



**PATIENT PRESENTING CLINICAL SIGNS**

Rudy Nasielski Presented for severe neck pain. Has been "off" for the past few weeks. On examination, mydriatic pupil OS, remainder of cranial nerves within normal limits. Severe cervical pain.

**SPECIES MAGNETIC RESONANCE IMAGING OF THE CERVICAL SPINE**

Canine T2 weighted, STIR, FLAIR, diffusion weighted, T1 pre- and post-gadolinium sequence (skull only) in multiple imaging planes are provided for review.

**BREED MAGNETIC RESONANCE IMAGING FINDINGS**

Boxer Level with the caudal half of the vertebral body of C2, the parenchyma of the spinal cord surrounding the central canal presents a diffuse T2 and STIR hyperintense signal.

**SEX**  
MN In the left parasellar region, a to the sphenoid bone broad based irregular marginated, T2 heterogeneous hyperintense and strong contrast enhancing mass is protruding into the cranial fossa; measuring 20 x 10 x 16 mm in size. In SWI sequence, multiple hypointense regions are seen in the periphery of the mass. The diencephalon and the left piriform lobe are distorted and deviated dorsally and the brain parenchyma adjacent to the mass presents a T2 and FLAIR hyperintense signal. Post contrast administration, a dural tail sign is appreciated in the periphery of the mass.

**AGE**  
5 The left tympanic bulla is filled with T2 hyperintense and T1 isointense material.

**MAGNETIC RESONANCE IMAGING DIAGNOSIS**

- Intracranial extraaxial parasellar mass
- Intramedullary T2 and STIR hyperintense lesion level C2
- Left sided otitis media

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Animal Health  
Partners

The parasellar mass is compatible with primary intracranial extraaxial neoplasm, the top differentials in this location are meningioma, round cell tumor, craniopharyngioma. Secondary vasogenic edema of the adjacent brain parenchyma.

**REFERRING VET**

Dr. Alison Little

The intramedullary lesion of the spinal cord level C2 indicates local edema and in combination with the intracranial mass metastasis appears as a plausible differential. Other potentials would include myelitis or due to the cervical pain unlikely ischemic myelopathy.

A CSF tap appears feasible here and can be used as advanced diagnostic tool.

**INVOICE**

54986

**DATE**

11-3-22



**PATIENT**

Rudy Nasielski

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

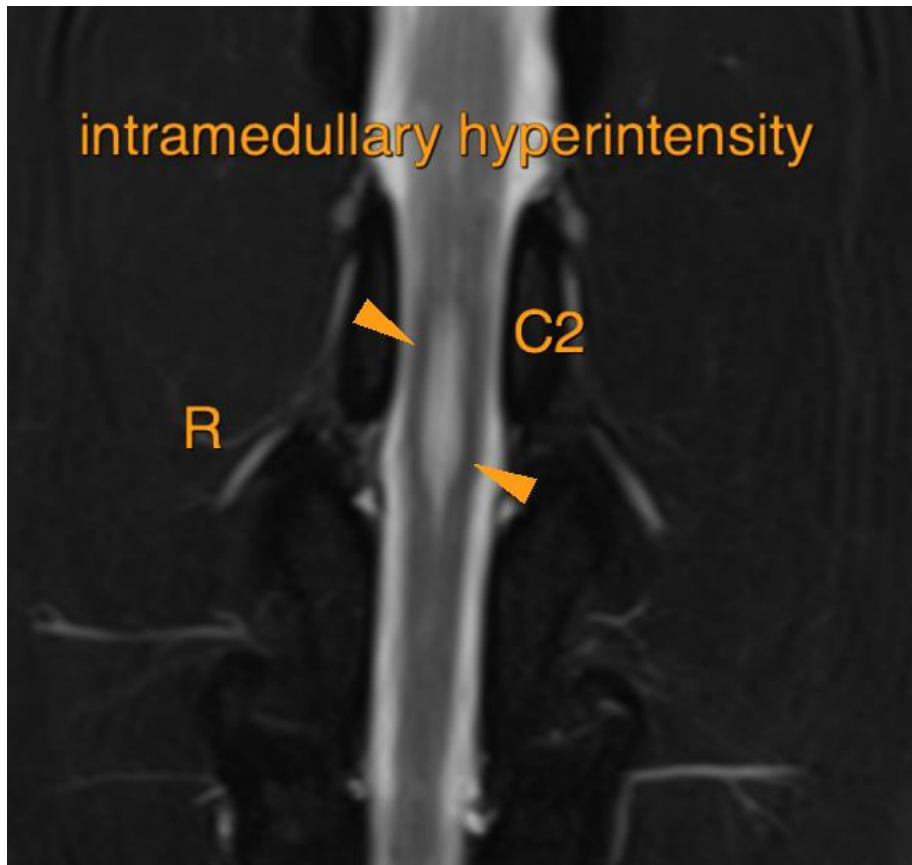
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**AGE**

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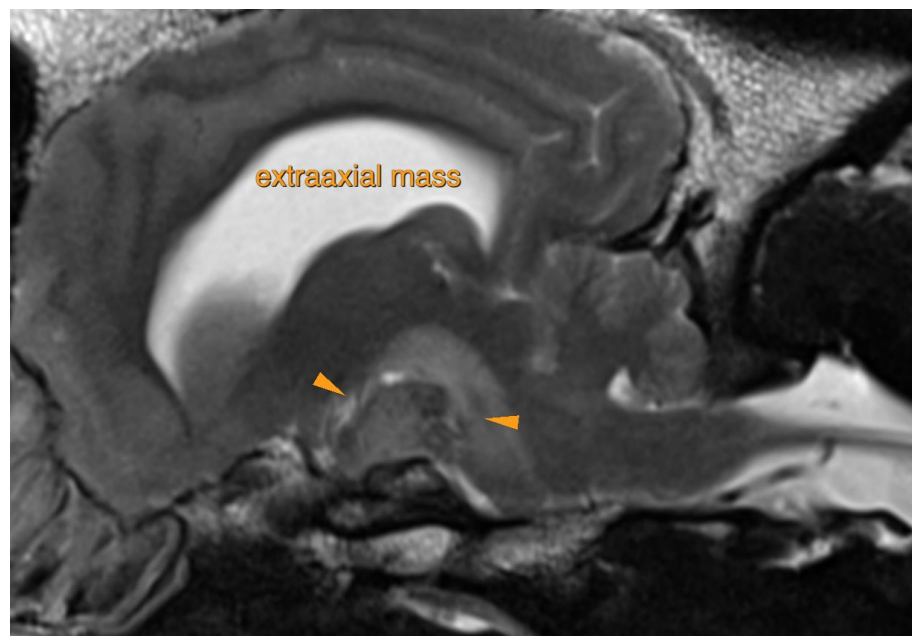
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**PATIENT**

Rudy Nasielski

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.

**SPECIES**

Canine

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.

**BREED**

Boxer

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**SEX**

MN

**AGE**

5

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