



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Miko Wetzel
SPECIES Canine
BREED Poodle
SEX MN
AGE 9 Years

RAD Consult Report and History from 10-30-2021: STUDY TYPE(S) Spine - Cervical spine, Spine - Lumbar spine HISTORY / REASON FOR STUDY P presented here for neck pain, grooming told O P yelped when bathing around neck. O's father also noticed P yelps when putting on collar. P was presented here for similar pain about a month ago and was diagnosed with suspected IVDD (No radiograph was taken at that time)- prescribed Galliprant and Gabapentin. O states P does respond well to the medications when P is on it. O is interested in taking radiograph today to see anything obvious. PE- yelps upon picking up and sensitive on ventral neck palpation. Generalized crepitus. Pain management: Buprenorphine injection, Galliprant, Gabapentin OBSERVATIONS : Radiographic study: There are 8 radiographs available for interpretation. Radiographic findings: Focal lucencies are noted in the vertebral body of L1. There seem to be mild narrowing of the intervertebral disk space and foramen at C2-C3 and the caudal cervical spine Normal visible /partial thorax Normal visible/ partial abdomen The remainder of the study is unremarkable. Radiographic Interpretation and diagnosis: Suspicious aggressive bone lesion affecting L1. A Neoplastic process is highly suspicious. Consider a CT for further assessment confirmation and to determine the extension of the lesion whether or not is causing spinal cord compression. The findings on the spine are suggestive but equivocal for the possibility of active intervertebral disk disease/extrusion; it may be a positional artifact. This should be clinically correlated and further investigated with advanced imaging modalities such as MRI, CT or CT myelogram or myelography for further assessment and confirmation. A 3 view radiographic study centered at the thorax is recommended to evaluate for potential metastasis. Abnormal PE/Chem/CBC/UA Results:

INTERPRETED BY COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

A high resolution pre- and post-contrast CT study of the thorax and abdomen are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

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REFERRING VET Borecky

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Thorax

The dorsal lamina and spinous process of T6 present permeative osteolytic lesions with focal complete destruction of the dorsal lamina and base of the spinous process.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.



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Abdomen

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The vertebral body of L1 presents advanced permeative osteolysis with multifocal perforation of the cortex of the vertebral body. Post contrast administration soft tissue replacement of the trabecular bone of the vertebral body of L1 is seen and the soft tissue material is bulging into the vertebral canal, occupying approximately 75% of the cross-sectional area, distorting the dural tube.

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The vertebral body of L2 presents a mild heterogeneity of the medullary cavity.

BREED

Poodle

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

SEX

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The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

INTERPRETED BY

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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Polyostotic aggressive osteolytic lesions T6, L1 and possibly L2 with an expansile soft tissue component and compressive myelopathy level L1
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings support the diagnosis of underlying neoplastic disease and top differential is plasma-cell tumor/myeloma or lymphosarcoma. Other potentials include polyostotic osteosarcoma, hemangiosarcoma, other. FNA sampling of the vertebral body of L1 can be performed for further definition. The long-term prognosis is poor.

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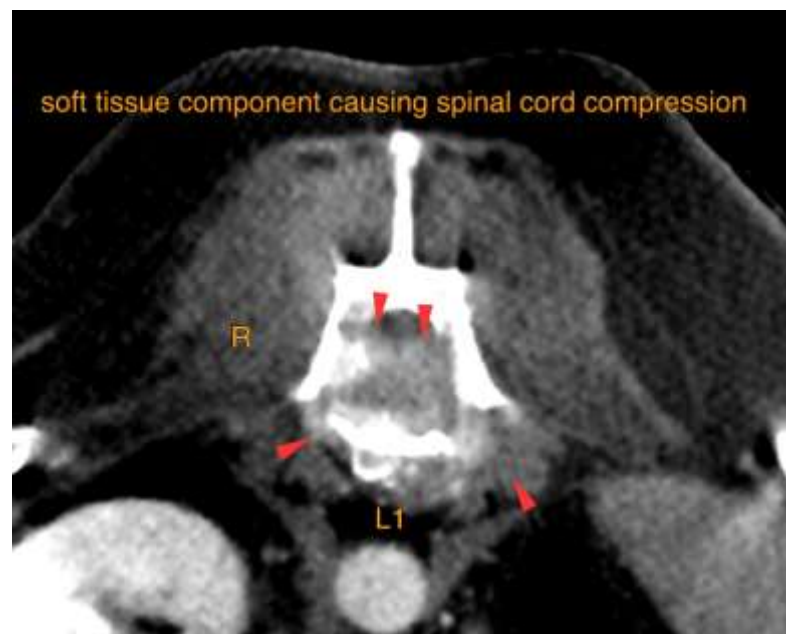
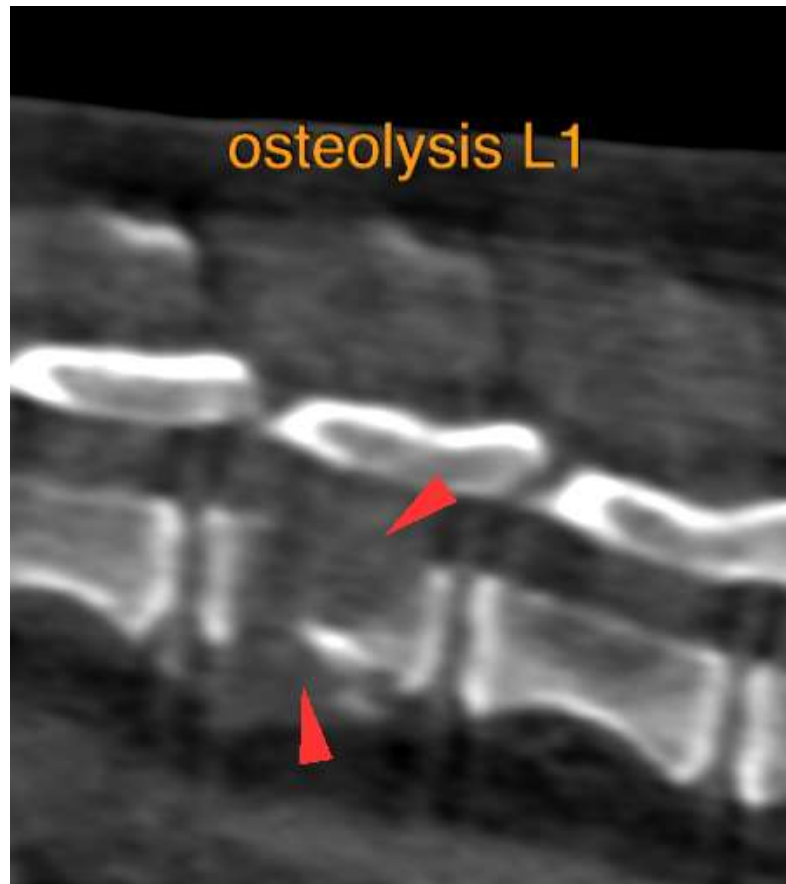
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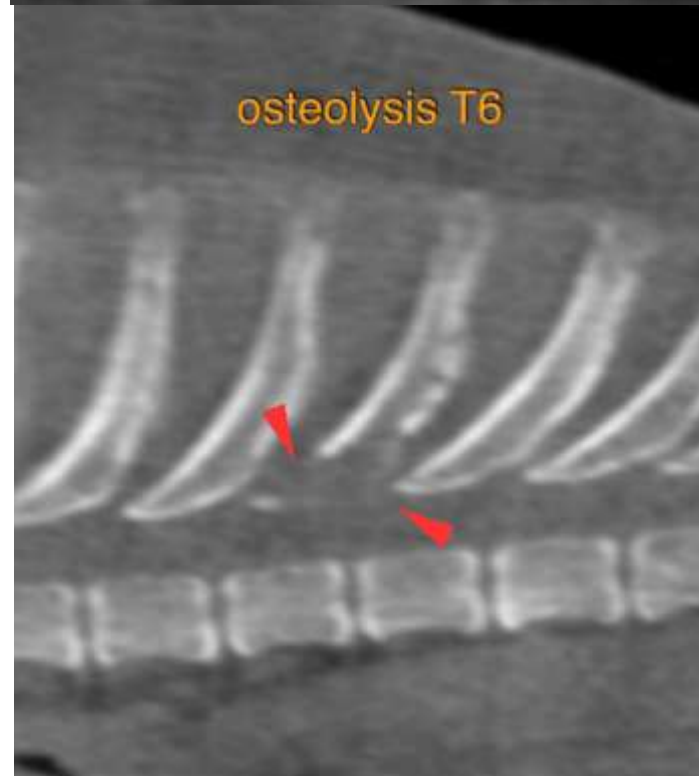
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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