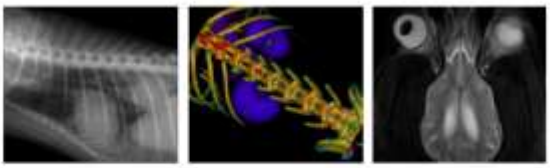
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Ophelia Carder

SPECIES

Feline

BREED

Scottish Fold X

SEX

F

AGE

5 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Killburn

INVOICE

49184

DATE

12-21-21

PRESENTING CLINICAL SIGNS

Ophelia, a 5 months old, F Scottish Fold X, presented to the AHP Neurology Service on December 21, 2021 for evaluation of vestibular ataxia. Very quiet for a kitten when adopted. Gait was normal for the first month. Mid-october, appeared all at once, looked drunken, head tilt to the right. Ophelia's clinical signs were first noted on November 20th and include head tilt, stumbling and loss of balance. Central vestibular syndrom was suspected and antibiotics (clindamycin) were started on November 24th. About 1 week after antibiotics, the vertical nystagmus went away. No improvement was seen and prednisolone (2mg/kg/d) was started. She seemed brighter but cannot walk and havd to be carriedf to eat and drink. No improvement seen either. Has improved since the onset.
Abnormal PE/Chem/CBC/UA Results: Biochemistry: mild to moderate hyperproteinemia (90g/L) : globulin (58g/L) ; mild hypernatremia (159mmol/L) and hyperkaliemia (5.6mmol/L) ; mild hyperphosphatemia (2.4mmol/L) Cranial nerve exam: Positional rotatory nystagmus, fast phase clockwise. No other deficits noted. Gait/posture: Ambulatory with mild vestibular ataxia characterized by a right head tilt and loss of balance without falling over.

MAGNETIC RESONANCE IMAGING OF THE SKULL

T2 weighted, FLAIR, diffusion weighted, SWI, T1 pre- and post-gadolinium sequence in multiple imaging planes are provided for review.

MAGNETIC RESONANCE IMAGING FINDINGS

Generalized significant enlargement of the ventricular system is seen. The signal of the CSF is suppressed in FLAIR.

The volume of the brain parenchyma is mild to moderately decreased. The with normal signal intensity and contrast enhancement. There is moderate herniation of the cerebellum into the foramen magnum.

There is increased contrast enhancement of the meningeal lining along the pictured parts of the cervical spine. The spinal cord along the cervical spine presents a diffuse T2 hyperintense signal The tympanic bullae are aerated, and the bony lining is thin.

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

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Quadri-ventricular hydrocephalus
- Diffuse intramedullary T2 hyperintensity along the cervical spine
- Increased meningeal contrast enhancement along the cervical spine
- Cerebellar herniation into the foramen magnum

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although there is no qualitative alteration of the CSF, given the meningeal enhancement along the cervical spine and the quadri-ventricular hydrocephalus, the most common underlying cause is neurological type of feline infectious peritonitis (FIP). If not done so yet, complementing workup by a CSF tap including coronavirus PCR is mandatory. The odds for primary hydrocephalus are considered low.

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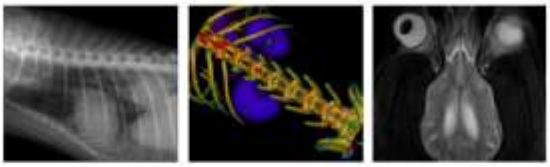

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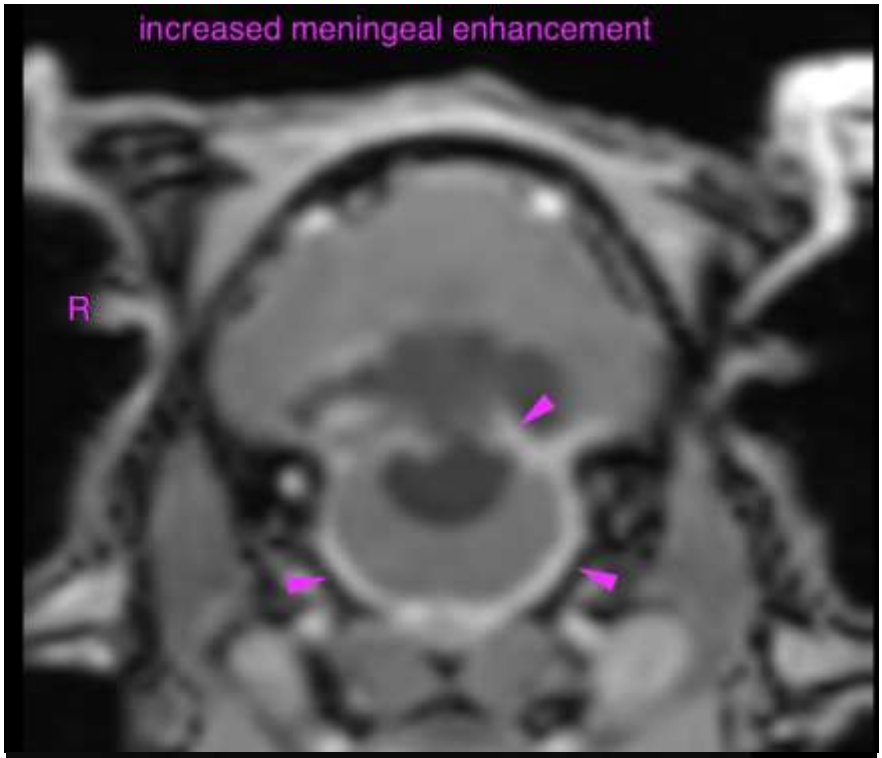

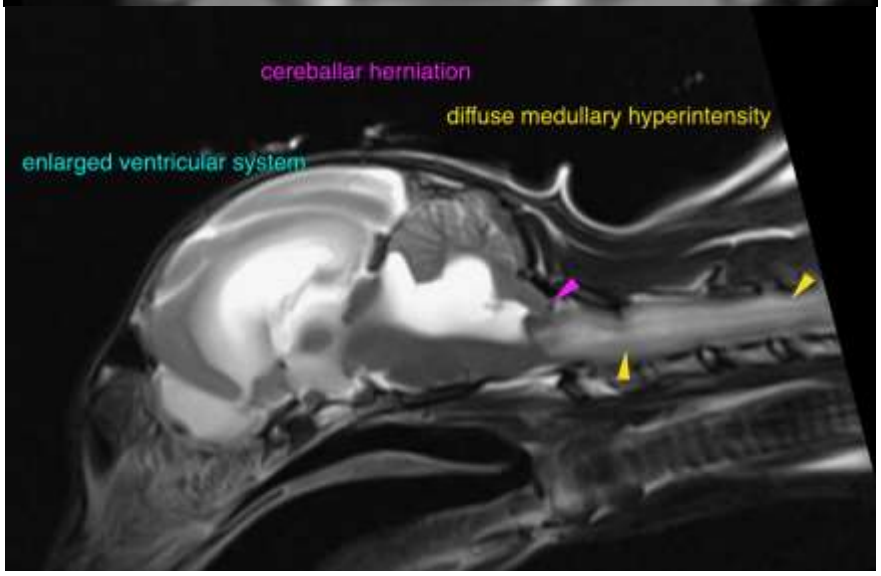

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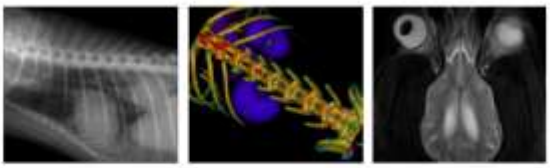

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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