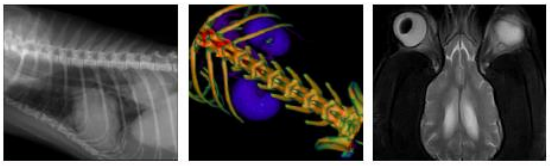

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1-800-838-4268 info@sonopath.com

PATIENT

Willet Howard

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Marchal

INVOICE

14007

DATE

10/22/21

PRESENTING CLINICAL SIGNS

History: Willet's clinical signs were first noted around Oct 14th 2021 and at that time she was acting very differently, walking gingerly, tail down and was hiding in areas that she infrequently goes to. No trauma was witnessed at that time, but she is an indoor-outdoor cat and this possibility could not be excluded. The signs appeared acutely. She was presented to Mt. Pleasant- Davisville Animal Hospital on Oct 15th 2021 and on assessment, she showed repeatable pain on palpation of the lumbosacral region and had a low lumbar carriage with a lowered tail. Radiographs of the abdomen and pelvic were taken and showed significant spondylosis of lumbosacral vertebrae. She was treated conservatively as an outpatient with gabapentin 50mg 1-tab q12 and meloxicam 0.5mg/ml q24. Since then, she has not shown any signs of improvement. It has been difficult to administer the medications. She has however not deteriorated. She is unable to jump onto furnitures. She still has a good appetite. She still walks with a lowered lumbar and lowered tail and her hips sway from side to side.

Abnormal PE/Chem/CBC/UA Results: CBC - Mild neutropaenia Radiographs - Mild sclerosis of the L7-S1 end plates were noted with mild displacement of both end plates. Gait/posture: Ambulatory with a lower lumbar carriage and flaccid tail (with no voluntary movement). No ataxia or paresis noted but mild stiff gait bilaterally and symmetrically in pelvic limbs. Sensory/nociception: Mild hyperesthesia elicited with palpation along the lumbosacral vertebral column.

MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE

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

MAGNETIC RESONANCE IMAGING FINDINGS

Multifocal moderate spondylosis formation is present along the lumbar spine. The intervertebral discs L1/L2, L2/L3 and L7/S1 present a moderate to complete loss of the in fluid sensitive sequences hyperintense signal of the nucleus pulposus.

Level with the lumbosacral intervertebral disc space, irregular hypointense disc material is moderately to markedly protruding into the vertebral canal, occupying approximately 100% of the cross-sectional area of the vertebral canal at the same level. Post contrast administration the protruding disc material and associated epidural fat are mild to moderately contrast enhancing. The caudal equina fibers level with the lumbosacral junction are displaced dorsally and are focally effaced by the protruding disc material. The disc material is extending into the neuroforamina bilaterally. The nerve roots L7 within the spinal canal are moderately thickened; post contrast administration the spinal nerves L7 bilaterally present moderate contrast enhancement.

Post contrast administration the synovial lining of the facet joints L7/S1 is moderately contrast enhancing. The subchondral bone of the vertebral endplates L7/S1 presents a mild heterogeneous contrast enhancement.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

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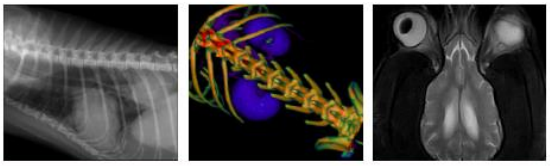

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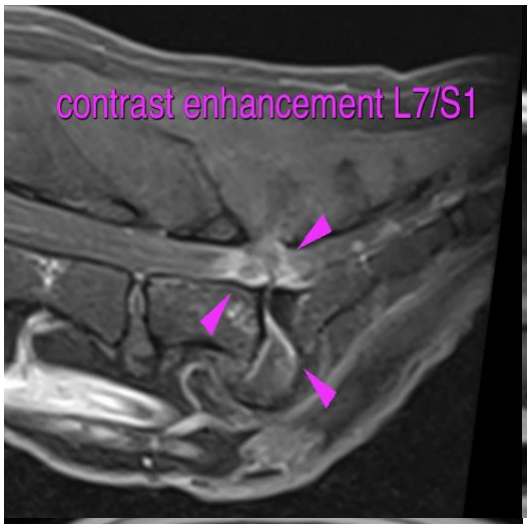
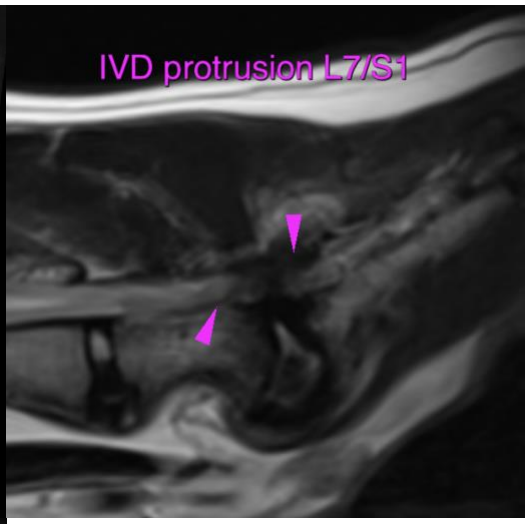
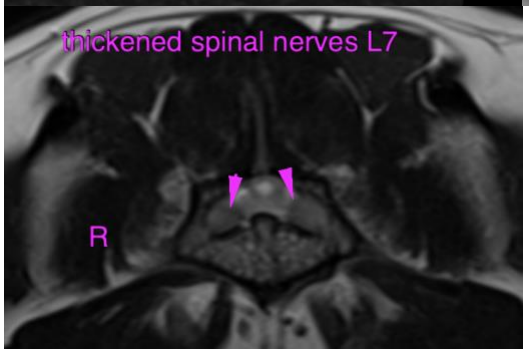
- Degenerative lumbosacral stenosis with active remodeling of the respective vertebral endplates and bilateral neuroforaminal stenosis
- Neuritis spinal nerves L7 bilaterally level with L7
- Degenerative disc disease L1/L2, L2/L3 and L7/S1
- Suspect Synovialitis facet joints L7/S1
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are compatible with degenerative lumbosacral stenosis with local active steatitis of the peidural fat, neuritis, synovialitis of the respective facet joints and mild active remodeling of the respective vertebral endplates. A potential might be acute on chronic disease with possible extrusion of mild amount disc material level L7/S1. The findings are a plausible explanation for the described clinical signs. As a minimally invasive treatment option, local glucocorticoid application into the spinal canal/at the nerve roots can be tried. The chances of surgical intervention like dorsal laminectomy can be discussed with neurologist/surgeon as well.







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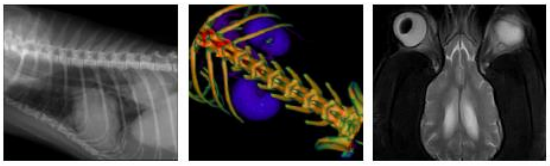

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com