



PATIENT PRESENTING CLINICAL SIGNS

Mischa Taylor

Mischa have been lame in both pelvic limbs over the past few days but a night ago, she was acutely unable to walk. Current medications: Meloxicam for arthritis BCS: 5/9 MM: pink and moist, CRT: < 2 s, euhydrated EENT: clear OU, clean AU, nares clear, oral exam unremarkable Thor: no murmur 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 and skin in good condition Rectal: not evaluated Mentation: Bright, alert and responsive. Cranial nerve exam: No deficits noted. Gait/posture: Non-ambulatory severe paraparesis with severe proprioceptive ataxia. She assisted, mild hip and stifle thrust noted in both pelvic limbs, lateralizing to right. Postural reactions: Proprioceptive positioning and hopping were absent in both pelvic limbs. Spinal reflexes: Normal patellar reflex and markedly reduced withdrawal reflexes in pelvic limbs. Sensory/nociception: Mild hyperesthesia elicited with palpation along the thoracolumbar vertebral column. Previous medical history: #INPUT# Mischa has otherwise been previously healthy.

SPECIES

Canine

BREED

Samoyed

SEX

FS

AGE

8

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE

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

MAGNETIC RESONANCE IMAGING FINDINGS

Multiple intervertebral discs of the thoracolumbar junction and along the lumbar spine are mildly protruding into the vertebral canal, distorting the ventral epidural space.

The vertebral body and lamina of L2 presents a loss of the normal architecture and signal behavior – presenting hyperintense signal in the fluid sensitive sequences – with generalized moderate contrast enhancement. Level with the vertebral body of L2, T2 isointense and moderate contrast enhancing material is protruding into the vertebral canal at the same level, occupying approximately up to 30% of the cross-sectional area of the vertebral canal at the same level. The spinal cord level L2 is displaced dorsally and distorted.

The remaining vertebral of the lumbar spine, affecting the vertebral bodies, lamina or spinous processes, the sacrum and the iliac wings bilaterally as well as the 11th left rib present variable sized hyperintense intramedullary hyperintense and contrast enhancing lesions.

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Edouard Marchal

In the pictured parts of the abdomen, marked macronodular enlargement of the live is visible, presenting a heterogeneous contrast enhancement pattern.

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Enlargement of multiple craniodorsal mesenteric lymph nodes is noted, the lymph nodes present an increased short-to-long-axis ratio.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

DATE

11-27-21

- Polyostotic contrast enhancing lesions of all vertebra of the lumbar spine, T12&T13, sacrum, iliac wing and left 11th rib
- Expansile soft tissue component level L2 with compressive myelopathy
- Marked macronodular enlargement of the liver
- Lymphadenopathy multiple mesenteric lymph nodes



PATIENT

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- Multifocal mild intervertebral disc protrusions thoracolumbar junction/lumbar spine without compressive myelopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The findings are highly suggestive for disseminated neoplastic disease such as multiple myeloma, lymphosarcoma or less likely carcinomatosis. Consider complementing workup by FNA sampling workup by FNA sampling of the liver, enlarged lymph nodes and if possible the vertebral body of L2 to confirm the diagnosis. Based on results of the advanced diagnostic tests, the chances of palliative chemotherapy might be discussed with oncologist. The long term prognosis is considered very guarded.

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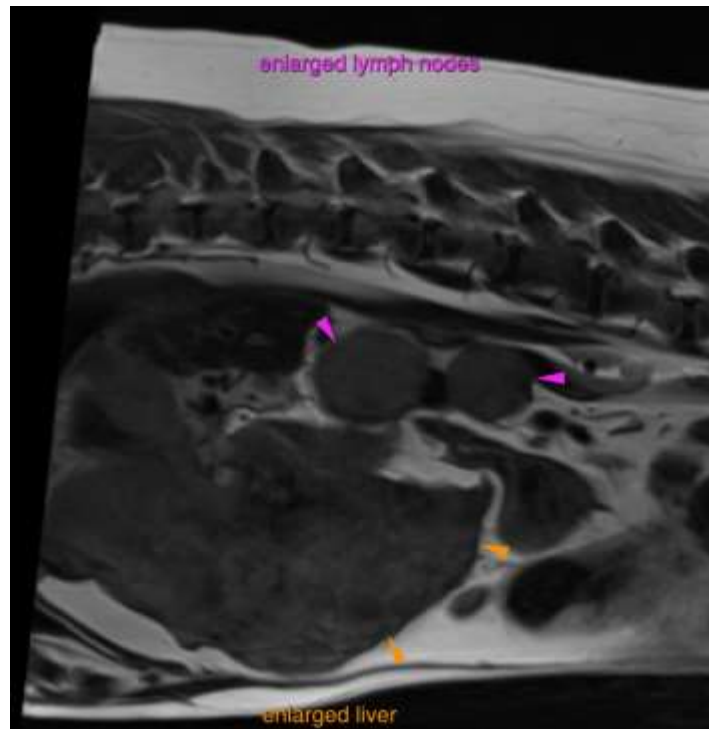
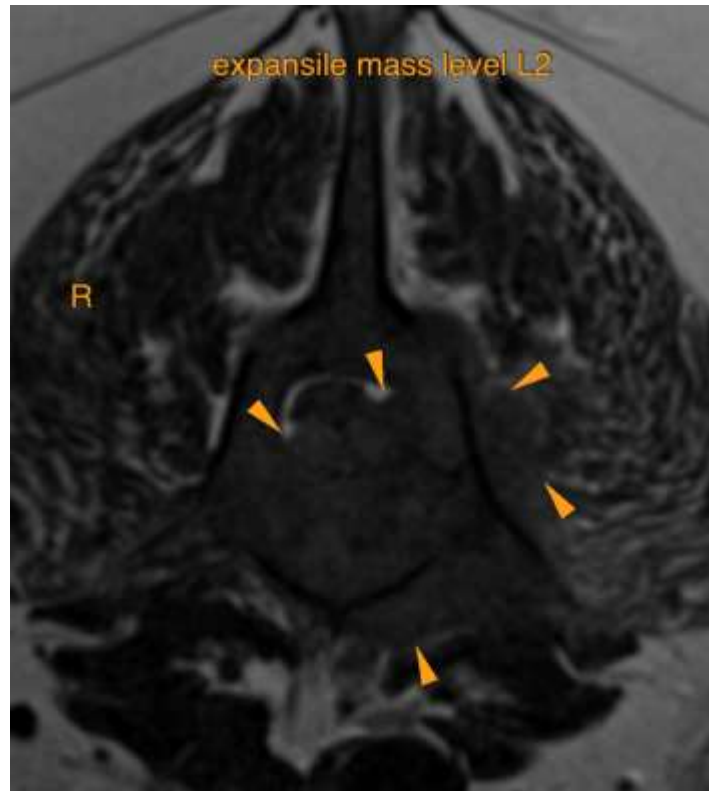
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

BREED

Samoyed

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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