



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Walter Lowry

SPECIES
Canine

BREED
Golden Retriever

SEX
MN

AGE
2 Years, 2 Months

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

Three weeks ago Walter looked dazed and did not want his food. The next morning he was taken to an emergency hospital. He was suspected to have THC intoxication. That night he was worse. He had an arched back and was trembling. He was stiff in his back legs. He progressed to having trouble getting up in his back end. By later in the evening he was crying and unable to get up. He was also noted to be very warm. He was treated on emergency with: ampicillin 22 mg/kg IV q6h, enrofloxacin (10 mg/kg IV q24h), dexamethasone (0.25 mg/kg IV q24h), maropitant (1 mg/kg IV q24h), gabapentin (300 mg q8h), methadone (0.2 mg/kg IV q4h), ondansetron (0.3 mg/kg q8h). Blood work was performed. This week he seems to be trembling more on the right had side. He had some problems eating at the beginning. He will not shake his head. He does not open his mouth fully when he yawns. He leans more on his left had side and shakes more with his right. He is not raising his tail when he pees. He continues to loose weight. Examinatoin BCS: 4/9 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. Marked muscle atrophy of the masseter and temporalis bilaterally. No pain on opening jaw to full range of motion, on palpation of the atrophied muscles or on palpation of the temporal mandibular joint Integ: haircoat and skin in good condition Rectal: not evaluated Neurological Examination: Mentation: Bright, alert and responsive. Cranial nerve exam: No deficits noted. Gait/posture: Ambulatory with a mild tetraparesis. Thoracic limbs are close together and occasionally crossing over. Pelvic limbs and wide based. Postural reactions: Proprioceptive positioning and hopping were normal in all limbs. Spinal reflexes: Normal. Sensory/nociception: Cervical hyperesthesia elicited with palpation of the caudal cervical spine. and flexion of the head to the left. Sensation is intact. localization: C6-T2 myelopathy NOTE: dog on 2 mg/kg/d prednisone CSF within normal limits

MAGNETIC RESONANCE IMAGING OF THE CERVICAL SPINE AND THORACIC SPINE

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

HOSPITAL NAME

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MAGNETIC RESONANCE IMAGING FINDINGS

The intervertebral disc C4/C5 is mildly bulging into the vertebral canal, distorting the ventral epidural space at the same level. In the T2w transverse images of the spinal cord level C4/C5, a mild heterogeneous hypo- to hyperintense signal pattern is appreciated. No alterations of the normal signal behavior of the spinal cord is appreciated in the sagittal oriented images or STIR images.

REFERRING VET

Dr. Alison Little

The remainder of the osseous ad soft tissue structures of the spine

Post contrast administration, no pathological contrast enhancement pattern is appreciated.

INVOICE

56384

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Mild intervertebral disc protrusion C4/C5

DATE

1-25-23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The MR study of the cervical spine and the thoracic spine presents without abnormalities, explaining the described clinical signs. The local mild heterogeneity of the spinal cord level C4/C5 might be artefactual, as it cannot be appreciated in any of the other sequences and there are



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geometric semicircular hypointense lines.

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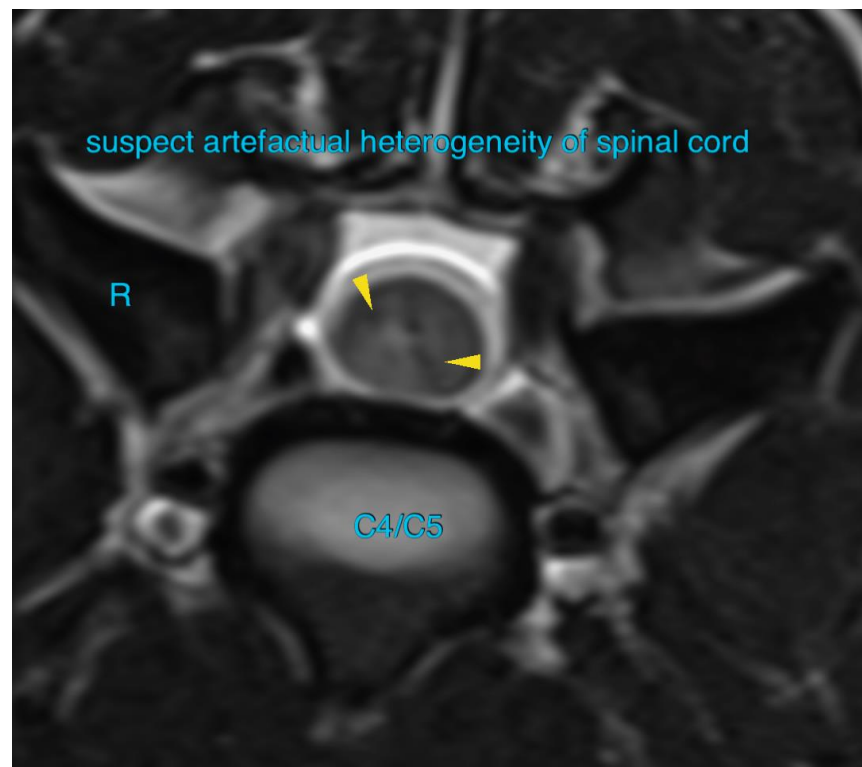
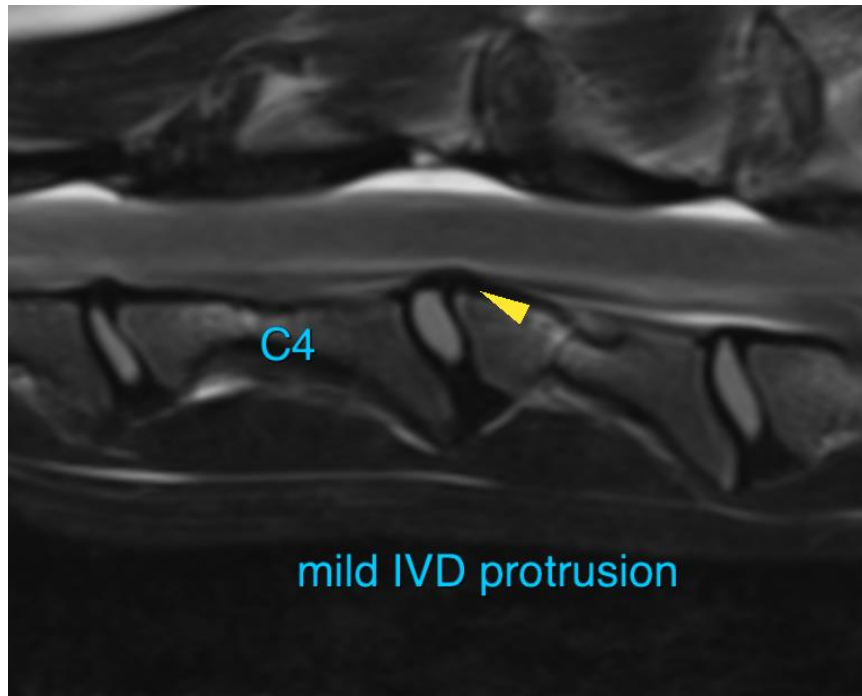
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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