SonoPath Teleradiology

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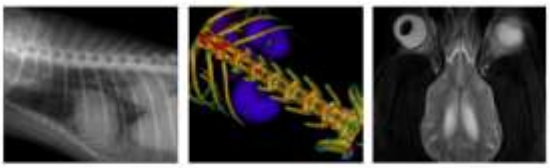

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Shadow Singh

SPECIES

Canine

BREED

Labrador X

SEX

MN

AGE

14 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Marchal

INVOICE

48978

DATE

12-11-21

PRESENTING CLINICAL SIGNS

Mentation: Bright, alert and responsive. Cranial nerve exam: Incomplete PLR OU (suspected due to ocular lesion). No deficits were noted. Gait/posture: Non-ambulatory severe paraparesis and severe proprioceptive ataxia of pelvic limbs. When assisted, able to make voluntary steps symmetrically and erratically, with occasional knuckling, in both pelvic limbs with decreased motor . Postural reactions: Proprioceptive positioning and hopping were normal in all limbs. Spinal reflexes: Normal. Sensory/nociception: No hyperesthesia elicited with palpation along the vertebral column.

MAGNETIC RESONANCE IMAGING OF THE THORACIC&LUMBAR SPINE

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

MAGNETIC RESONANCE IMAGING FINDINGS

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

The intervertebral discs T4/T5, T9/T10, T13/L1, L1/L2, L6/L7 and L7/S1 are mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level. The vertebral endplates of the lumbosacral junction present advanced lateral spondylosis formation, R>L.

The subarachnoidal space level T1/T2 is lost. Post contrast administration, level with T1 & T2, segmental (approximately 30 mm in length) semicircular moderate thickening of the meningeal lining is seen. The spinal cord level T1&T2 is distorted – most accentuated level T2.

Along the thoracic & lumbar spine, generalized mild to moderate loss of the in fluid sensitive sequences hyperintense signal of the nucleus pulposus is seen.

Post contrast administration no pathological distribution of contrast media is appreciated.

Nodular enlargement of the caudal pole of the left adrenal gland is visible, measuring up to 1.1 cm in size.

A discoid subcutaneous, T2 heterogeneous hypointense, nodule is seen dorsal to L7.

Multiple lipomas are seen in the subscapular region.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Segmental meningeal thickening with Intradural extramedullary spinal cord compression
- Nodular enlargement caudal pole left adrenal gland
- Multifocal mild intervertebral disc protrusions thoracic & lumbar spine without compressive myelopathy
- Lateral spondylosis formation lumbosacral junction
- Degenerative disc disease thoracic & lumbar spine
- Non-specific subcutaneous nodule dorsal L7

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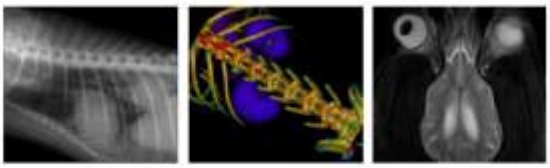

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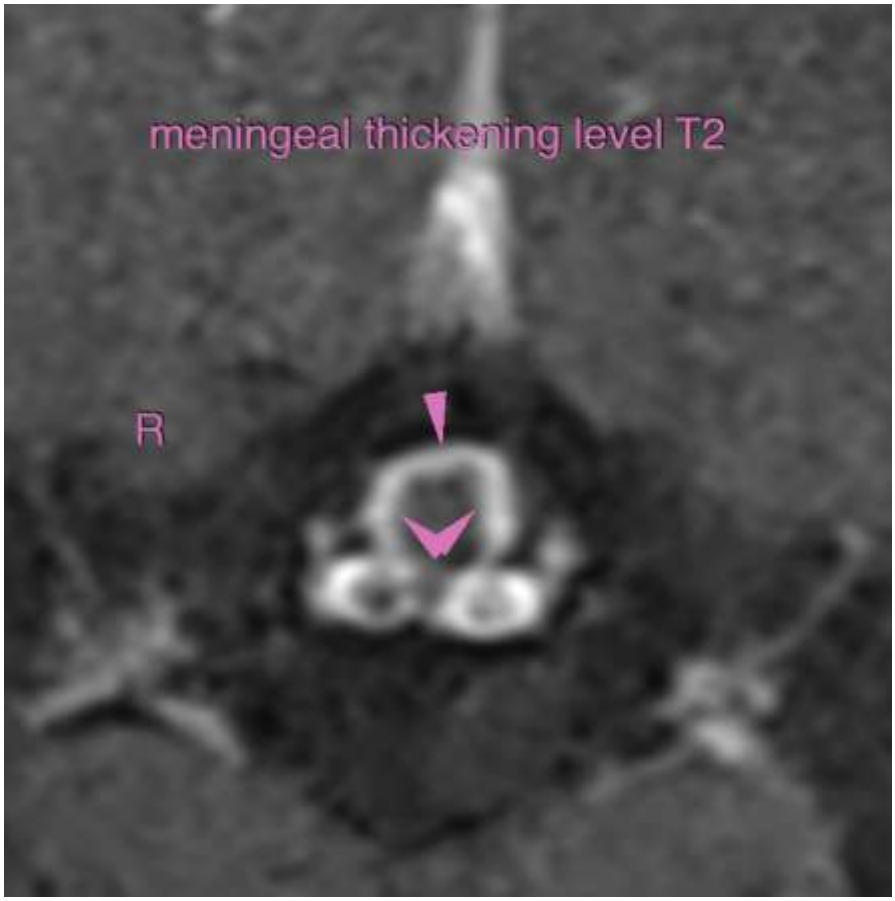
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The segmental meningeal thickening level T1/T2 causes significant spinal cord compression, underlying neoplastic disease such as round cell tumor or meningeal oligodendroglioma are considered most likely. The odds for underlying meningitis are considered low.

If not done so yet, a CSF tap is recommended.

The nodular enlargement of the caudal pole of the left adrenal gland is suggestive for (non)functional macronodular hyperplasia or neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma).



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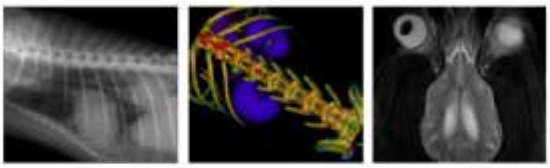

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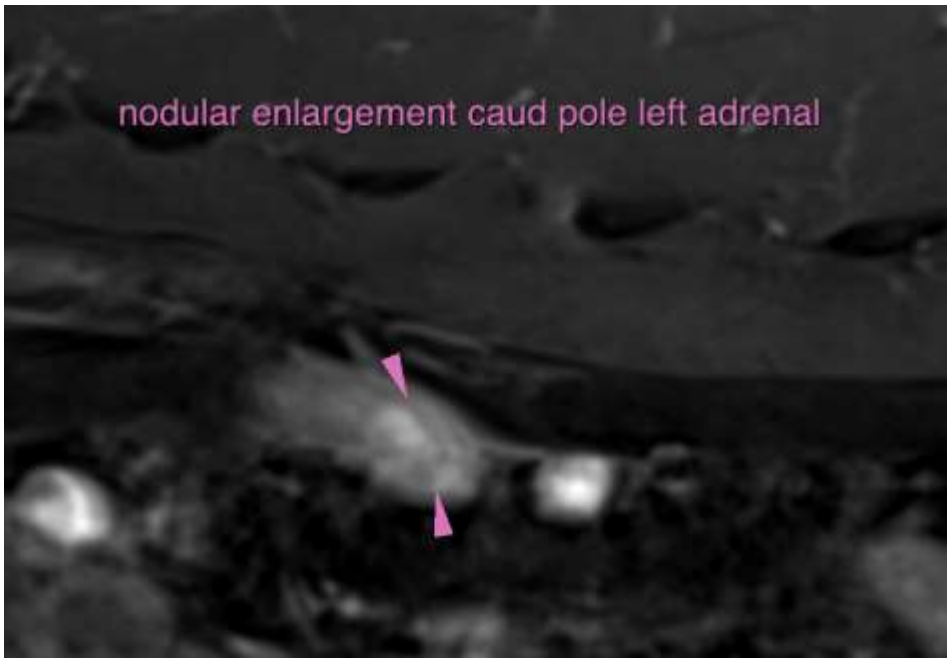

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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