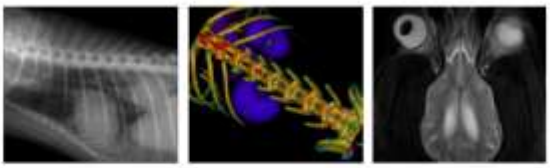

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1-800-838-4268 info@sonopath.com

PATIENT

Mimmie Cheng

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Little

INVOICE

48004

DATE

10-26-21

PRESENTING CLINICAL SIGNS

Mimmie, a 13 year old, FS Domestic Short Hair, presented to the AHP Neurology Service on October 20, 2021 for evaluation of loss of balance. Mimmie was doing well until 3 days ago. Suddenly, on October17th, she lost of balance and was wobbly. No head tilt or nystagmus noted. Since then, she has been improving day by day and is almost back to normal according to Mr Cheng. No other changes or concerns. Current medications: gabapentin q12h Previous diagnostic testing: -- October 15th 2021; CBC and biochemistry without significant abnormalities. Rads Previous medical history: -- 2017: mast cell tumor well-differentiated (subcutaneous mass on the head). Mitotic index: 2 ; Margins: Complete/narrow excision, <1 mm to the inked blue margin and less than 1 mm to the inked green lateral margin ; Vascular invasion: Not observed -- Has been treated with gabapentin for several months for suspected arthritis. Mimmie has otherwise been previously healthy. BCS: 3/9 MM: pink and moist, CRT: < 2 s, euhydrated EENT: clear OU, clean AU, nares clear, oral exam: marked periodontitis Thor: sternal heart murmur 1/6 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 Integ: haircoat in bad condition Rectal: not evaluated Mentation: Quiet but appropriate response to her environment (e.g. explore) Cranial nerve exam: Vertical/Rotatory fast phase clockwise positional nystagmus. No other deficits noted. Gait/posture: Ambulatory with mild vestibular ataxia (fell over her left) Postural reactions: Proprioceptive positioning and hopping were normal in all limbs. Spinal reflexes: Normal. Sensory/nociception: No hyperesthesia elicited with palpation along the vertebral column.

MAGNETIC RESONANCE IMAGING OF THE SKULL

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

MAGNETIC RESONANCE IMAGING FINDINGS

There is generalized moderate thickening of the pachymeninges throughout the dorsal aspect of the cranial fossa, including the falx cerebri and caudal fossa cranii encompassing the telencephalon and cerebellum from the dorsal aspect; presenting a marked T2 hyperintensity and generalized homogeneous contrast enhancement pattern of the pachymeninges with a layered appearance presenting a non-contrast enhancing layer adjacent to the telencephalon. A generalized mass effect on the brain is noted. The quadrigeminal cistern is obliterated. A mass effect is noted on the mesencephalon and cerebellum with mild to moderate cerebellar herniation into the foramen magnum.

The brain parenchyma presents the expected signal behavior with the normal grey and white matter contrast.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Generalized moderate to marked thickening of the pachymeninges.
- Signs for increased intracranial pressure with cerebellar herniation into the foramen magnum.

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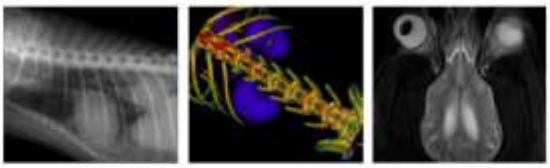

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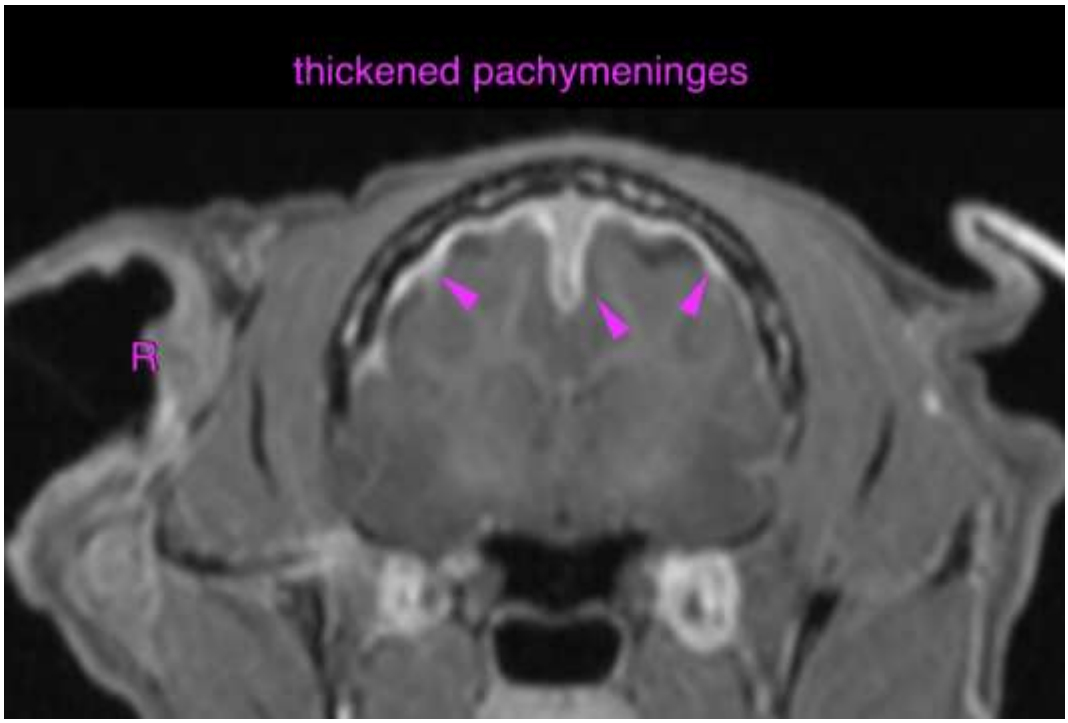
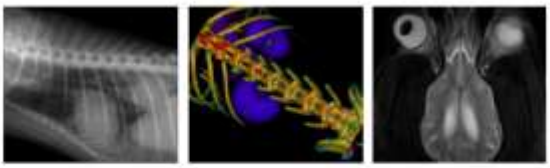
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickened pachymeninges can be due to malignant infiltrative disease such as round-cell neoplasia or meningitis – especially idiopathic pachymeningitis (also this entity has not described in feline patients, it might be a pathology affecting multiple species) or feline infectious peritonitis can be put high on the list. Infectious meningitis (bacterial, fungal, protozoal) is a potential as well, but the symmetric pattern of thickening is unusual. Complementing workup by a CSF tap would be ideal, but the potential increased intracranial pressure is a contraindication.

Diagnostic therapy with glucocorticoids can be tried. The prognosis is guarded.





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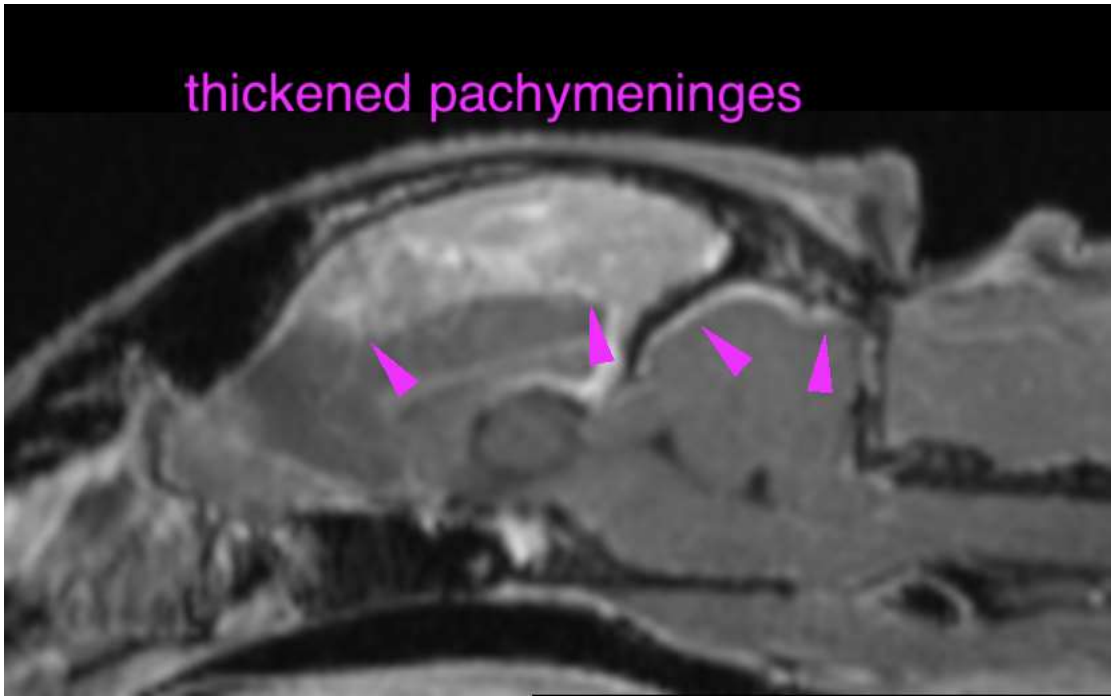

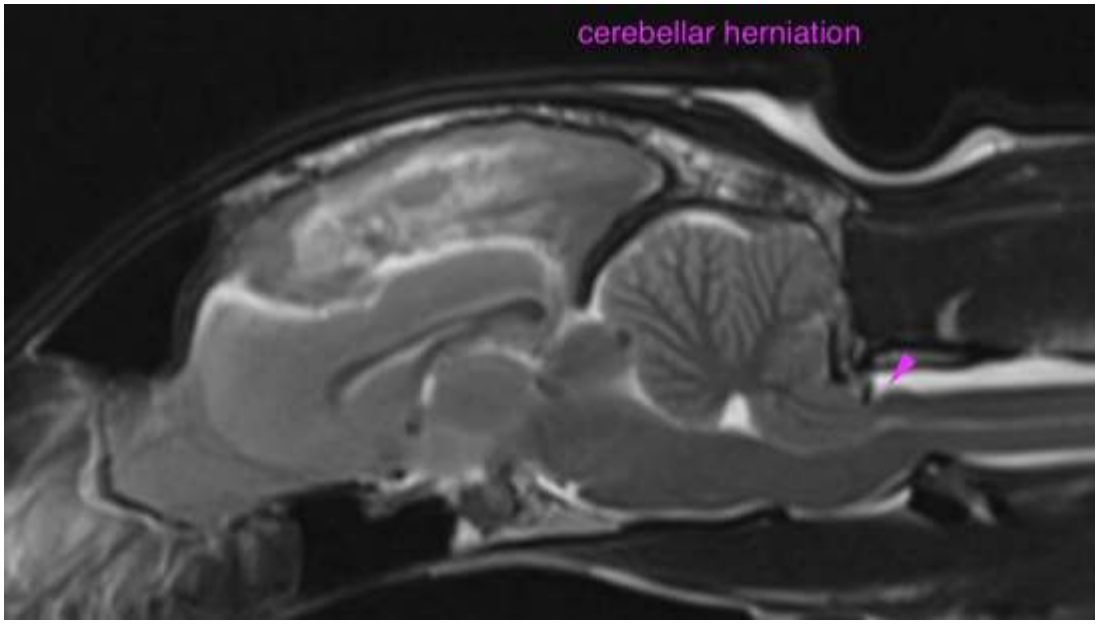

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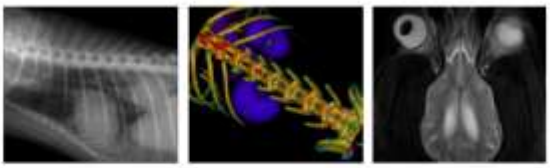

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com