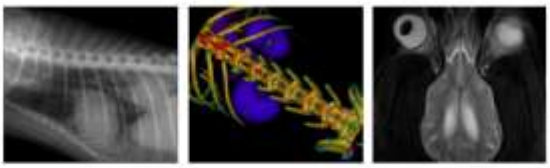


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Behr German

SPECIES

Canine

BREED

Bichon X

SEX

MN

AGE

6

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Alison Little

INVOICE

47357

DATE

9-10-21

PRESENTING CLINICAL SIGNS

Suspicion of discospodylitis. 10:54:29pm Behr a 6 year old, MN Bichon X, presented to the AHP Neurology Service on September 8, 2021 for a scheduled recheck examination. he previously underwent to surgery for a feft T10-12 hemilaminectomy with fenestrations from T11-12 to L1-2 performed on August 3rd 2021. He was reassessed on August 16th, because after stopping Onsior on August 12th, his gait started to deteriorate. Mrs German also reported that Behr fell off the bed on August 8th. During the consultation, Behr was able to ambulate with moderate proprioceptive ataxia characterized by erratic paw placement, occasional leg crossing bilaterally and falling over due to moderate-severe paraparesis. No pain was elicited. An additional 7 days of Onsior has been prescribed at that time. Since then, Behr is still unstable with his pelvic limbs when he is walking. His left pelvic limb is more unstable. BCS: 5/9 MM: pink and moist, CRT: < 2 s, euhydrated EENT: clear OU, clean AU, nares clear, oral exam unremarkable Thor: no murmur or arrhythmia noted, normal RR/RE, normal bronchovesicular sounds Abd: soft, non-painful; no masses, fluid wave, or organomegaly UG: unremarkable PLN: within normal limits PP: strong, synchronous MSK: no lameness or joint effusion Integ: haircoat and skin in good condition Rectal: not evaluated Mentation: Bright, alert and responsive. Cranial nerve exam: No deficits noted. Gait/posture: Ambulatory with moderate paraparesis and proprioceptive ataxia characterized by paw placement mistake and crossing over. Postural reactions: Proprioceptive positioning were absent in the pelvic limbs and normal in the thoracic limbs. Hopping were delayed in the pelvic limbs and normal in the thoracic limbs. Spinal reflexes: Normal. Cutaneous trunci reflex is normal. Sensory/nociception: Moderate hyperesthesia elicited with palpation along the thoracolumbar vertebral column. The CT-scan did not show any further disk material herniation at the T10-12 hemilaminectomy site. However, small amount of disk material was observed at the T12-13 space. This was already present on the previous CT-Scan but in a lesser extent.

COMPUTED TOMOGRAPHIC STUDY OF THE SPINE

Pre/post contrast studies provided for review.

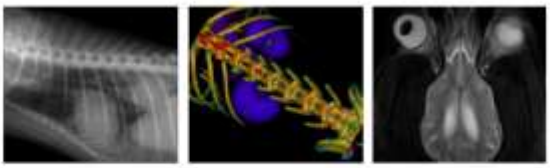
COMPUTED TOMOGRAPHIC FINDINGS

Status after hemilaminectomy at the level of Th10/11 and Th11/12 from the left.

There is marked subchondral sclerosis of the end plates of Th11/12 recognized with an irregular subchondral surface and cystic erosions and a widened intervertebral disc space. There are moderate paraspinal periosteal reactions noted. The spinal canal is not involved. Calcified disc material is not detected. Both levels (Th10/11 and Th11/12) show sufficient decompression of the spinal cord.

Multiple calcified nuclei in the course of the spine are recognized with multiple, mild disc protrusions (s. Th12/13, Th13/L1, L1/2, L2/3 and L3/4) each without compelling evidence of spinal cord compression.

Paravertebral soft tissues are bilaterally symmetrical and inconspicuous.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

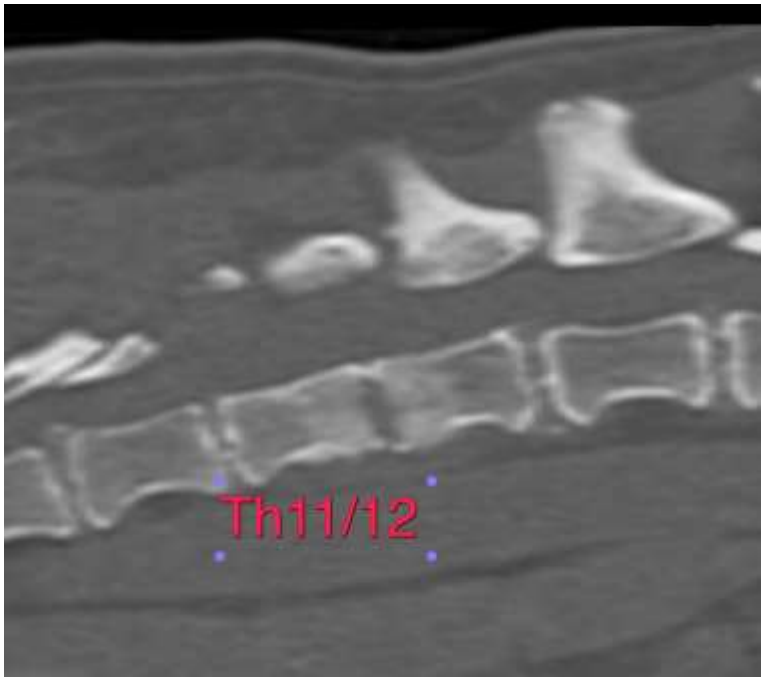
- Significant sclerosis and irregular, cystic-erosive changes of the end plates Th11/12 with periosteal reactions and widening of the intervertebral disc space
- Multiple degenerative findings of the spine of multiple calcified nuclei and mild protrusions without compressive signs
- Status after hemilaminectomy procedure Th10/11 and Th11/12 with sufficient decompression of the spinal cord

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT findings are highly suspicious for an active and inflammatory process of the end plates of Th11/12. Bacterial infections of the disc and the end plates is likely (discospondylitis, osteomyelitis and periostitis). Neoplasia is not suspected. Currently, there is no relevant soft-tissue component/swelling recognized compressing the spinal cord. This, however, may be a dynamic issue with possible temporary compression.

The spine shows multiple degenerative findings, each without relevant compressive signs.

Local microbiological testing with a left sided approach to the disc Th11/12 and/or blood culture may isolate a specific bacterial infection. (Empiric and) Long-term therapy (2-3 months) with antibiotics and additional pain management is recommended. Follow-up CTs are beneficial to monitor the therapy course and usually lack behind the clinical symptoms.



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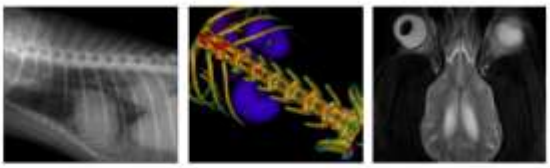

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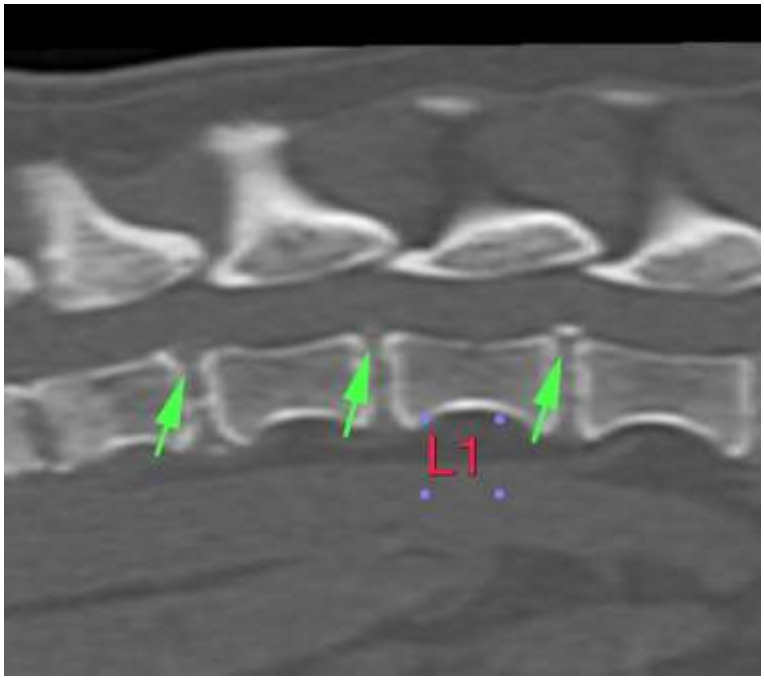

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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