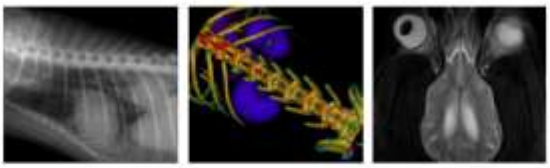

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1-800-838-4268 info@sonopath.com

PATIENT

Oscar Bratton

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

7 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Marchal

INVOICE

48786

DATE

12-4-21

PRESENTING CLINICAL SIGNS

Mentation: Bright, alert and responsive. Cranial nerve exam: No deficits noted. Gait/posture: Ambulatory with no ataxia or paresis. Postural reactions: Proprioceptive positioning and hopping were mildly delayed in right pelvic limb and normal in all other limbs. Spinal reflexes: Normal. Sensory/nociception: No hyperesthesia elicited with palpation along the vertebral column.

MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE/SACRUM

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

MAGNETIC RESONANCE IMAGING FINDINGS

The intervertebral discs T11/T12 to L7/1 are mild to moderately protruding into the vertebral canal, compressing the ventral epidural space at the same level. Following the nerve root of the spinal nerve L6 over the complete length of the vertebral body of L6, T2 hypointense material with moderate contrast enhancement is visible, extending through the right neuroforamen L6 up into the epaxial musculature. Moderate narrowing of the right neuroforamen L6 by T2 hypointense non-contrast enhancing material is appreciated. The vertebral endplates L6/&L7 present right sided spondylosis formation in the region of the neuroforamen with the right spinal nerve L6 coursing between the spondylosis formation and the right transverse process L7.

S1 is incompletely fused with S2.

There is no evidence of overt muscle atrophy.

All intervertebral discs of the lumbar spine present a complete loss of the in fluid sensitive sequences hyperintense signal of the nucleus pulposus.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Marked thickening of the right spinal nerve L6 with significant contrast enhancement
- Right sided neuroforaminal stenosis L6 due to osseous proliferation, suspect right sided lateral spondylosis formation L6/L7 with potential impingement spinal nerve L6
- Generalized mild intervertebral disc protrusions along the lumbar spine
- Generalized degeneration of the intervertebral discs
- Symmetric lumbosacral transitional vertebra (Type II)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The top differential in this case is right sided mild intervertebral disc extrusion L6/L7, right lateral spondylosis/exostosis formation L6/L7 with neuroforaminal stenosis and potential impingement of the right spinal nerve L6 between the lateral new bone formation and the transverse process. There are no signs for muscle atrophy, decreasing the odds for malignant peripheral nerve sheath tumor. Other differentials are extradural neoplasia such as chondroma or pseudotumor – but I consider the odds low.

Advanced diagnostic tests/treatment options depend on the presenting clinical signs, as neuritis is considered most likely and local glucocorticoid application on the spinal nerve L6 can be tried as minimally invasive treatment option. Surgical decompression by foraminotomy and sampling

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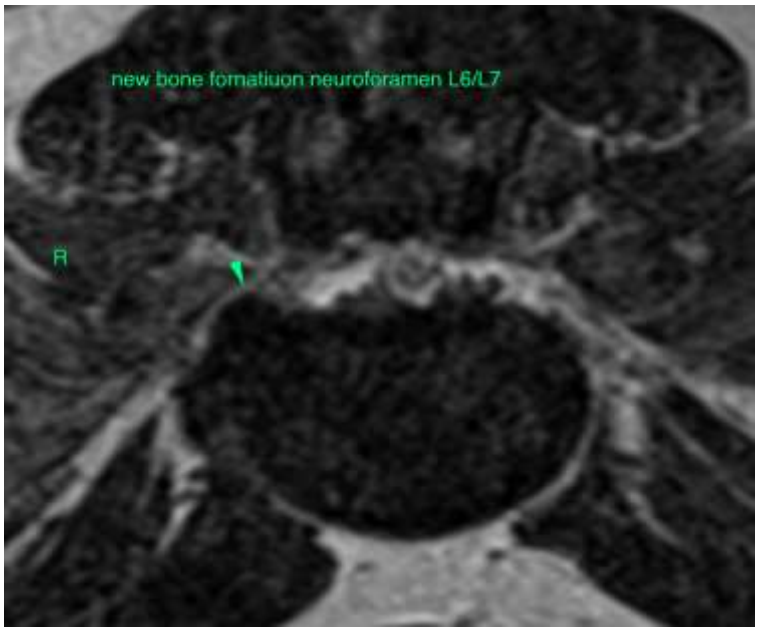
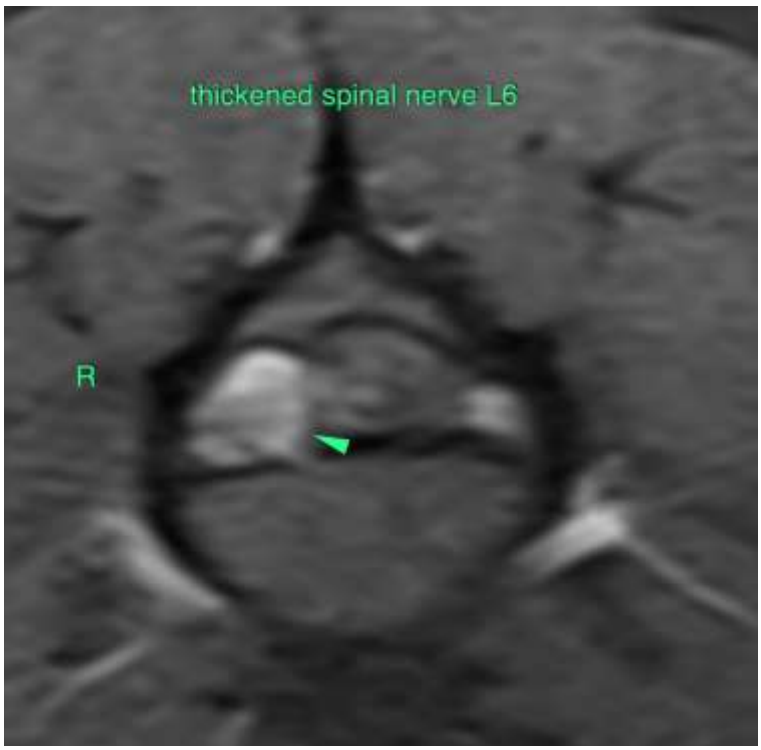
for histopathology of the osseous proliferation - to rule out malignancy - can be considered alternatively. If there is impingement of the spinal nerve L6 between the new bone formation and the transverse process osseous proliferation can reoccur after surgical resection.





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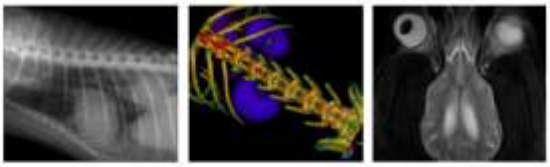

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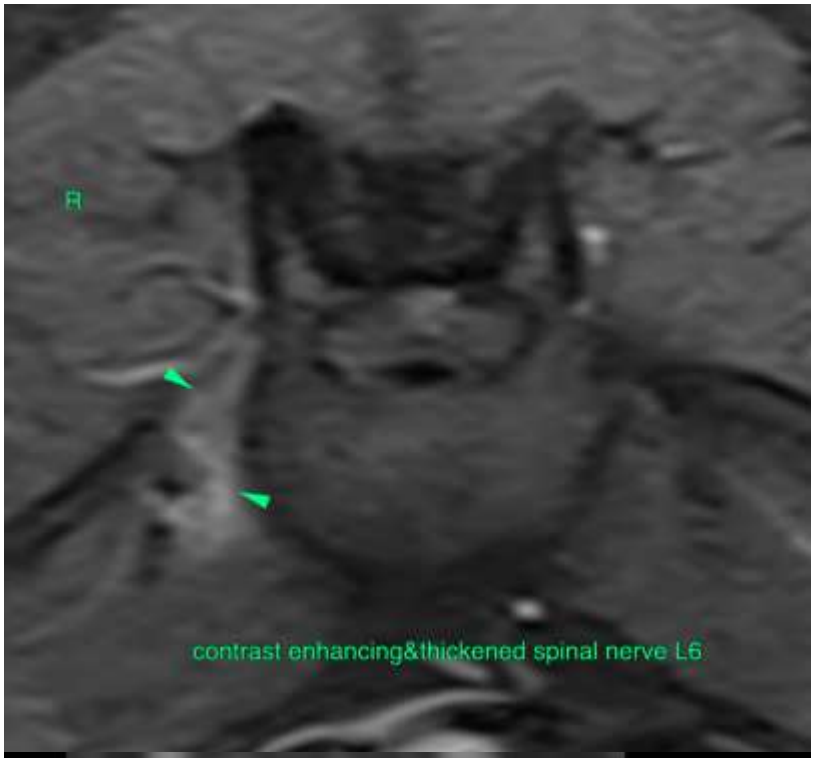

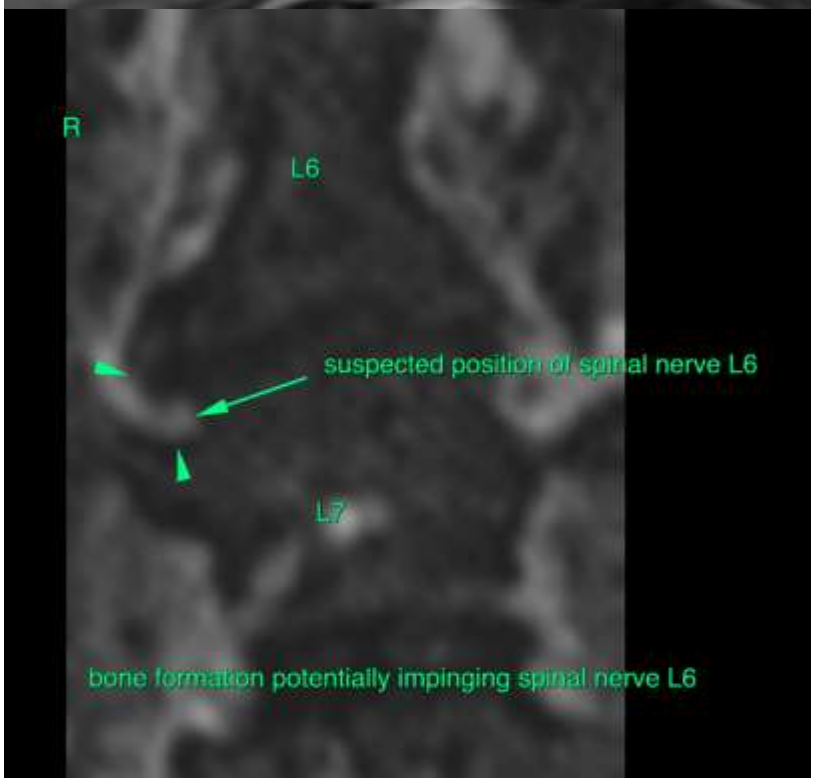

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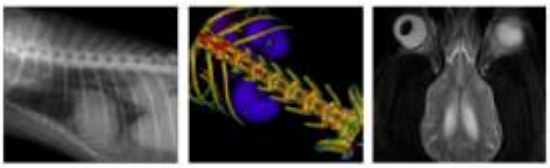

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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