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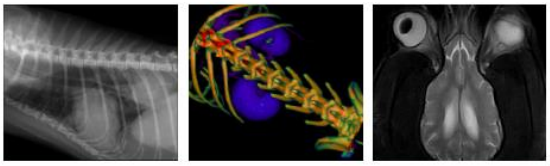

PATIENT

Hutch Cheung

SPECIES

Canine

BREED

Pomeranian

SEX

FS

AGE

14 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Alison Little

INVOICE

56431

DATE

1-28-23

PRESENTING CLINICAL SIGNS

Around Christmas had a coughing fit, started on tracheal elixir, tracheal collapse noted on radiographs. Owner out of town on Wed/Thurs/Fri. Less and less interest in food, very abnormal for her. Stopped eating all together. Ate but then vomited a lot. Went to RDVM jan 26th, given bismuth and injection. Started elixir after 3 days. less interested in food again today. Given brunch of chicken, seemed like left side seized up and fell over. Unable to stand up straight and following over. Head tilting, drooling.
Abnormal PE/Chem/CBC/UA Results: grade 2 heart murmur epiglottal mass Neurological Examination: Mentation: dizzy, responsive Cranial nerve exam: Decreased menace response OD. Rotary nystagmus, fast phase to the right. Marked left head tilt Gait/posture: Non-ambulatory tetraparetic, rolling/falling to the left Postural reactions: Proprioceptive positioning and hopping were normal on the left, unable to be assessed in right forelimb due to catheter and mildly delayed on the right pelvic limb. Spinal reflexes: Normal. Sensory/nociception: No hyperesthesia elicited with palpation along the vertebral column. Sensation is intact.

MAGNETIC RESONANCE IMAGING OF THE SKULL

T2 weighted, FLAIR, diffusion weighted, SWI, T1 pre- and post-gadolinium sequence in multiple imaging planes are provided for review.

MAGNETIC RESONANCE IMAGING FINDINGS

Generalized significant enlargement of the lateral ventricles and the medullary velum is deviated dorsally. The rostral contour of the cerebellum has a concave shape. The corpus callosum and the fornix are deviated dorsally. The interthalamic adhesion has a decreased volume and presents a depressed rostral contour.

The volume of the parenchyma of the cerebral hemispheres is decreased. The brain presents the expected bilateral symmetry and contrast enhancement. The white matter surrounding the lateral ventricles presents zones with mild hyperintense signal in T2 & FLAIR weighted images. There is no evidence of abnormal meningeal enhancement. In FLAIR, incomplete suppression of the CSF in the lateral ventricles is appreciated – considered as an artefact, secondary to mild pulsation of the brain.

In the ADC map of the diffusion weighted images, the entire right cerebellar hemisphere presents evidence of restricted diffusion.

The included cranial part of the spinal cord presents a mild prominent central canal.

The left tympanic bulla contains a small amount of T2 and FLAIR hyperintense material.

At dorsal surface of the epiglottis, a T2 and T1 hyperintense plaque like lesion is appreciated, measuring approximately 6 x 3 x 4 mm in size; no contrast enhancement is appreciated.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Restricted diffusion right cerebellar hemisphere – area of the rostral and caudal cerebellar artery
- Hydrocephalus internus with evidence of mild hypertension
- Mild intraaxial edema surrounding the lateral ventricles
- Mild dilation of the central canal cranial cervical spine
- Plaque like small mural lesion dorsal surface of epiglottis
- Left sided otitis media

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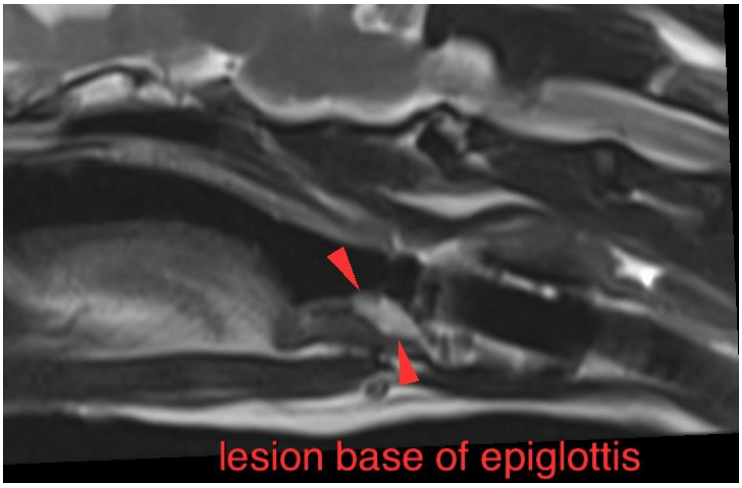
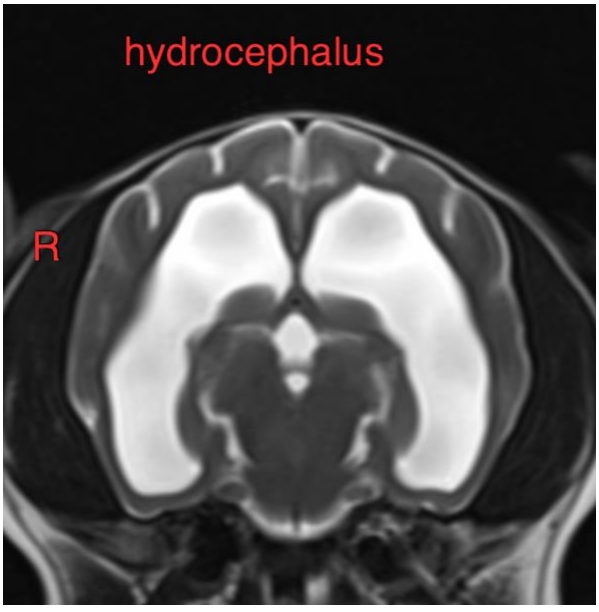
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinical relevance of the hydrocephalus and the left sided otitis media – without evidence of accompanying otitis interna – for the acute presenting clinical signs is questionable. The restricted perfusion of the right cerebellar hemisphere is suggestive for territorial infarction/transient ischemic insult of the right cerebellar hemisphere and would be a plausible source for the described vestibular clinical signs – the lack of signal changes in T2 and FLAIR can be due to performing the MR scan within couple of hours after the ischemic insult.

The clinically described epiglottic mass is difficult to assess in the MR scan, but given the lack of contrast enhancement a cystic lesion might be a consideration as well as neoplastic disease (e.g. melanoma – would expect T2 hyperintensity) or granuloma – but I would have expected contrast enhancement. FNA sampling/cyto-brush are recommended for further definition.





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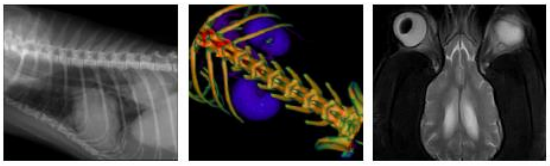

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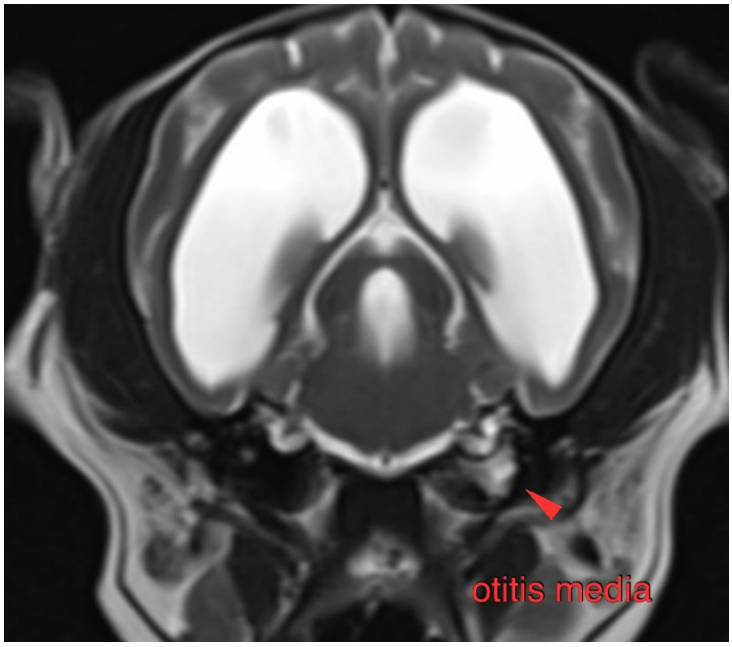

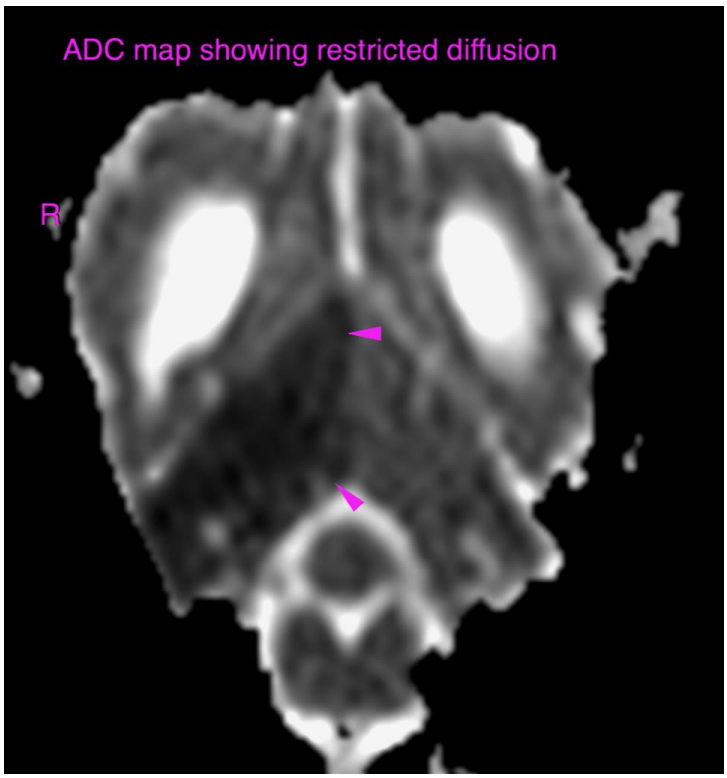

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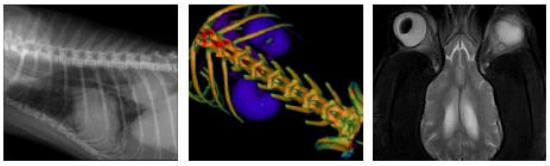

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com