SonoPath Teleradiology
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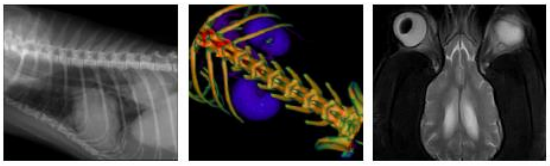

PATIENT

Lola Davidson

SPECIES

Canine

BREED

Terrier X

SEX

FS

AGE

6 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Alison Little

INVOICE

56429

DATE

1-28-23

PRESENTING CLINICAL SIGNS

Lola was seen by her primary care veterinarian on Jan 18, 2023 for difficulty of getting up and it was slowly progressing since last weekend. Lola is having difficulty with stairs, and jumping onto laps and furniture. Owner noted that she seems to be leaning to the left, hugging the wall when walking, and seems to have lost her vision in the left eye. The owner also noticed that Lola was favouring her right hindlimb since early of January this year and she was knuckling both left forelimb and hindlimb since last week. Mentation: Bright, alert and responsive. Cranial nerve exam: Absent direct and consensual pupillary light reflex on the right. Absent menace on the left, intermittent on the right. Remainder of cranial nerves within normal limits Gait/posture: Circling to the right in wide circles. Continuously pacing . Bumps into objects on the left side. Pulls to the left when walking. Ambulatory with a mild left lateralized tetraparesis. Occasionally stumbles to one side or the other. Postural reactions: Proprioceptive positioning and hopping were normal on the right and absent on the left. Spinal reflexes: Normal. Sensory/nociception: Cervical hyperesthesia elicited with palpation along the vertebral column. Sensation is intact. localization: Right forebrain lesion CSF within normal limits.

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

Accentuated in the right aspect of the mesencephalon, a T2 and FLAIR hyperintense, mild ill-defined, ovoidal shaped lesion is visible, measuring approximately 14 x 10 x 16 mm in size. The rostral margins of the T2 and FLAIR hyperintense lesion are feathered and appear to extend into the thalamus. The rostral contour of the cerebellum is distorted by the mass effect. Post contrast administration, an ill-defined mild to moderate contrast enhancement pattern of the lesion in the mesencephalon is appreciated.

The third ventricle is distorted by the enlarged mesencephalon.

The tympanic bullae are aerated, and the bony lining is thin.

The left medial retropharyngeal lymph node is prominent and

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Solitary intracranial intraaxial contrast enhancing lesion right aspect of mesencephalon.
- Lymphadenopathy left medial retropharyngeal lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intraaxial lesion is equivocal for granuloma (e.g. meningoencephalitis or unknown origin versus infectious) or neoplasia (e.g. glioma/astrocytoma, round cell tumor) – the unremarkable CSF tap is increasing the odds for neoplastic infiltration. The finding is a plausible explanation for the presenting clinical signs.

Recommend complementing workup by FNA sampling of the left medial retropharyngeal lymph node.

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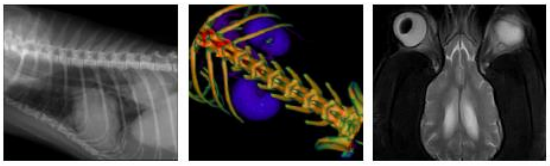

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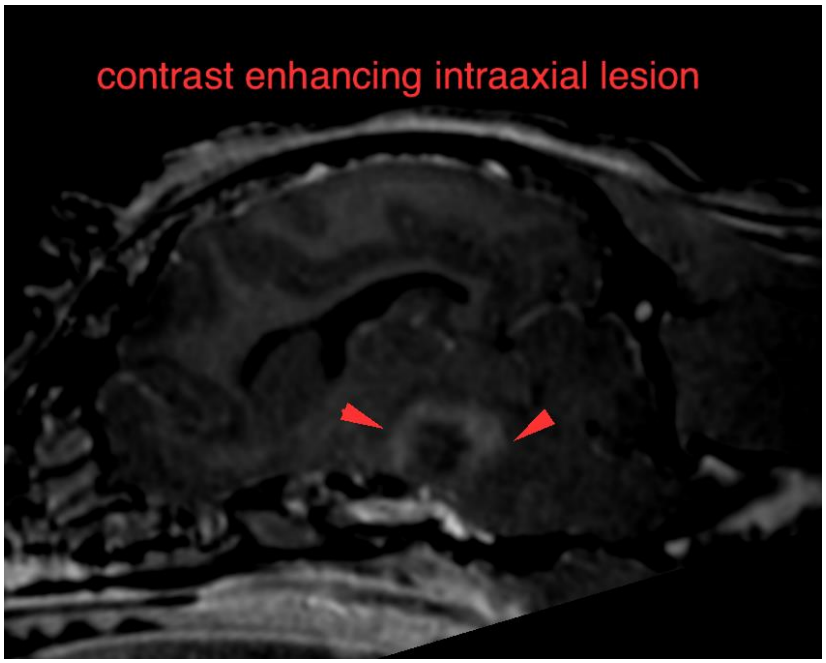

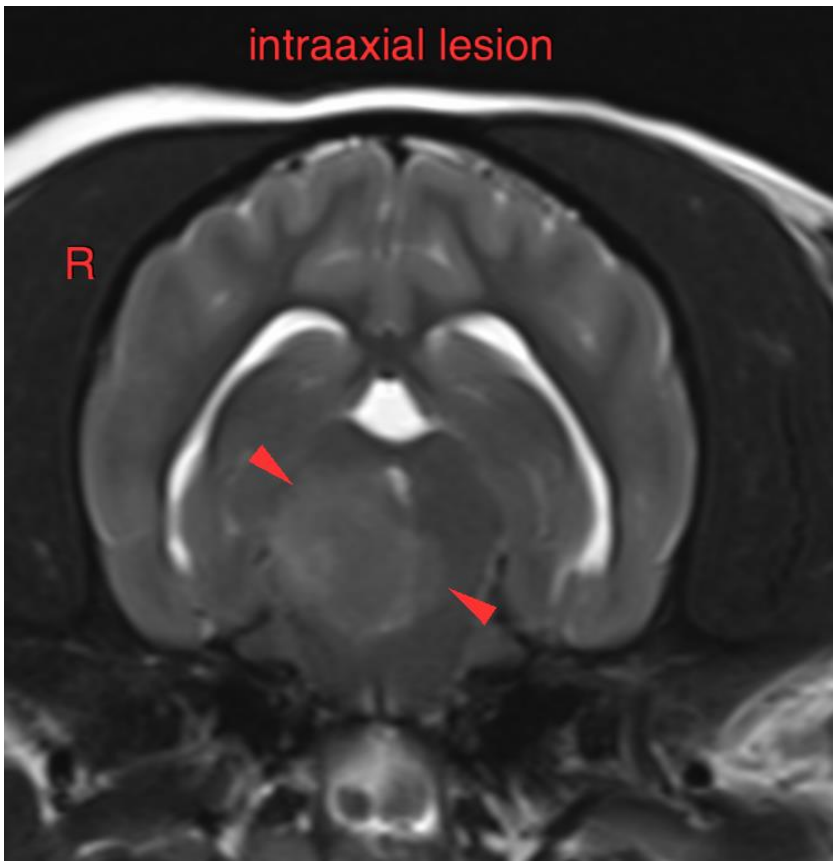

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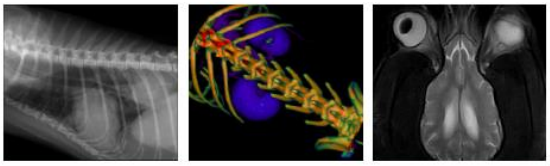

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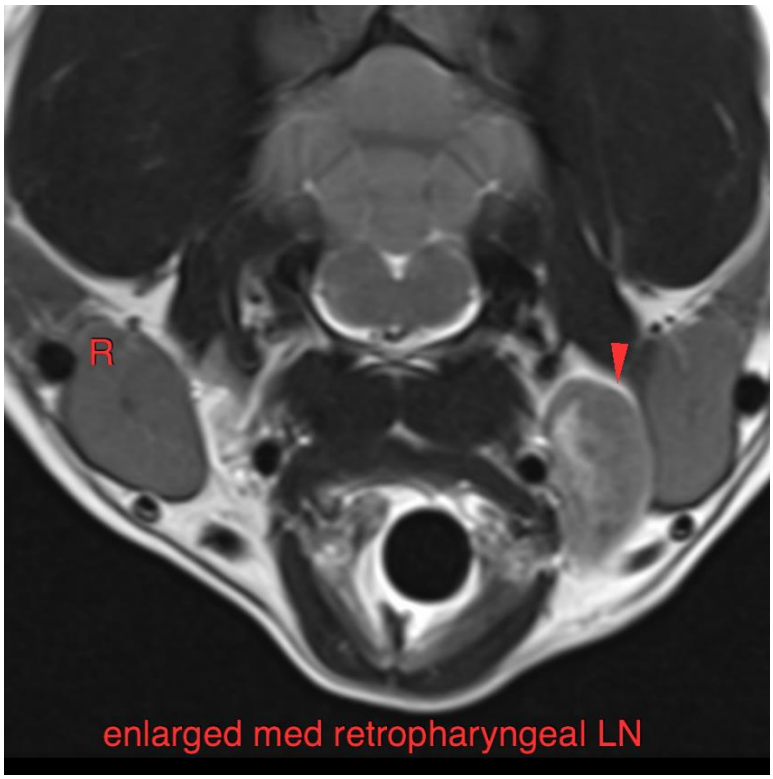

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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