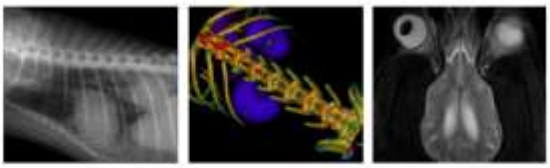


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Max Bala

SPECIES

Canine

BREED

Rottweiler Mix

SEX

Male

AGE

11 Years

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Edouard Marchal

INVOICE

47187

DATE

8-27-21

PRESENTING CLINICAL SIGNS

Max, an 11yo MN Rottweiler X, presented to AHP Aug 26, 2021 for unable to use hind end. Current history: Normally vert active dog Tuesday started limping, he would put weight on it, sometimes dragging the leg The next day seemed in more pain, crying a lot, right hind leg was very weak Yesterday he was walking somewhat okay Today woke up and could not move his back legs at all Have not urinated or defecated Unknown if any trauma (running around outside at night) The limping has happened before and improved after a few days Eating/drinking slightly less interested but ate full meal No v/d/c/s Redness on ventral abdomen noticed on Tuesday, more red today Bloodwork done on Tuesday - mild anemia, ALT mildly elevated Neurological examination: mentation : normal gait/posture : non ambulatory paraplegic deep nociception positive. cranial nerves : no deficits postural reactions : Proprioceptive positioning is absent in both pelvic limbs and normal in the thoracic limbs. spinal reflexes : patellar reflex is present in left pelvic limb but absent in right pelvic limb. Withdrawal reflexes are normal in the thoracic limbs but decreased in the pelvic limbs. Cutaneous trunci reflex is normal pain : no hyperesthesia elicited with palpation along the vertebral column nociception : present in the pelvic limbs, seems decreased in the left pelvic limb. Neurolocalization: T3-L3 spinal cord segments (myelopathy).

MAGNETIC RESONANCE IMAGING STUDY OF THE THORACIC & LUMBAR SPINE & PELVIS

Pre/post contrast studies of the thoracic and lumbar spine including the pelvis provided for review.

MAGNETIC RESONANCE IMAGING FINDINGS

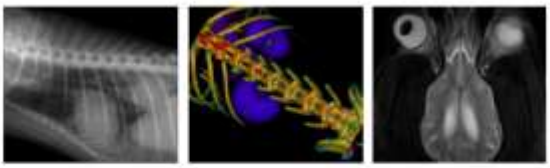
Presented bony structures of the spine are unremarkable with an inconspicuous harmonic atlanto-occipital and -axial transition and a thoracolumbar- and lumbosacral transition. There are mild degenerative changes of the spine noted (mild ventral spondylosis thoracic spine, loss of signal multiple nuclei).

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

The middle and deep gluteal and piriform muscles show significant contrast enhancement, which is diffuse and mottled on the right side, and strong and focal on the left.

The spinal cord presents mild intramedullary edema at the level of Th2. Th2/3 and Th3/4 reveal mild disc protrusions without relevant compressive signs. Multiple subtle protrusions are recognized in the course of the thoracic spine.

At the level of right neuroforamen of L2/3 a mass-like lesion is detected leading to a mild deviation and impression of the spinal cord. The lesion is hyperintense in the T2- and hypointense in the T1-weighted images. Contrast enhancement is not noted.



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The equine cauda/cauda fibers are central and homogeneous and show no compressive lesion. The roof of S1 is lowered.

Paravertebral soft tissues are bilaterally symmetrical, especially the course of the femoral and sciatic nerves is inconspicuous. Unilateral atrophy of the paraspinal and/or pelvic musculature is not noted.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Medullary edema Th2
- Right-lateral/foraminal mass-like lesion L2/3 with mild spinal cord compression
- Bilateral contrast enhancement of the croup muscles, more prominent on the left
- Mild protrusions thoracic spine
- Multifocal degenerative changes of the spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

MRI findings at the level of Th2 and L2/3 are likely of clinical relevance. However, it is difficult to determine which of these is more clinically relevant. Grade of edema and compression as seen with MRI are not compellingly the most relevant clinical finding.

Differentials include contusion, infarct and hemorrhage with the spinal cord edema at Th2 and acute lateral disc herniation and synovial cyst at L2/3. I would exclude neoplasia.

Enhancement of the gluteal muscles especially on the left likely is a painful process and may represent muscle trauma/partial rupture/myositis due to improper load/neurologic deficits.

Regarding the MRI findings, I would favor a conservative approach, since there is no compelling indication for decompressive surgery from an MRI perspective. Complementary ultrasound of the gluteal muscles and guided FNA could be the next diagnostic steps.

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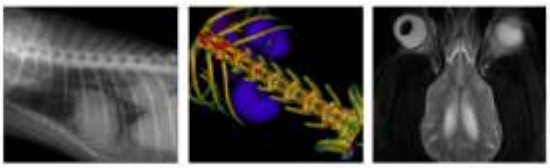

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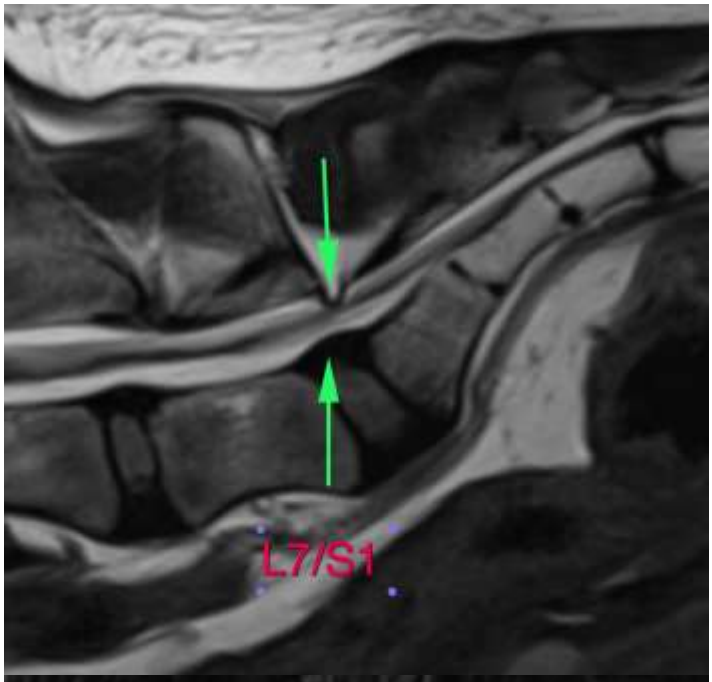

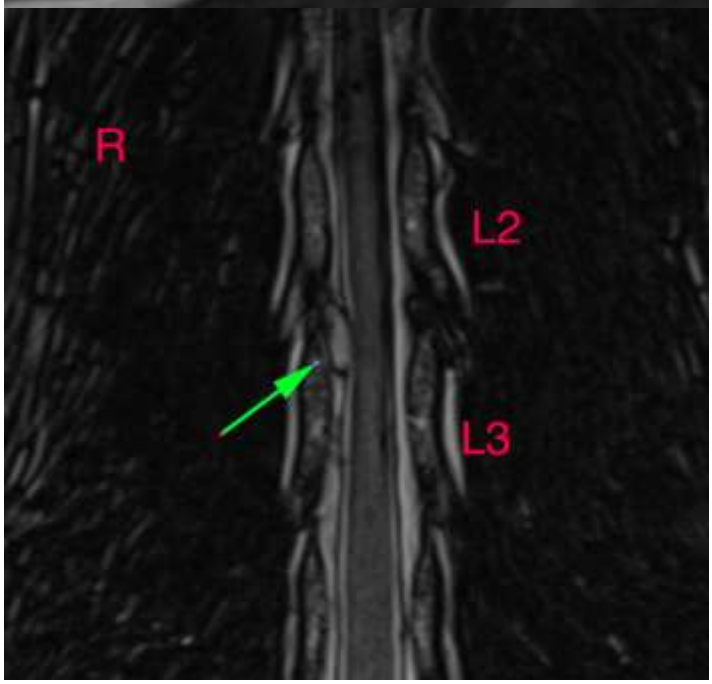

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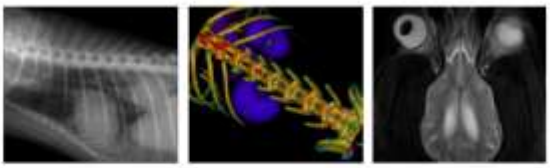

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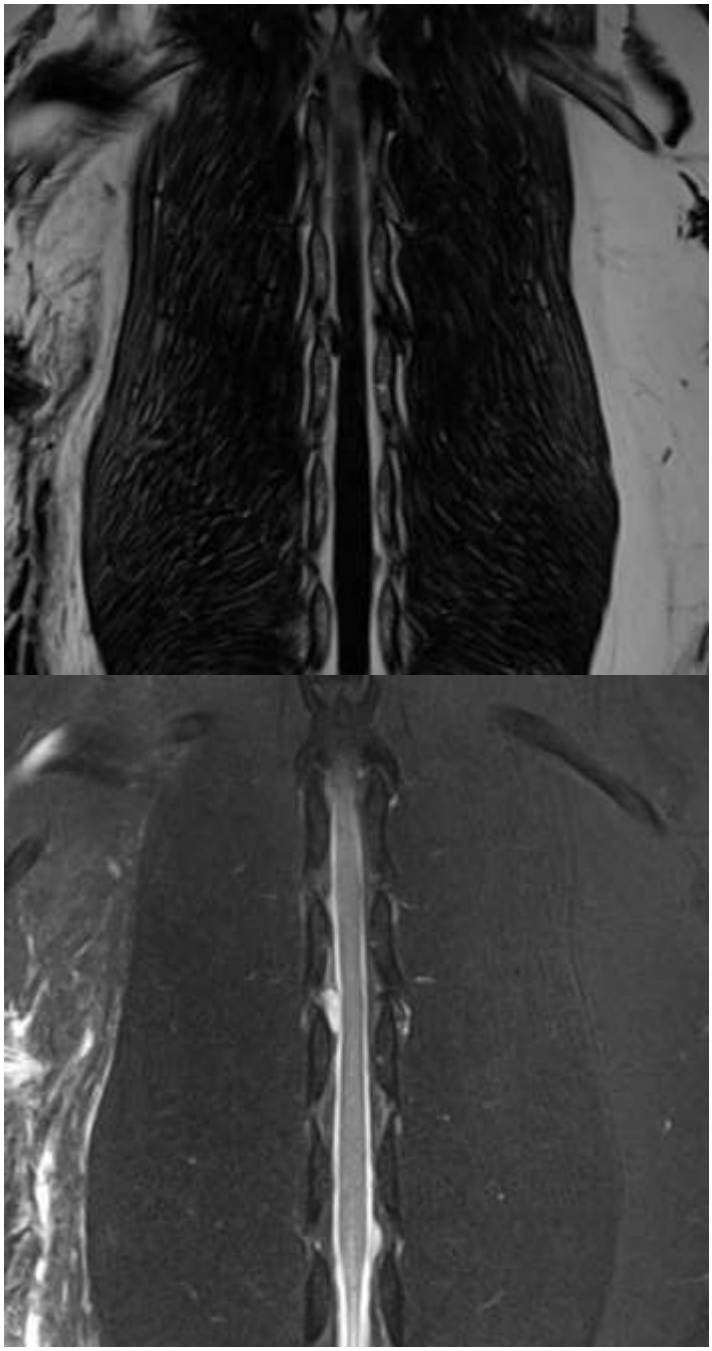

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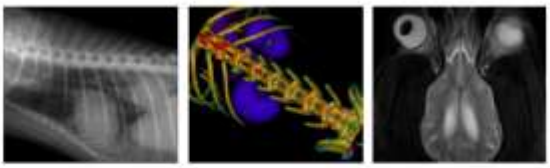

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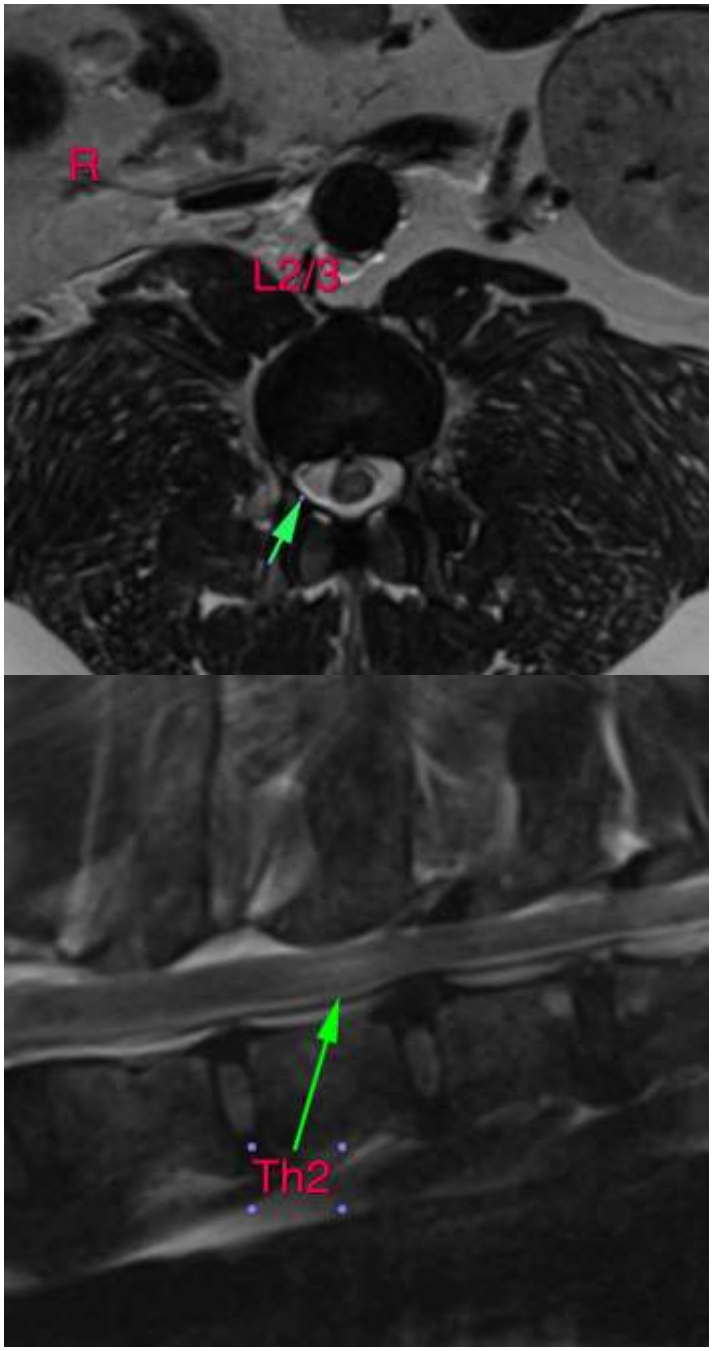

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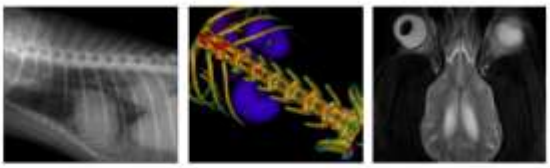

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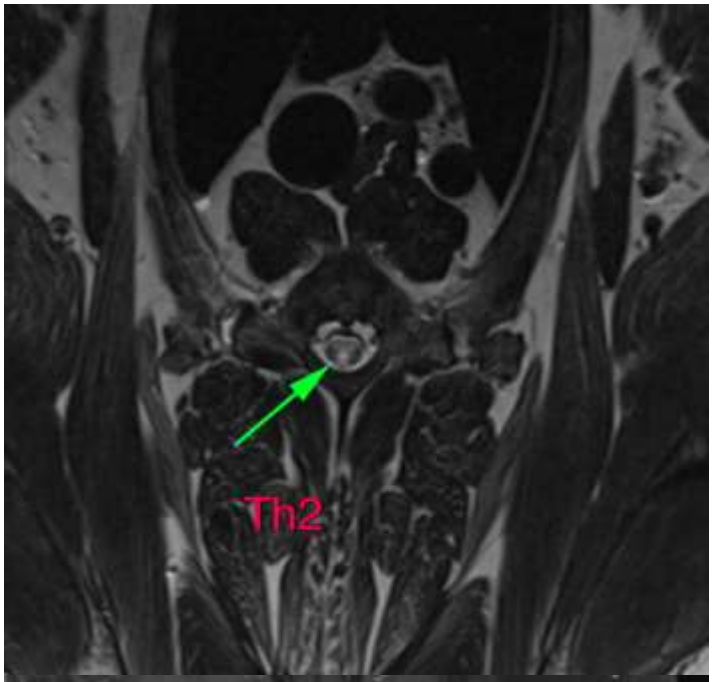

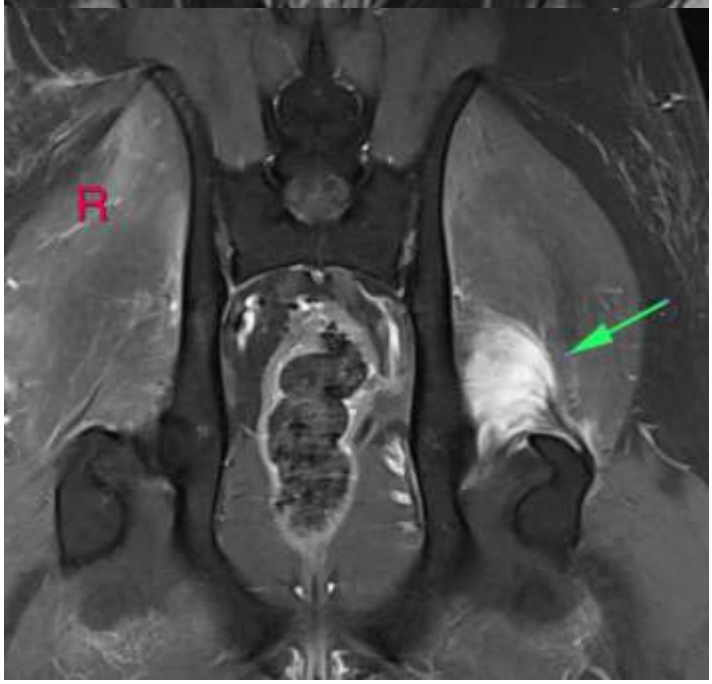

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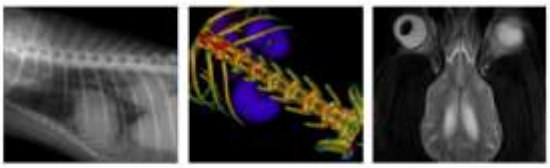

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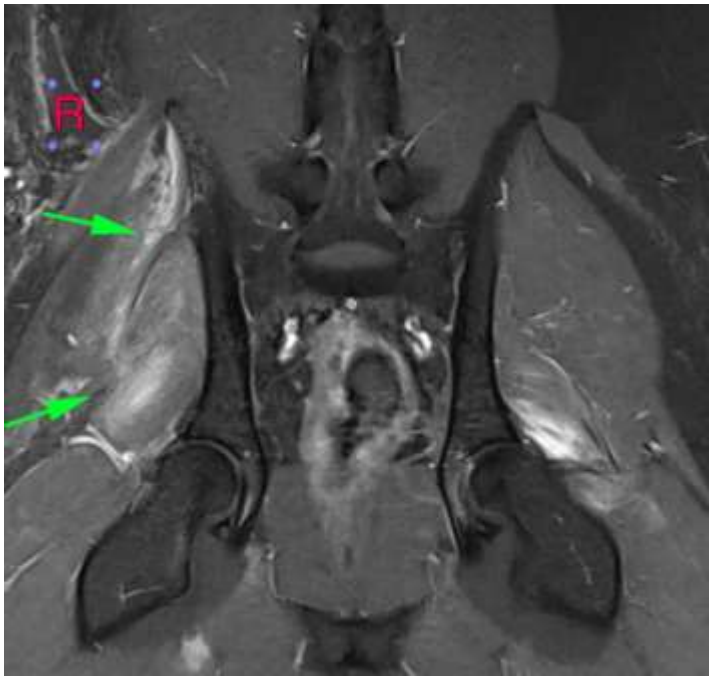

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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