



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Sally Morrissey
SPECIES History: Sally, a 12-year-old, female spayed Labrador Retriever presented to Animal Health Partners on October 29th, 2021 for ambulatory tetraparesis. Last Friday she was taken for a walk in the afternoon and her gait was noted to be abnormal in all four limbs. She was short and choppy in the thoracic limbs and she is scuffing her left pelvic limb. She was evaluated by her primary care veterinarian who recommended a neurology consultation. Her gait has remained static

Canine

BREED

Labrador Retriever

SEX

Spayed Female

Abnormal PE/Chem/CBC/UA Results: MSK: Discomfort on extension of the hips bilaterally, medial buttress of the right stifle, Discomfort on extension of the shoulders bilaterally. Integ: haircoat and skin in good condition. Small, dermal skin mass on the left thoracic limb antebrachium bleeding mildly Gait/posture: Ambulatory with a two-engine gait (short and choppy in the thoracic limbs and wide based in the pelvic limbs. Circumduction of the left pelvic limb). Postural reactions: Proprioceptive positioning was normal in the thoracic limbs and mildly delayed in the pelvic limbs bilaterally, left worse than right. Hopping was mildly delayed in all four limbs. Spinal reflexes: Decreased patellar reflex of the right pelvic limb. Remainder of spinal reflexes within normal limits. Sensory/nociception: Caudal cervical hyperesthesia elicited with palpation along the vertebral column. Reluctant to ventroflex or turn head from side to side. ALKP = 280 U/L (23-212) Neurolocalization: C6-T2 myelopathy

AGE

12 Years

MAGNETIC RESONANCE IMAGING OF THE CERVICAL SPINE

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

INTERPRETED BY

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

MAGNETIC RESONANCE IMAGING FINDINGS

The intervertebral discs C2/C3, C4/C5 and C7/T1 are mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level.

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The intervertebral disc C6/C7 is moderately protruding into the vertebral canal, compression the ventral epidural and subarachnoidal space at the same level. The grey matter of the spinal cord level C6/C7 is T2 hyperintense, over a length of approximately 5 mm. The volume of the spinal cord at the same level is mildly decreased. Post contrast administration no contrast enhancement is appreciated. All intervertebral discs of the cervical spine present a loss of the in fluid sensitive sequences hyperintense signal of the nucleus pulposus.

REFERRING VET

Dr. Little

The intervertebral discs of C5/C6 to C7/T1 present moderate ventral spondylosis formation. Post contrast administration the vertebral endplates of C6/C7 and C7/T1 present moderate irregular contrast enhancement.

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MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Segmental myelopathy level C6/C7 with intramedullar T2 hyperintensity of the grey matter of the spina cord

DATE

10/29/21



PATIENT

Sally Morrissey

- Moderate intervertebral disc protrusion C6/C7 with potential dynamic spina cord compression
- Mild intervertebral disc protrusion C2/C3, C4/C5 and C7/T1 without compressive myelopathy
- Active remodeling vertebral endplates C6/C7 and C7/T1 with associated spondylosis formation
- Generalized degenerative disc disease cervical spine

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The segmental myelopathy affecting the grey matter with the acute onset of clinical signs is compatible with ischemic myelopathy. Theoretically round cell neoplasia is a consideration, but this is unlikely here. The protrusion of the intervertebral disc C6/C7 may cause dynamic spinal cord compression and can induce pain but is unlikely to cause neurological deficits. The finding explains the clinical signs and conservative management is the therapy of choice.

BREED

Labrador Retriever

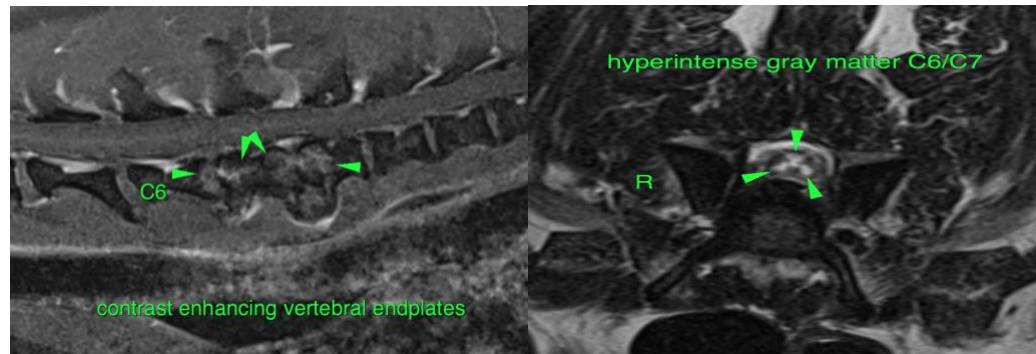
The active remodeling of the vertebral endplates C6/C7 and C7/T1 is likely a sequela to chronic discopathy and the odds for early stage of discospondylitis are very low.

SEX

Spayed Female

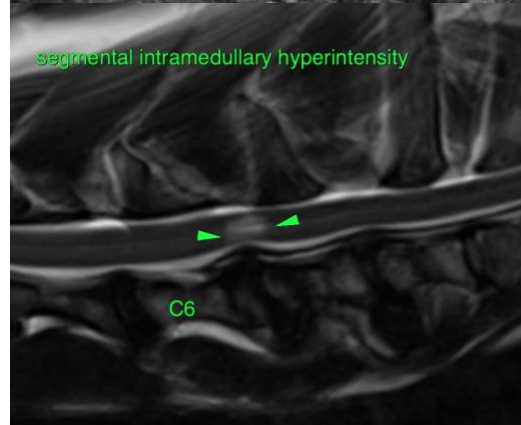
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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PATIENT

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Sally Morrisey

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