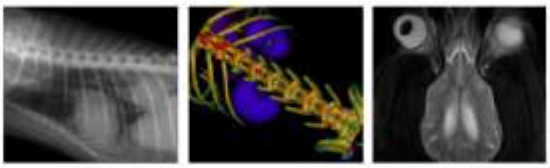
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Murphy Pizzale

SPECIES

Canine

BREED

Golden Retreiver

SEX

MN

AGE

11 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Killburn

INVOICE

49089

DATE

12-16-21

PRESENTING CLINICAL SIGNS

Mentation: Bright, alert and responsive. Cranial nerve exam: No deficits noted. Gait/posture: Ambulatory with no ataxia but has a straight legged gait with decreased flexion of the pelvic limb joints. In particular, the right pelvic tends to circumduct. Postural reactions: Proprioceptive positioning is delayed in the pelvic limbs but may be due to reluctance to move the limb as he tends to leave it partially knuckled over but not put weight on it (especially in the right) when the knuckled over. Positioning is normal in the thoracic limbs. Spinal reflexes: Normal. Sensory/nociception: Hyperesthesia elicited with palpation over the lumbosacral space. Abnormal PE/Chem/CBC/UA Results: Murphy, a 11 year old, MN Golden Retriever, presented to the AHP Neurology Service on December 15, 2021 for evaluation of abnormal gait. The symptoms have been progressive for a year. Recent bloodwork was unremarkable. Recent exam by Dr Ayres raised suspicion for a neurological problem. Ms Pizzale reports weakness in the pelvic limbs which will sometimes collapse. He walks abnormally with a stiff gait in the pelvic limbs.

MAGNETIC RESONANCE IMAGING OF THE THORACIC & LUMBAR SPINE

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

MAGNETIC RESONANCE IMAGING FINDINGS

The vertebral endplates T13/L1 present mild spondylosis formation. The facet joints L1/L2 present evidence of mild synovialitis.

The intervertebral discs T12/T13, T13/L1, L4/L5 and L6/L7 are mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level.

The vertebral endplates L7/S1 present moderate right sided lateral & ventral spondylosis formation and the lumbosacral intervertebral disc is moderately protruding into the right neuroforamen L7/S1, obliterating the caudal aspect of the respective neuroforamen. The right spinal nerve L7 presents a normal diameter throughout. Post contrast administration, mild contrast enhancement of the base of the spondylosis formation is seen – due to active osseous remodeling.

The intervertebral discs along the thoracic & lumbar spine present a generalized variable loss of the in fluid sensitive sequences hyperintense signal of the nucleus pulposus.

The femoral & sciatic nerve bilaterally are unremarkable.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Right sided neuroforaminal stenosis L7/S1 with potential dynamic compression of the right spinal nerve L7
- Intervertebral disc protrusion T12/T13, T13/L1, L4/L5 and L6/L7 without compressive myelopathy
- Spondylosis deformans T13/L1
- Generalized degenerative disease of the intervertebral discs of the thoracic & lumbar spine

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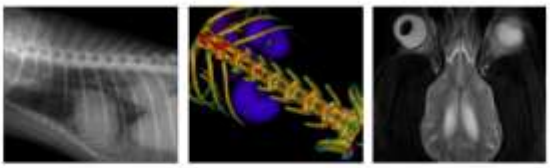

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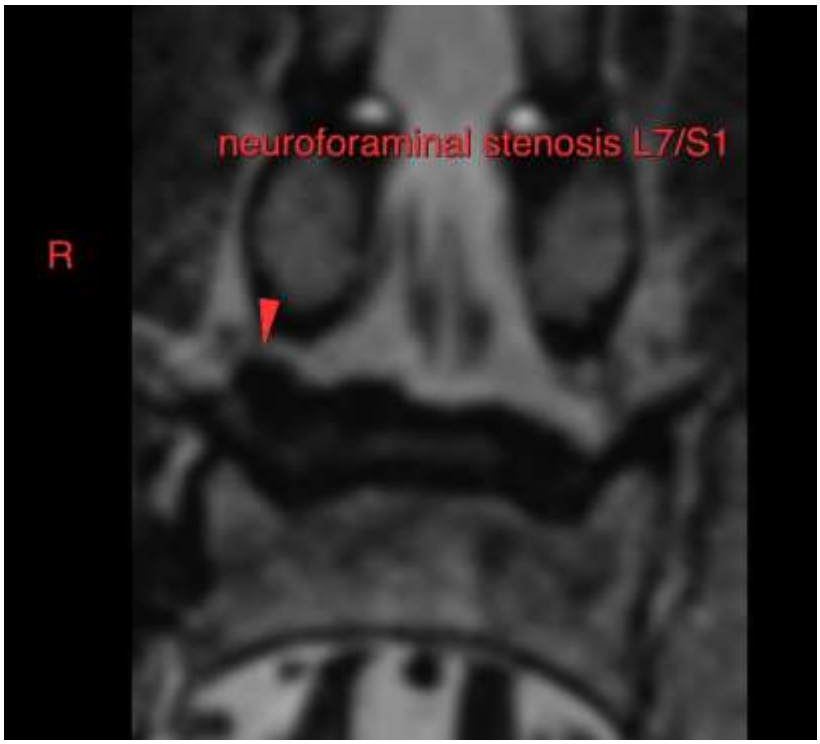
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right sided neuroforaminal stenosis L7/S1 is considered as the clinically most relevant finding, although the cranial aspect of the neuroforamen containing the spinal nerve L7 is still patent, dynamic compression of the spinal nerve might be a potential here. The latter would explain that the clinical signs are more pronounced in the right hind limb. Local glucocorticoid application might be tried as conservative treatment option.



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
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