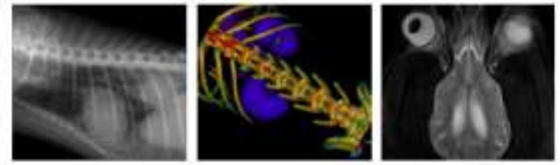

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1-800-838-4268 info@sonopath.com

PATIENT

Loki Colero

SPECIES

Canine

BREED

French Bulldog

SEX

MN

AGE

9

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Greg Killburn

INVOICE

49436

DATE

1-10-22

PRESENTING CLINICAL SIGNS

9 yo MN frenchie PC: transfer for hindlimb paraparesis Previous History: had back surgery 5-6 years ago - TVEH vaccine reaction - bleeding profusely from nose and rectum - happened 1-2 years ago, advised to cease further vaccinations Current History: within the last 5-6 months decreased function in hind limbs - ataxic otherwise happy, runs when he can last 36-48 hours, mood has changed, intermittent panting, decreased appetite, seems like he is in pain Jan 8 in the morning heavy panting, moving slowly, decreased mobility, appeared painful he used to be able to get around fairly well but he as always been quite ataxic in the back legs owner gave a dose of Metacam, ate almost immediately after panting worsened no known trauma no vomiting or diarrhea occasionally loses control of bowels, incontinence, occasionally will squat to defecate as well squats to urinate intentionally went to 404 ER on Jan 8 - admitted overnight for pain management ucath placed IVF therapy 1.5X maint rate Fentanyl CRI, Gabapentin, meloxicam Trazadone and acepromazine transferred to AHP on Jan 9 TO BE REVIEWED BY GREG Subjective: Hospitalized on January 9th for being paraparetic Current treatments: IVF ; fentanyl CRI 3ug/kg/h ; gabapentin 8mg/kg q8h ; trazodone 2mg/kg q8h ; maropitant 1mg/kg q24h Appetite: NPO Urination/defecation: U-cath / D+ Comfort: good Objective: Vital parameters WNL General physical examination: unremarkable Neurological examination: Mentation: Bright, alert and responsive. Cranial nerve exam: No deficits noted. Gait/posture: Ambulatory with moderate to severe spastic paraparesis and moderate to severe proprioceptive ataxia in the pelvic limbs characterized by paw placement mistakes and crossing over. Postural reactions: Proprioceptive positioning are absent in the pelvic limbs and normal in the thoracic limbs. Spinal reflexes: Normal. Cutaneous trunci reflex cut bilaterally around L1. Sensory/nociception: No hyperesthesia elicited with palpation along the vertebral column.

MAGNETIC RESONANCE IMAGING OF THE THORACIC & LUMBAR SPINE

T2&T1 (DIXON) weighted pre- and post-gadolinium sequences in multiple imaging planes are provided for review.

MAGNETIC RESONANCE IMAGING FINDINGS

The thoracic spine presents multiple hemivertebra.

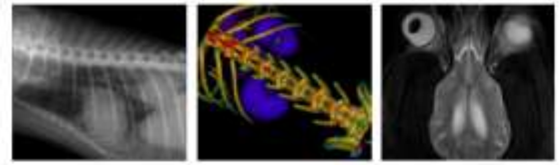
The intervertebral discs T3/T4 to T5/T6 and T8/T9 to T10/T11 are mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level.

Level with T11, the spinal cord presents a diffuse hyperintense signal in the fluid sensitive sequences without contrast enhancement. The diameter of the spinal cord level T11/Th12 is moderately decreased and presents a mild stellated shape. he spinal canal level with the hemivertebra T12 is mild to moderately dorsoventrally flattened.

Post contrast administration the epaxial musculature along the thoracolumbar junction presents a striated contrast enhancement pattern – muscle tension is considered likely.

The intervertebral disc L5/L6 is moderately protruding into the vertebral canal, occupying approximately 45% of the cross-sectional area of the vertebral canal at the same level. The conus medullaris and the accompanying cauda equina fibers at the same level are displaced dorsally and mildly distorted. The lumbosacral intervertebral disc is mildly protruding into the vertebral canal.

All intervertebral discs along the thoracic and lumbar spine present a complete loss of the in fluid



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sensitive sequences hyperintense signal of the nucleus pulposus.

At the medial aspect of the aortic arch, a roundish T2 mild hyperintense mass, measuring 1.7 x 2.6 cm in size is visible.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Spinal canal stenosis T11/T12 with compressive myelopathy, accentuated by mild intervertebral disc protrusion T11/T12
- T2 hyperintense intramedullary lesion spinal cord level T11 with segmental medullary atrophy + gliosis and ± mild intramedullary edema
- Heart base mass
- Intervertebral disc protrusion L5/L6 with potential dynamic myelocompression
- Multifocal intervertebral disc protrusion along the thoracic spine without compressive myelopathy
- Intervertebral disc protrusion L7/S1 without compressive myelopathy
- Generalized degenerative disc disease along the thoracic and lumbar spine

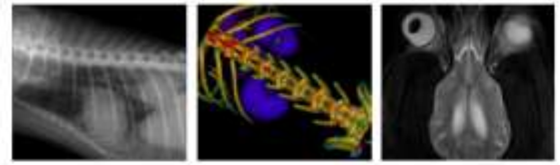
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are compatible with stenosis of the spinal canal level T11/T12 due to hemivertebra formation and intervertebral disc protrusion T11/T12. The chronic spinal cord compression has resulted in segmental atrophy of the spinal cord level T11/T12 with gliosis and possible mild intramedullary edema. The chronicity of changes is supported by the slow progressive clinical sign; an acute on chronic insult – such as ischemia or trauma – might have caused acute exacerbation of clinical signs.

Physical therapy and pain management appear as the therapy options of choice.

The multifocal intervertebral disc protrusions are considered clinically not relevant.

There is a small heart base mass, and paraganglioma (chemodectoma) is considered likely in a brachycephalic breed. Heart base masses can be a cause for pericardial effusion – not appreciated in the current MR study.



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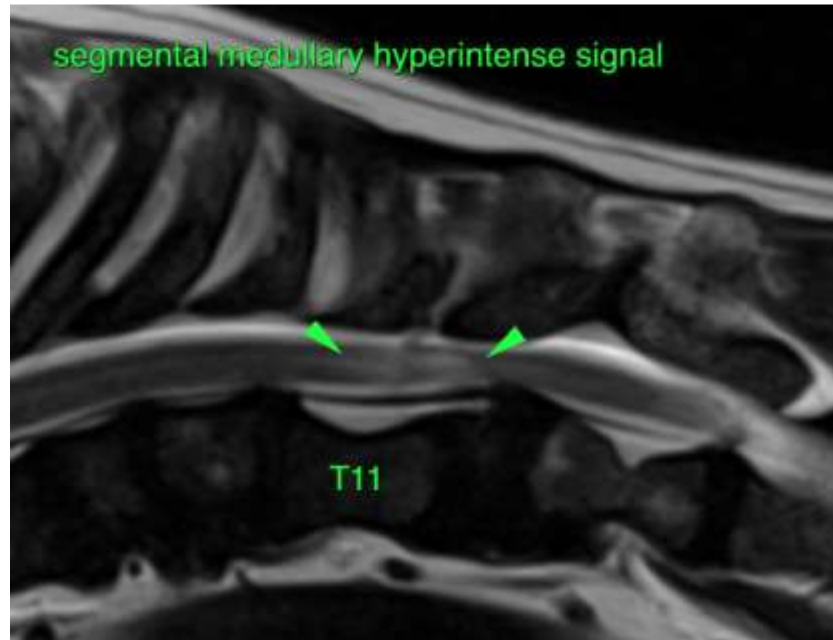

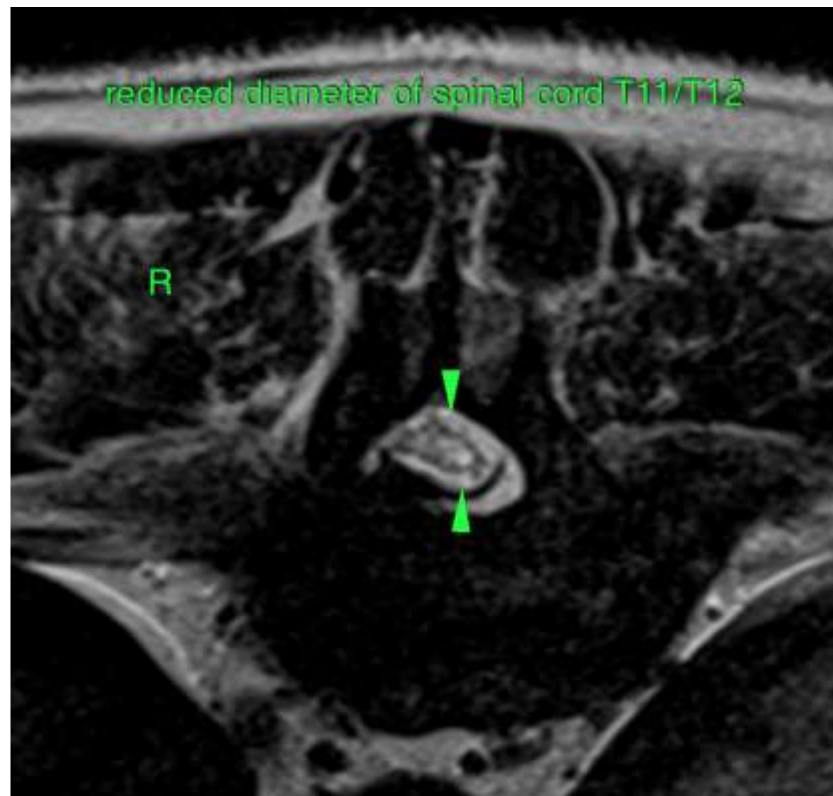

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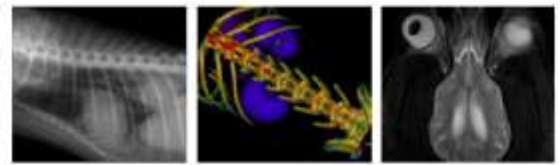

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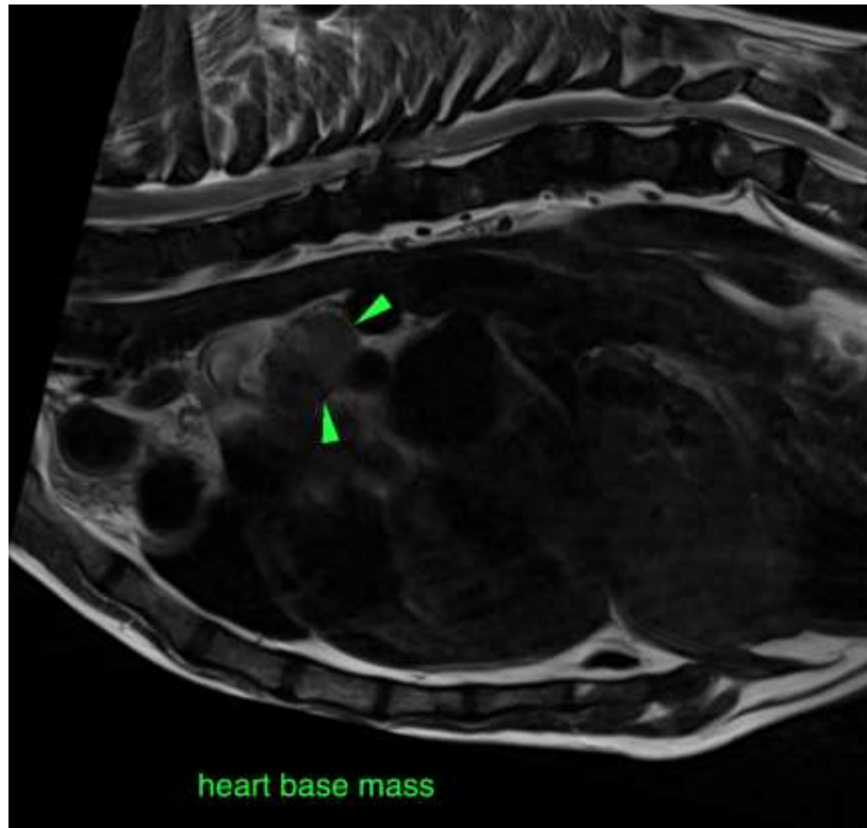

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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