SonoPath Teleradiology
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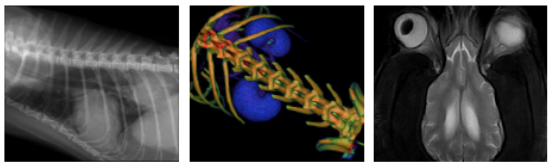

PATIENT

Cassius Zammit

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

11 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Alison Little

INVOICE

42405

DATE

10/26/22

PRESENTING CLINICAL SIGNS

Progressive tetraparesis, worsens with elevation of the head. Mild behavioral changes noted as well Abnormal PE/Chem/CBC/UA Results: Gait/posture: Ambulatory with a right lateralized proprioceptive ataxia, worse in the thoracic limbs. Low head carriage and kyphotic posture. When he lifts his head he stumbles more and sways/sits down. Intermittently holding head to the left but able to also hold it strait. Postural reactions: Proprioceptive positioning and hopping were mildly delayed on the left, markedly delayed in the right thoracic limb and moderately delayed in the right pelvic limb. Sensory/nociception: Cervical hyperesthesia.

MAGNETIC RESONANCE IMAGING OF THE CERVICAL SPINE

T2 & STIR weighted sequences in multiple imaging planes are provided for review.

MAGNETIC RESONANCE IMAGING FINDINGS

There is significant atlanto-occipital overlapping, depressing the caudal contour of the cerebellum. The odontoid peg of C2 is in a relative cranial position and there is an increased distance between the spinous process of C2 and the dorsal lamina of C1. Significant dorsal kinking of the spinal cord level with C1/C2 is appreciated. The central canal level C1 to C5 is cylindrically significantly dilated, measuring up to 6.7 mm in diameter. Level with the tip of the odontoid peg, the most cranial segment of the spinal cord has a decreased diameter and presents a T2 hyperintensity bilateral to the central canal.
The intervertebral discs C5/C6 and C6/C7 are mild to moderately protruding into the vertebral canal, compressing the ventral epidural and subarachnoid space at the same level. Level with C6/C7, the spinal cord is mildly deviated dorsally.

The lateral ventricles of the brain are moderately dilated.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Atlanto-occipital overlapping and mass effect on the cerebellum
- Atlanto-axial subluxation with kinking of the spinal cord
- Significant syringohydromyelia cranial cervical spine
- Suspect atrophy and gliosis of the spinal cord level with the craniocervical junction
- Intervertebral disc protrusion C5/C6 and C6/C7 with potential dynamic compressive myelopathy
- Ventriculomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The atlanto-occipital overlapping and atlanto-axial subluxation in combination with the significant syringohydromyelia and potential segmental atrophy/gliosis of the spinal cord due to chronic impingement are a plausible explanation for the presenting clinical signs. Progressive enlargement of the syrinx and gliosis may result in progressive deterioration of the neurological status.

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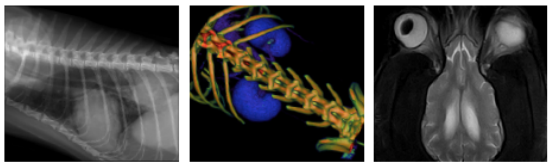

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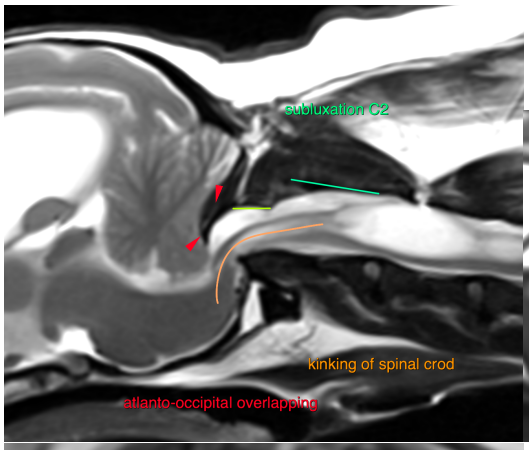

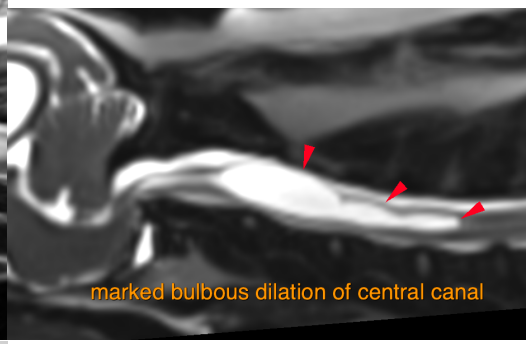

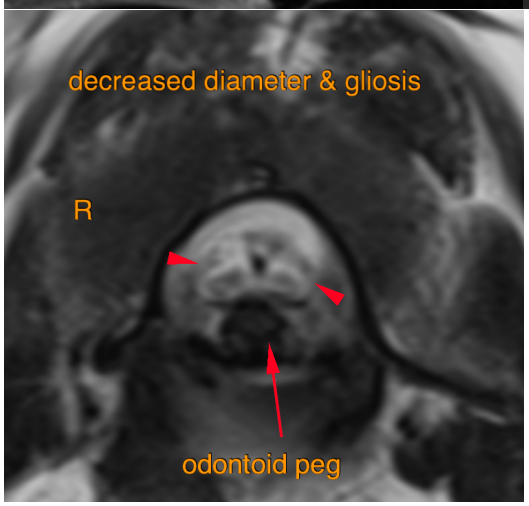

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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