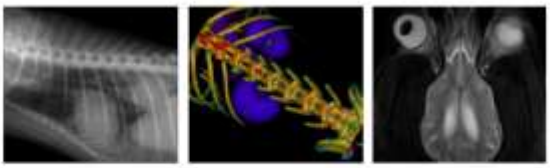

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Qwynn Kilpatrick

SPECIES

Canine

BREED

Husky X

SEX

MN

AGE

11 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Marchal

INVOICE

48961

DATE

12-11-21

PRESENTING CLINICAL SIGNS

For the past two months, he has been reluctant to shake her head, chew hard food, and yelps occasionally. He was also weak in both hindlimbs and demonstrates mild ataxia which is slightly worse on the right. She had also lost 2kg over the past 6 months and has had decreased appetite over the last 3-4 months. She still has good energy level. Bloodwork revealed no abnormalities. Radiographs revealed narrowing of the C6-C7 disc space and a mass effect in the abdomen. CT scan revealed narrowing of intervertebral disc at C6-C7 with disc degeneration causing compression of the nerve root . Fluid filled cystic structure caudal to the left kidney consistent with a renal cyst. He was prescribed with anti-inflammatory (prednisone) and pain killer (pregabalin, tramadol) and myorelaxant (methocarbamol). Since then, he has been holding the left thoracic limb and non-weight bearing on it. He has been showing a decline since the prednisone was tapered down. He continues to show signs of pain and discomfort.
Abnormal PE/Chem/CBC/UA Results: Severe causal cervical spondylomyelopathy - disc-associated wobbler's ; MRI Mentation: Bright, alert and responsive. Cranial nerve exam: No deficits noted. Gait/posture: Ambulatory with a grade 2/5 and grade 1/5 lameness (susp. root signature) in the left and right thoracic limb respectively. Mild tetraparesis, worst in thoracic limbs. Postural reactions: Proprioceptive positioning and hopping mildly delayed on the left side and normal on the right side. Spinal reflexes: Normal patellar. Midlly reduced withdrawal in left thoracic limb and normal in all other limbs. Sensory/nociception: Moderate diffuse hyperesthesia elicited with palpation from the caudal cervical to mid thoracic vertebral column.

MAGNETIC RESONANCE IMAGING OF THE CERVICAL SPINE

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

MAGNETIC RESONANCE IMAGING FINDINGS

The intervertebral disc space C6/C7 is collapsed, and the subchondral bone of the respective vertebral endplates presents moderate sclerosis and spondylosis formation. The intervertebral disc C6/C7 is moderately protruding into the vertebral canal and T2 mild hyperintense and mild contrast enhancing material is visible in the left lateroventral aspect of the vertebral canal, occupying approximately 35% of the cross-sectional area of the vertebral canal at the same level. The spinal cord level C6/C7 is displaced to the right and dorsally and compressed. The left nerve root C7 is thickened within the neuroforamen.

The intervertebral discs C2/C3 and C4/C5 are mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level.

The left epaxial musculature level C5/C6 presents a focal ill-defined hyperintense region in the fluid sensitive sequences.

In the subcutaneous tissue at the ventral aspect of the neck, level C3/C4, an ovoid shape to the fat isointense lesion in all sequences is visible; measuring 2.8 x 1.0 x 2.2 cm in size.

The brachial plexus presents without abnormalities.

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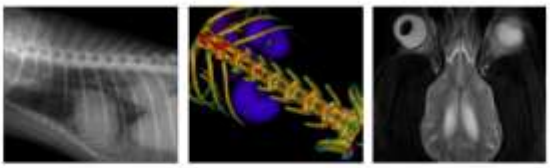

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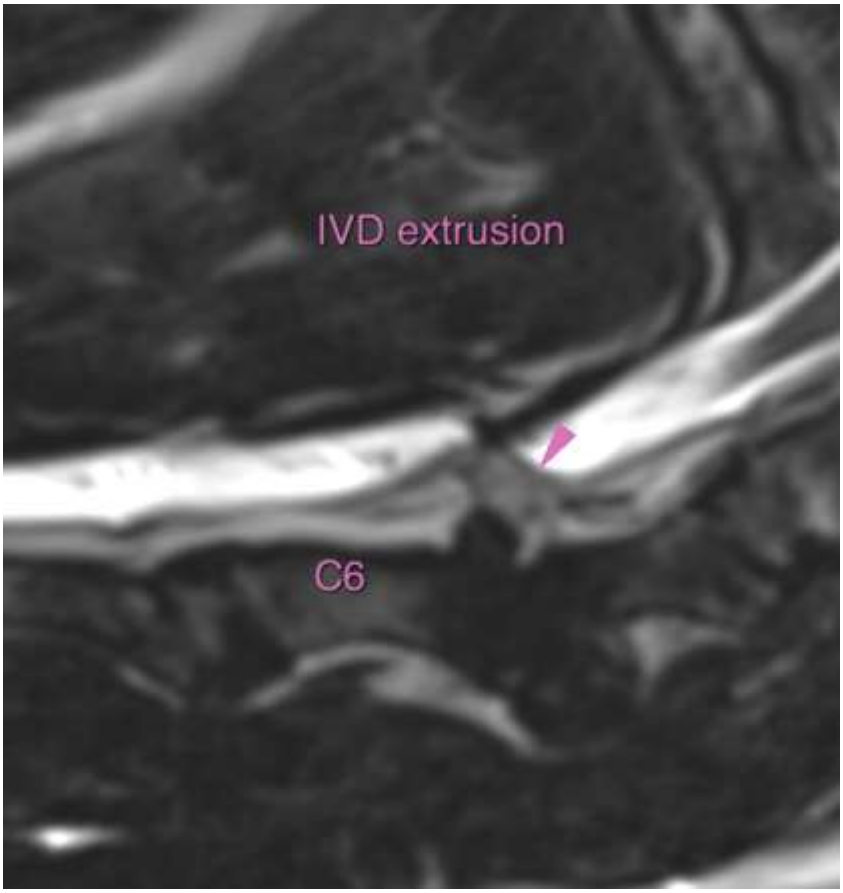
MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Left sided Intervertebral disc extrusion C6/C7 with secondary neuroforaminal stenosis
- Mild intervertebral disc protrusion C2/C3 and C4/C5 without compressive myelopathy
- Focal muscular edema left epaxial musculature level C5/C6
- Subcutaneous lipoma ventral aspect of the neck

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intervertebral disc extrusion C6/C7 with secondary left sided neuroforaminal stenosis is a plausible explanation for the described nerve root signature. The extruded disc material is protruding into the left neuroforamen C6/C7 causing neuroforaminal stenosis and subsequent neuritis of the left spinal nerve C7. The risks and chances of surgical decompression of the lateralized extrusion in this location should need to be discussed with neurosurgeon.



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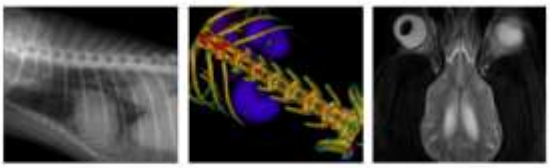

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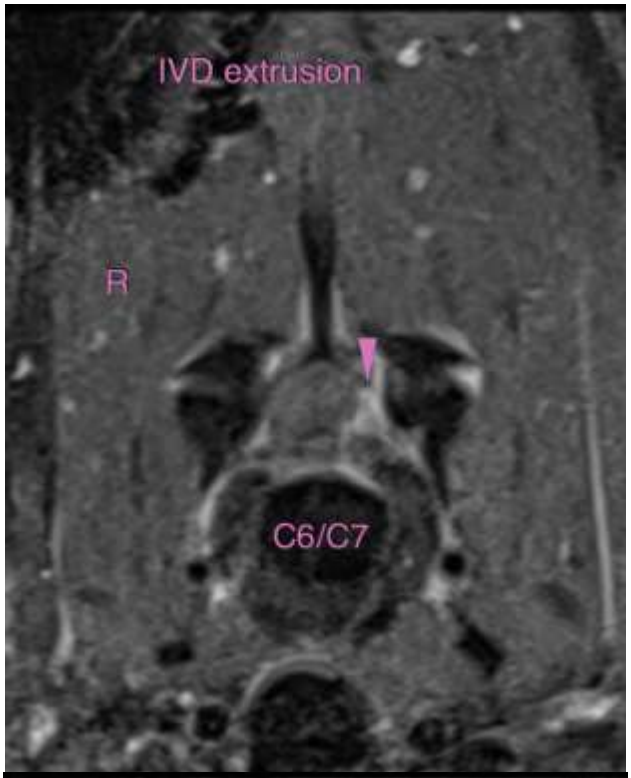

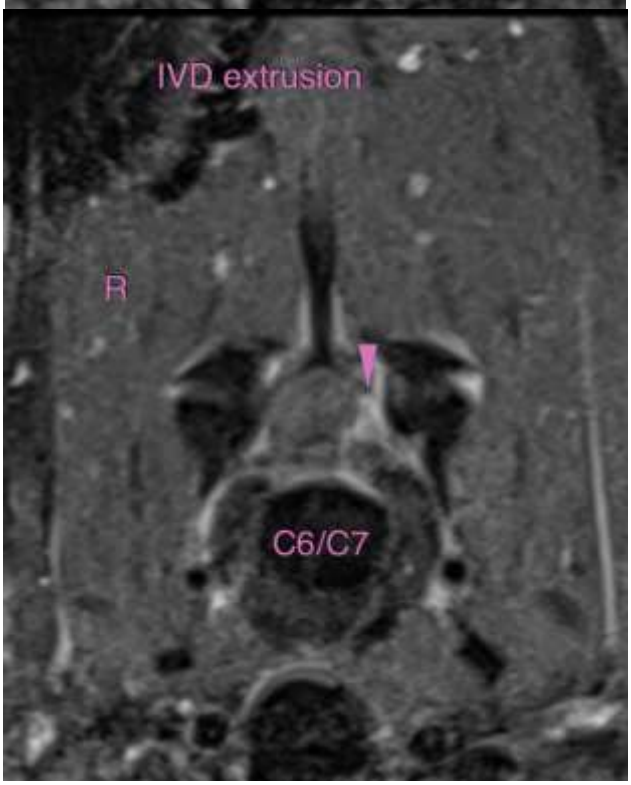

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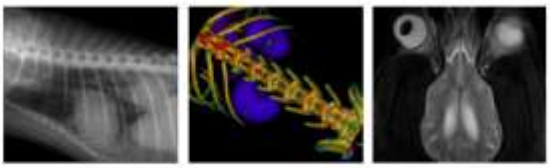

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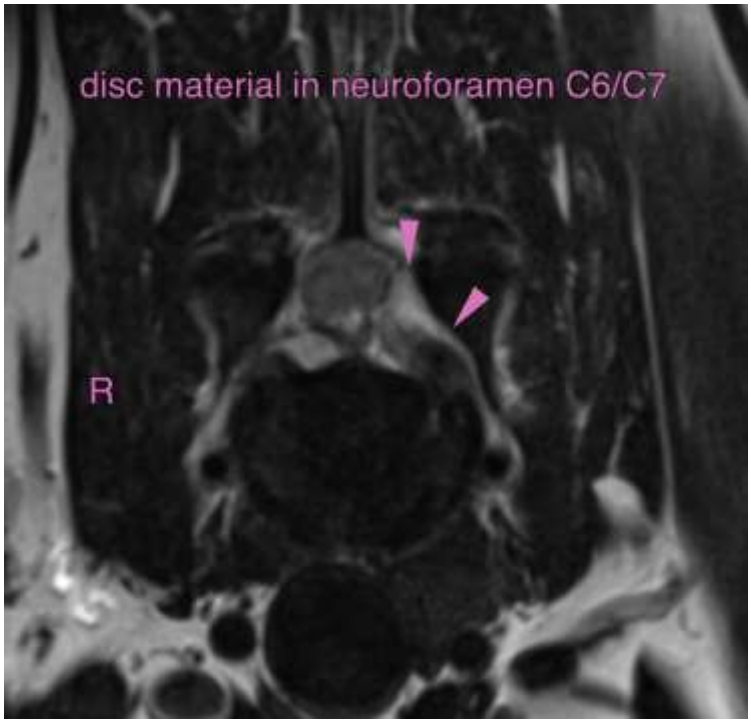

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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