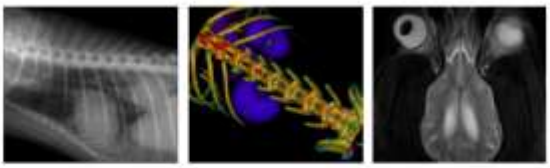


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Brooke Stern

SPECIES

Canine

BREED

Pug

SEX

SF

AGE

13 Years, 1 Month

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

South Bay Animal Hospital

REFERRING VET

Filippo Adamo, DECVN

INVOICE

49119

DATE

12-16-21

PRESENTING CLINICAL SIGNS

Chief complaint: First (known) seizure on 12/2 (~15min) followed by cluster seizures.
Neurological findings: Sluggish CP bilaterally on pelvic limbs. Deep and superficial pain perception is present x 4. Cutaneous trunci reflex present. on 12/2, presented to rDVM in active petit mal seizure state - head in cranial flexion, generalized mild twitching. AED therapy with Zonisamide from rDVM has helped control CS. Also on Methocarbamol & Gabapentin form rDVM to use PRN. On 12/8, Dexamethasone SP 4 mg/ml 0.13 ml SQ administered & started Prednisolone 5 mg: 1 tab PO every 12 hours x 7d, 1 tab PO every 24 hours x 7d, 1 tab PO q48h until finished. A study from July 2019 of the entire spine and a head MR study from 12/16/2021 are submitted for review. History of a C5-C6 ventral slot with fenestration of C3-C4 and C4-C5 performed at prior neurologist in July 2019.
Abnormal PE/Chem/CBC/UA Results: CBC, CMP - NSF

MAGNETIC RESONANCE IMAGING OF THE SKULL AND ENTIRE SPINE

T2 weighted, T2*, FLAIR, STIR, diffusion weighted, T1 pre- and post-gadolinium sequence in multiple imaging planes are provided for review. The study of the skull is dated 12/16/21 and the study of the spine is dated 7/23/19

MAGNETIC RESONANCE IMAGING FINDINGS

Head

The brain presents the expected anatomy and bilateral symmetry with normal signal intensity and contrast enhancement. There is evidence of mild increased contrast enhancement of the pachymeninx.

The ventricular system is generalized mild to moderately dilated and the CSF signal is within normal limits in all sequences.

The tympanic bullae are aerated, and the bony lining is thin.

Surrounding soft tissue structures in the head region are within normal limits.

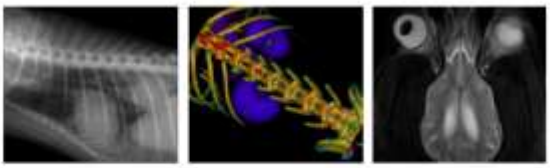
Spine

The intervertebral disc C5/C6 is moderately protruding into the vertebral canal – most accentuated in the left ventral aspect -, occupying approximately up to 35% of the cross-sectional area at the same level. The spinal cord at the same level is displaced dorsally and distorted and presents an intramedullary T2 hyperintense signal at the same level.

The intervertebral discs C2/C3 and C6/C7 are mild to moderately protruding into the vertebral canal, mildly distorting the spinal cord at the same level. The dorsal atlantoaxial ligament is prominent and mildly bulging ventrally into the spinal canal, mildly compressing the spinal cord at the same level.

The intervertebral discs T11/t12 and T12/T13 are mildly protruding into the vertebral canal.

Multiple intervertebral discs of the thoracic & lumbar spine present a moderate loss of the in fluid sensitive sequences hyperintense signal of the nucleus pulposus.



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Nodular enlargement of the caudal pole of the left adrenal is seen, measuring 9.6 mm in diameter.

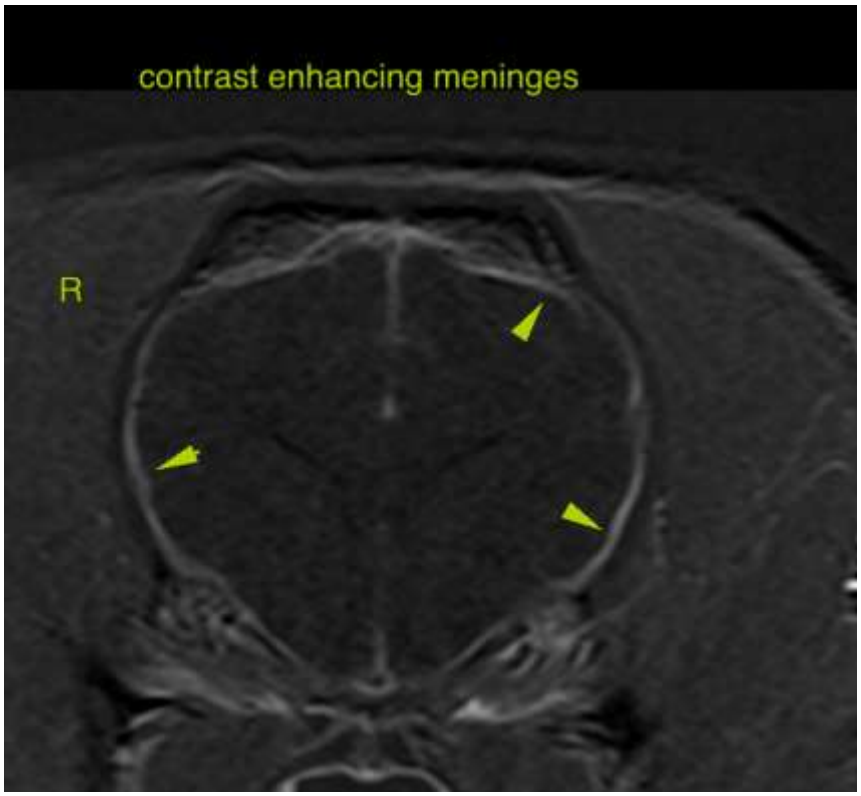
MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Mild increased contrast enhancement of the pachymeninx of the brain
- Intervertebral disc protrusion C5/C6 with compressive myelopathy and T2 intramedullary lesion – suspect gliosis
- Intervertebral disc protrusion C2/C3 & C6/C7 with potential dynamic myelocompression
- Nodular enlargement left adrenal gland
- Intervertebral disc protrusion T11/T12&T12/T13 without compressive myelopathy
- Multifocal degenerative disc disease along the cervical, thoracic and lumbar spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The meningeal contrast enhancement can indicate meningitis and if not done so yet, complementing workup by a CSF tap is warranted. No additional macromorphological abnormalities of the brain are appreciated, explaining the current onset of seizure activity. If meningitis can be ruled out the presumptive diagnosis is idiopathic/cryptogenic epilepsy.

The nodular enlargement of the left adrenal gland is compatible with either (non)functional macronodular hyperplasia or neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma). Consider testing of the pituitary adrenal axis.



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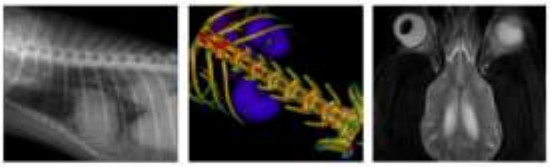

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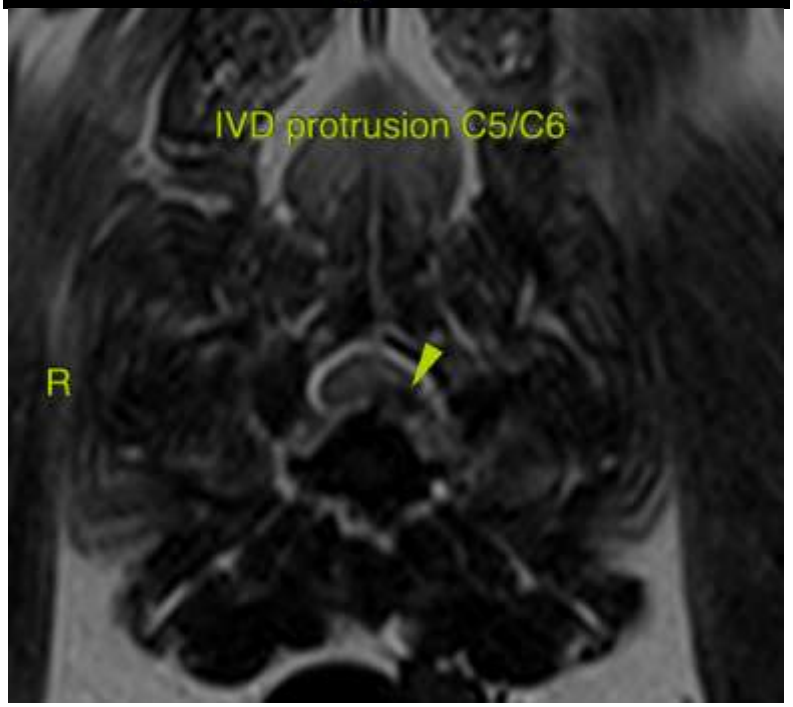

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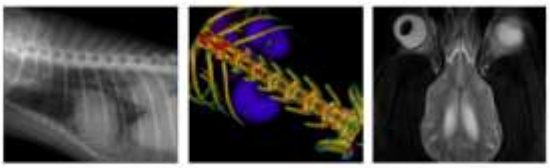

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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