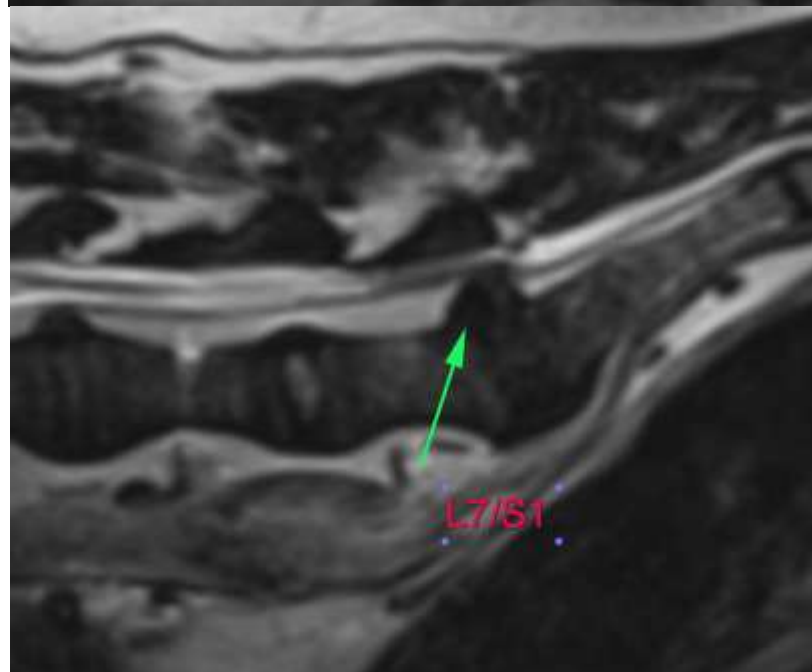
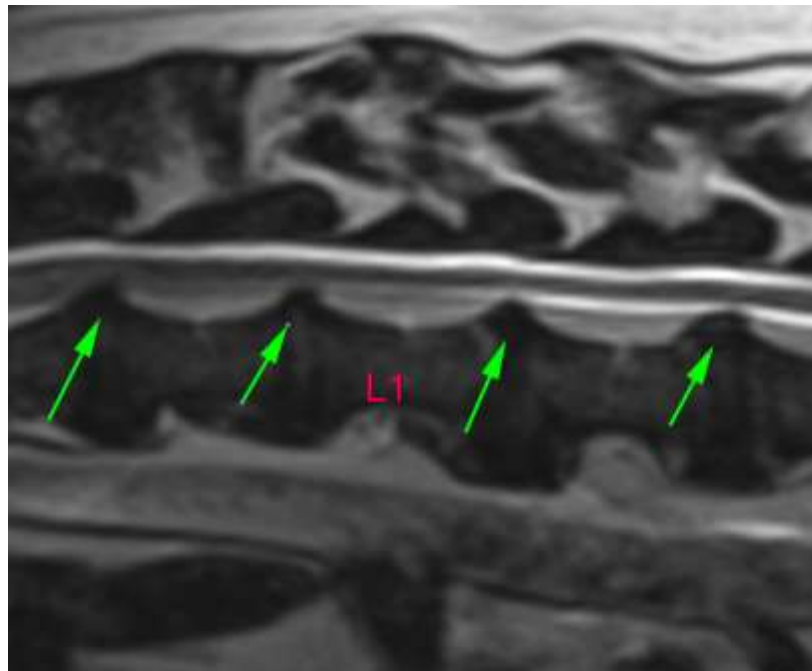
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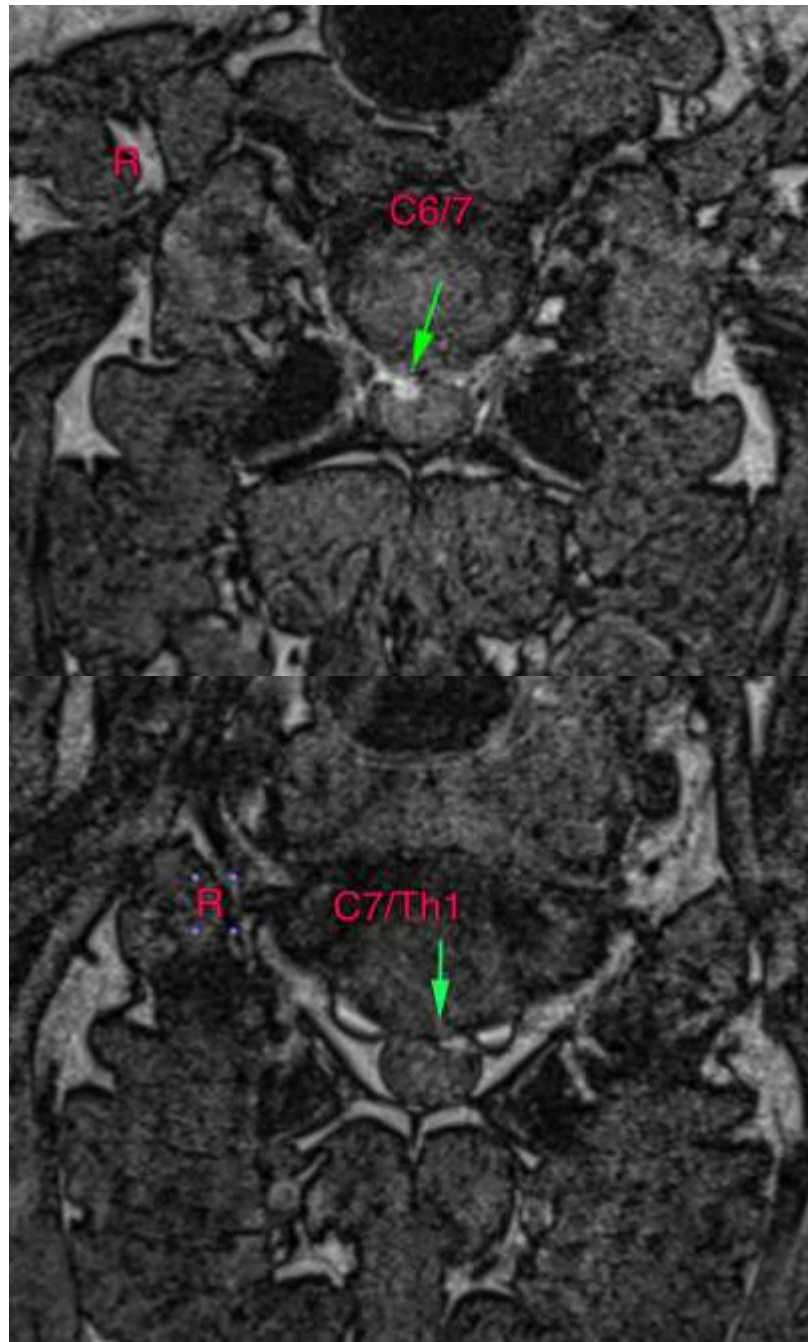
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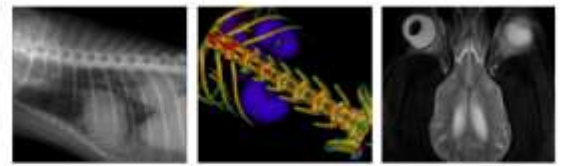
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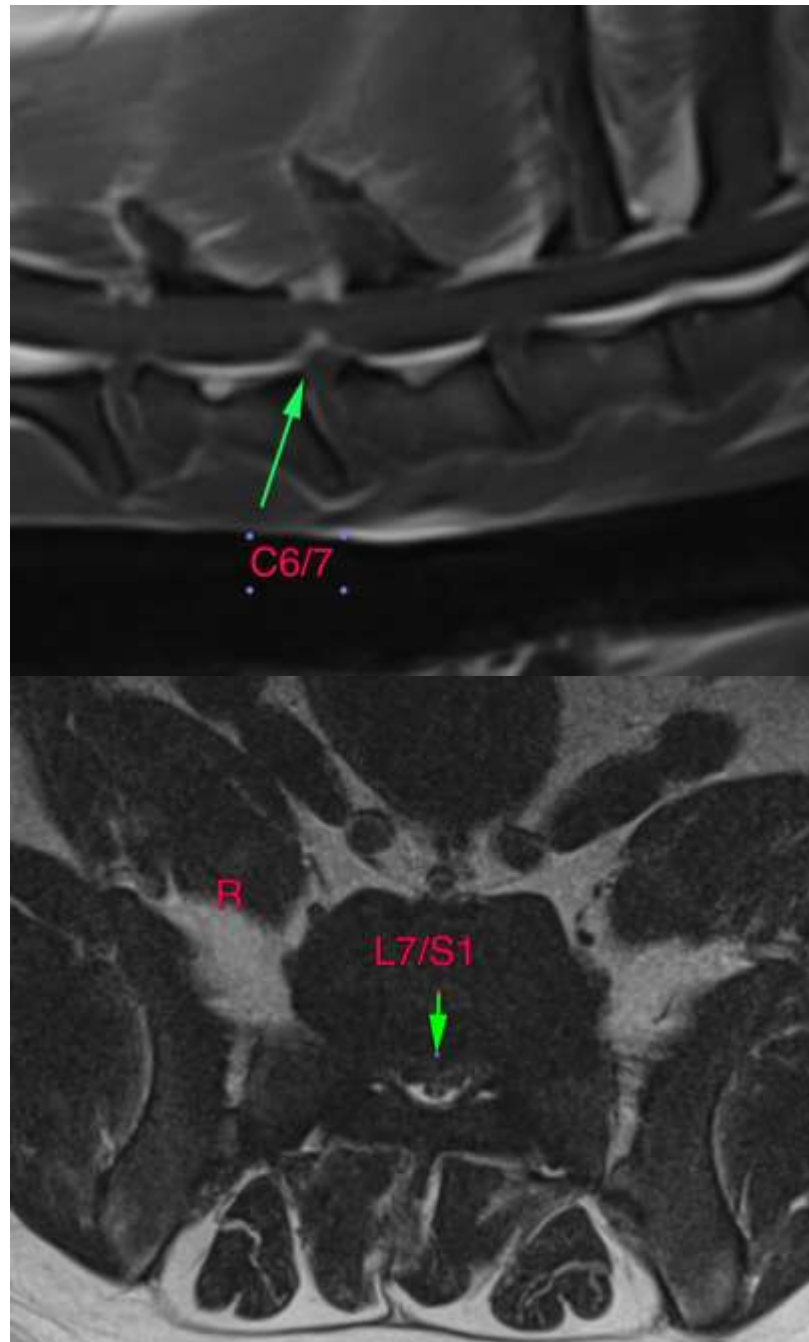
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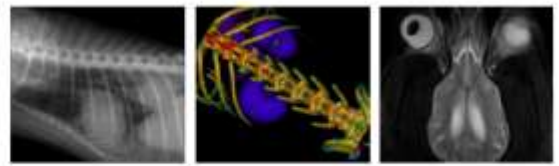
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

**Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging**  
Sebastian.Jawinski@sonopath.com

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