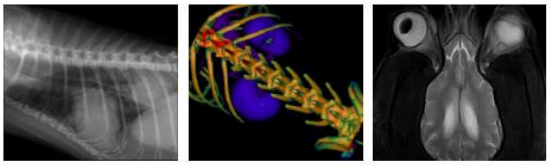

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1-800-838-4268 info@sonopath.com

PATIENT

Dozer Dunkley

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

3 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Mtn. West VH

REFERRING VET

Dr. Burton

INVOICE

17626

DATE

10/7/22

PRESENTING CLINICAL SIGNS

History: Thinks broke back right leg or hip, Let him outside and has 3 dogs. He jumped off the back deck while playing with other dogs. And yelped then was dragging his back leg.
Abnormal PE/Chem/CBC/UA Results: Acute ambulatory right monoparesis

MAGNETIC RESONANCE IMAGING OF THE THORACIC & LUMBAR SPINE

T2 & T1 weighted pre- and post-gadolinium sequences in multiple imaging planes are provided for review.

MAGNETIC RESONANCE IMAGING FINDINGS

Level with the intervertebral disc space L1/L2, the spinal cord presents with a segmental diffuse T2 hyperintense intramedullary signal, extending approximately over the caudal third of the vertebral body of L1. The volume of the respective segment of the intervertebral disc is mildly increased. The intervertebral disc space L1/L2 is moderately narrowed and the volume of the nucleus pulposus is significantly decreased in comparison to the adjacent intervertebral discs. The interverterbal disc L1/L2 is mildly protruding into the right ventral aspect of the vertebral canal, mildly distorting the ventral epidural space. Post contrast administration, no pathological distribution of contrast media is appreciated.

The intervertebral disc L2/L3 presents a moderate loss of the T2 hyperintense signal of the nucleus pulposus and moderate sclerosis of the subchondral bone of the respective vertebral endplates is appreciated.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Segmental T2 hyperintense intramedullary lesion L1/L2 without contrast enhancement
- Discopathy L1/L2 with mild protrusion of the respective intervertebral disc, without myelocompression
- Chronic degenerative disc disease L2/L3

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The MR findings in combination with the clinical history are highly suggestive for traumatic disc extrusion (acute non-compressive nucleus pulposus extrusion) level L1/L2; ischemic myelopathy (e.g. fibrocartilaginous embolism) is a differential but considered less likely. The changes are a plausible source for the presenting clinical signs. Consider conservative management including professional physical therapy.

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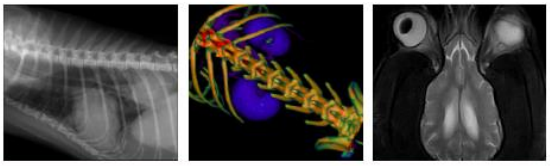

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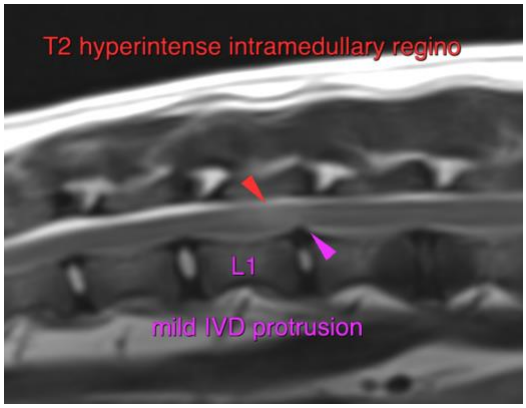

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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