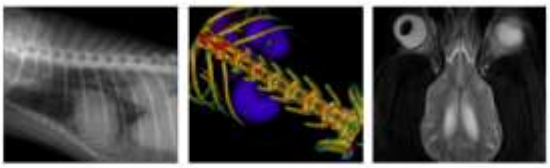

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1-800-838-4268 info@sonopath.com

PATIENT

Chalie Larosa

SPECIES

Canine

BREED

Shih Poo

SEX

MN

AGE

12

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Alison Little

INVOICE

49277

DATE

12-28-21

PRESENTING CLINICAL SIGNS

Presenting complaint: Neck pain PREVIOUS MEDICAL HISTORY 12 yo MN Shih Poo Adopted as a puppy Previous medical history Cutaneous masses - benign Diet - Blue Buffalo Dry Kibble; home cooked brown rice and chicken Medications - Gabapentin (last dose this AM) UTD on vaccines CURRENT MEDICAL CONCERNS A few years ago - jumped out of the car and he was limping a little bit Since then - intermittent episodes of discomfort (right forelimb) 2 weeks ago - seen by the RDVM Suspected neck discomfort Dec 23 Walking around the house with discomfort on the right forelimb Dec 24 Owner woke up and found him laterally recumbent Unable to support his weight at all; falling forward No urination of defecation Objective: Vital parameters WNL General physical examination: unremarkable Neurological examination: Mentation: Bright, alert and responsive. Cranial nerve exam: Absent PLR OU (severe iris atrophy). No other deficits noted. Gait/posture: Ambulatory with moderate to severe spastic tetraparesis (thoracic>pelvics) and moderate to severe proprioceptive ataxia in all 4 limbs, worse in the thoracic limbs and characterized by spontaneous knuckling in the thoracic limbs and crossing over. Postural reactions: Proprioceptive positioning were mildly to moderately delayed in the pelvic limbs and severely delayed in the thoracic limbs. Spinal reflexes: Normal patellar reflex both pelvic limbs. Withdrawal are moderately decreased in both thoracic limbs but are normal in both pelvic limbs. Sensory/nociception: Mild hyperesthesia elicited with palpation along the cervical 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 caudal half of the vertebral body of C3 is T2 hyperintense – accentuated in the left aspect – with a halo of T2 mild hyperintense and T1 hyperintense material extending into the vertebral canal and paravertebral space ventrolaterally. Post contrast administration the caudal segment of the vertebral body of C3 is significantly contrast enhancing with a faint contrast enhancing penumbra. The spinal cord level C3 is mildly distorted and presents a diffuse hyperintense signal in the fluid sensitive sequences.

A small T2 hyperintense, contrast enhancing lesion is seen in the cranial aspect of the vertebral body of C6.

The intervertebral discs C3/C4 and C6/C7 present a moderate loss of the in fluid sensitive sequences hyperintense signal of the nucleus pulposus.

A small wart-like cutaneous lesion is seen dorsal to C5/C6. A small subcutaneous lipoma is seen at the ventral aspect of the neck.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Polyostotic T2 hyperintense and contrast enhancing lesions vertebral body C3 and C6 with mild spinal cord compression level C3
- Secondary intramedullary edema of the spinal cord
- Cutaneous wart like lesion dorsal aspect of the neck
- Small subcutaneous lipoma ventral aspect of the neck

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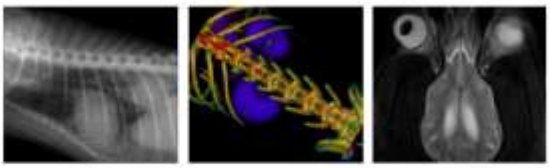

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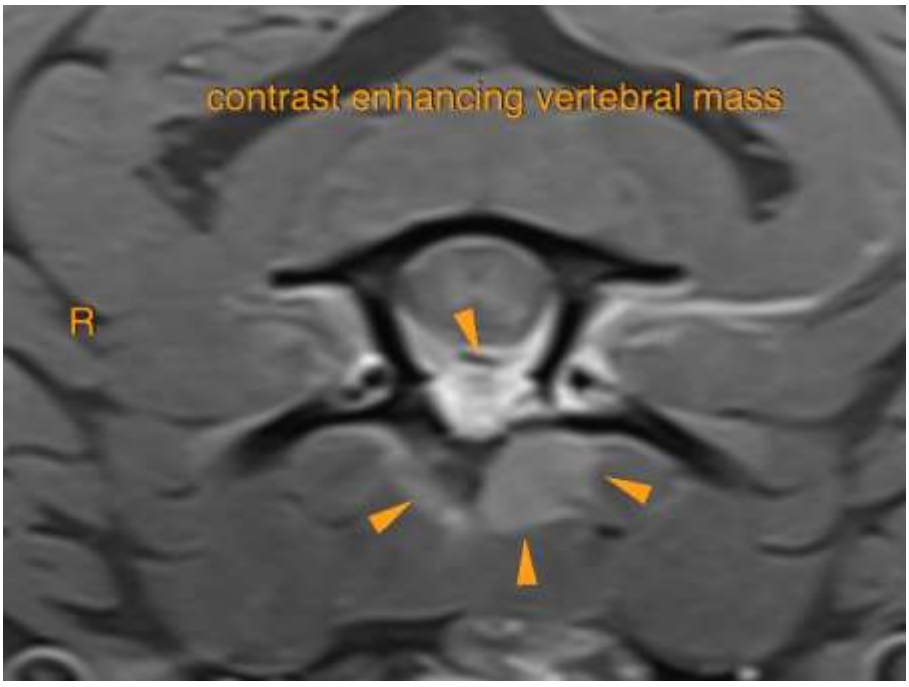
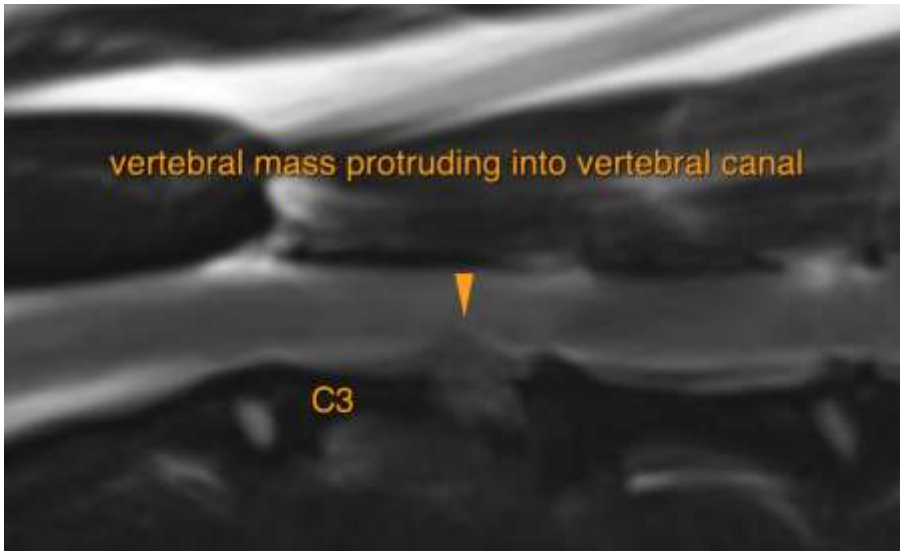
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with polyostotic vertebral neoplasia of the vertebral bodies of C3&C6. The most likely differentials are plasmocytoma/myeloma or lymphosarcoma; metastatic disease is a differential as well. Ultrasound aided FNA sampling of the vertebral mass – by a left ventrolateral approach – appears feasible as advanced diagnostic.





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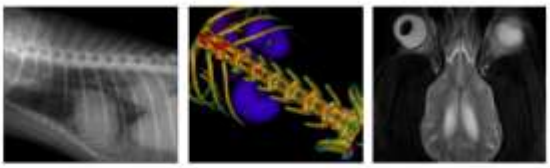

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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