



PATIENT PRESENTING CLINICAL SIGNS

Flynn Herbon O noticed that he was walking on knuckles. P has been unable to walk normally and legs keep slipping out from under him. E/d normally at boarder's. Two weeks ago O was noticing P falling over occasionally.

SPECIES Abnormal PE/Chem/CBC/UA Results: Eyes: bright and clear Ears: clean with no inflammation
 Canine Nose and throat: no abnormality Heart: No noted arrhythmia or pulse deficits, normal subjective peripheral circulation Lungs: normal respiratory sounds, rate and effort Abdomen: soft and non-painful with no noted abnormalities Musculoskeletal: No significant musculoskeletal abnormalities or lameness Integument: Clean and smooth hair coat Lymph Nodes: Normal size and firmness Neurological: Abnormal: cranial nerves and mentation are normal Mild ambulatory tetraparesis with ataxia noted in all limbs. Mild neck pain on palpation but not on range of motion.

BREED

Miniature Pinscher

MAGNETIC RESONANCE IMAGING OF THE CERVICAL SPINE

SEX

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

MN

MAGNETIC RESONANCE IMAGING FINDINGS

AGE

The intervertebral disc C5/C6 is protruding into the vertebral canal, occupying approximately 25% of the cross-sectional area of the vertebral canal at the same level. The spinal cord level with C5/C6 has an hourglass shape and is mildly deviated dorsally.

10 Years

The intervertebral discs C2/C3, C3/C4 and C6/C7 are mildly bulging into the vertebral canal, distorting the ventral epidural and subarachnoid space. The intervertebral discs C2C/3, C5/C6, C6/C7 and C7/T1 present with an advanced loss of the in fluid sensitive sequences hyperintense signal of the nucleus pulposus.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

The vertebral endplates C5/C6 and C6/C7 present ventral spondylosis formation.

HOSPITAL NAME

Mountain West
 Veterinary Hospital

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Intervertebral disc protrusion C5/C6 with compressive myelopathy and suspect secondary segmental atrophy of the spinal cord
- Mild intervertebral disc protrusion C2/C3, C3/C4 and C6/C7 with potential dynamic myelocompression
- Multifocal degenerative disc disease along the cervical spine

REFERRING VET

Burton

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intervertebral disc protrusion C5/C6 is considered as the clinically most relevant finding. The hourglass shape of the spinal cord level C5/C6 is suggestive for secondary segmental atrophy of the spinal cord, indicating chronic intervertebral disc protrusion with repetitive myelocompression. Acute on chronic insult may have caused acute deterioration of clinical signs. Depending on the development of clinical signs, conservative management by the means of physical therapy and pain management appears as the first-choice therapy option here. If clinical signs deteriorate, surgical decompression might be considered.

INVOICE

55465

DATE

11-30-22



PATIENT

Flynn Herbon

SPECIES

Canine

BREED

Miniature Pinscher

SEX

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10 Years

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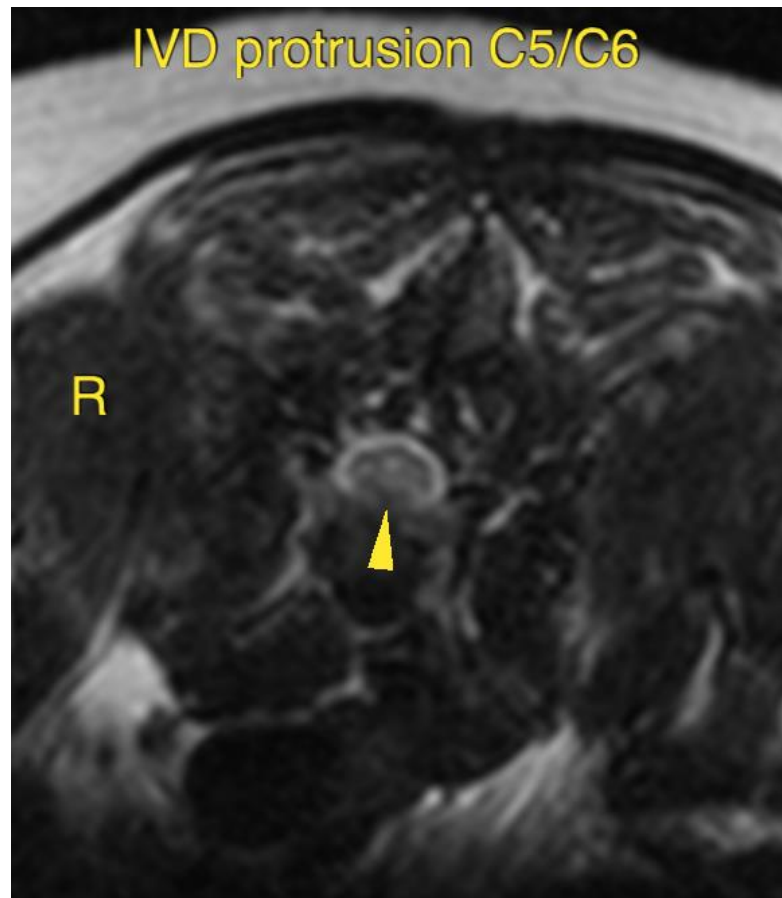
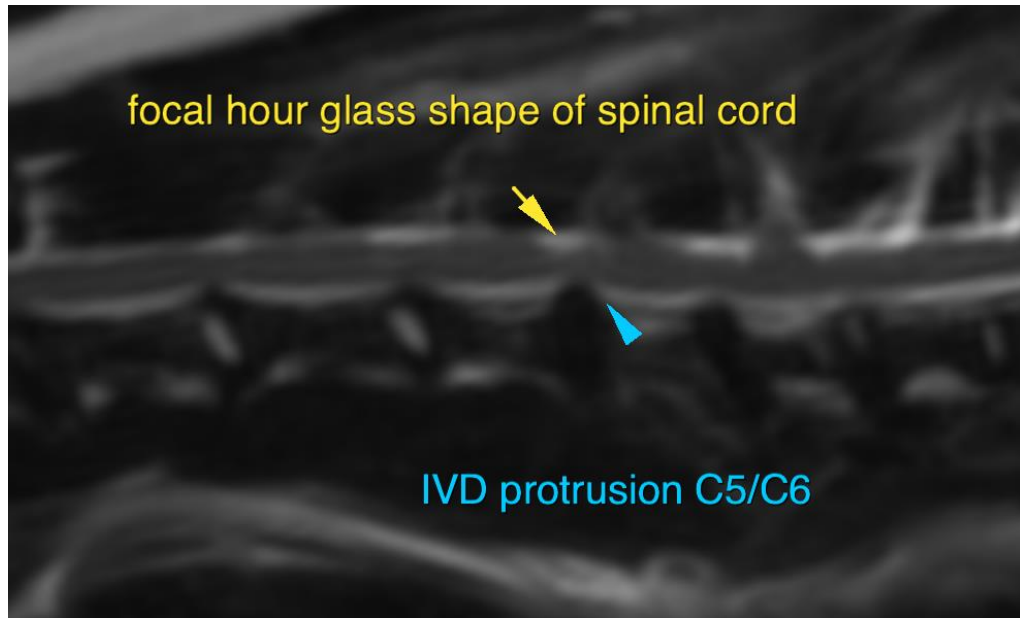
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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