



**PATIENT PRESENTING CLINICAL SIGNS**

**Tweak Mingay**  
 Progressive pelvic limb weakness over 3-4 days and currently non-ambulatory. Still has good appetite and responsive. No relevant previous medical history. Not currently on any meds. Abnormal PE/Chem/CBC/UA Results: Plegic with nociception negative in both pelvic limbs. Spinal reflexes are normal, with mildly delayed withdrawal in both pelvic limbs. Mild pain along cranial lumbar vertebrae. T3 - L2 myelopathy. No CSF performed. CBC, Biochem unremarkable.

**Feline**  
 Ultrasound of abdomen showed: 1. Diffuse thickening of the gastric wall, small intestinal wall, and colonic wall, rule out inflammatory bowel disease, infectious gastroenteritis, small cell lymphoma 2. Mild decrease in corticomedullary definition with non-obstructive nephrolithiasis of the left kidney and small normal left kidney consistent with chronic nephropathy 3. Bilateral renal pelvic dilation, rule out secondary to difficulty urinating and secondary back pressure on the ureters from the bladder, IV fluid therapy, or polyuria/polydipsia

**MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE**

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

**MAGNETIC RESONANCE IMAGING FINDINGS**

**AGE**  
 15

The vertebral body of L4 is diffuse hyperintense in the fluid sensitive sequence and T2 mild hypointense. Level with L4, a bilobed fusiform, T2 heterogeneous isointense mass is seen in the ventral aspect of the spinal canal, measuring approximately 22 mm in length, 3.9 mm in height and 7.5 mm in width. The mass is occupying approximately 50% of the cross-sectional area of the vertebral canal at the same level. The spinal cord level L4 is displaced dorsally and distorted. The spinal cord level L5 is swollen and is T2 diffuse mild hyperintense. Post contrast administration the vertebral body of L4 and soft tissue mass in the vertebral canal at the same level are diffuse moderately contrast enhancing.

**INTERPRETED BY**  
 Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

**HOSPITAL NAME**  
 Animal Health Partners

The epaxial musculature along the lumbar spine presents small hyperintense regions in the fluid sensitive sequences.

The colonic wall is prominent, measuring up to 2.5 mm in width.

The volume of the left kidney is decreased.

**REFERRING VET**

Dr. Kilburn

**MAGNETIC RESONANCE IMAGING DIAGNOSIS**

- Diffuse contrast enhancement and hyperintensity of the vertebral body of L4 with an associated extradural mass
- Secondary compressive myelopathy level L4 and intramedullary edema
- Myelopathy epaxial musculature without contrast enhancement – suspect inflammatory origin
- Mural thickening colonic wall – inflammatory versus neoplastic (e.g. round cell tumor)
- Left sided chronic nephropathy

**INVOICE**

50284

**DATE**

2-14-22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are consistent with neoplastic disease affecting the vertebral body of L4 with a soft tissue component causing extradural spinal cord compression. The latter explains the described progressive clinical signs. The top differential is round cell tumor - fibrosarcoma, osteosarcoma,



**PATIENT**

Tweak Mingay

chondrosarcoma are possible differentials. Ultrasound guided FNA sampling from the vertebral body of L4 can be tried as advanced minimally invasive diagnostic test. Surgical biopsy can be considered as well.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

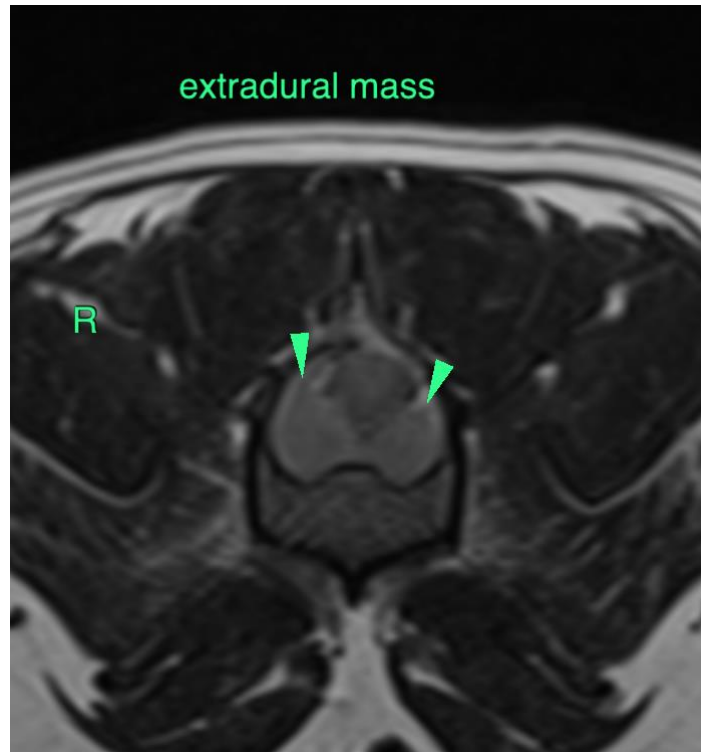
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**AGE**

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extradural mass

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Partners

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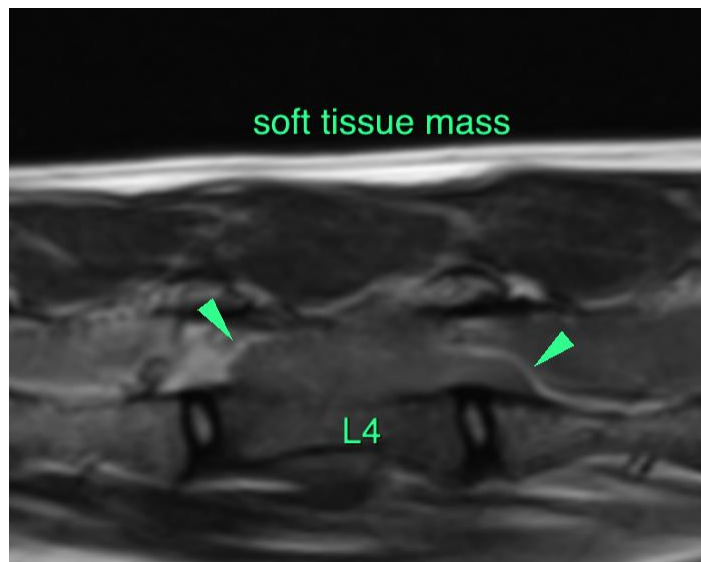
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soft tissue mass

L4



**PATIENT**

Tweak Mingay

**SPECIES**

Feline

**BREED**

DSH

**SEX**

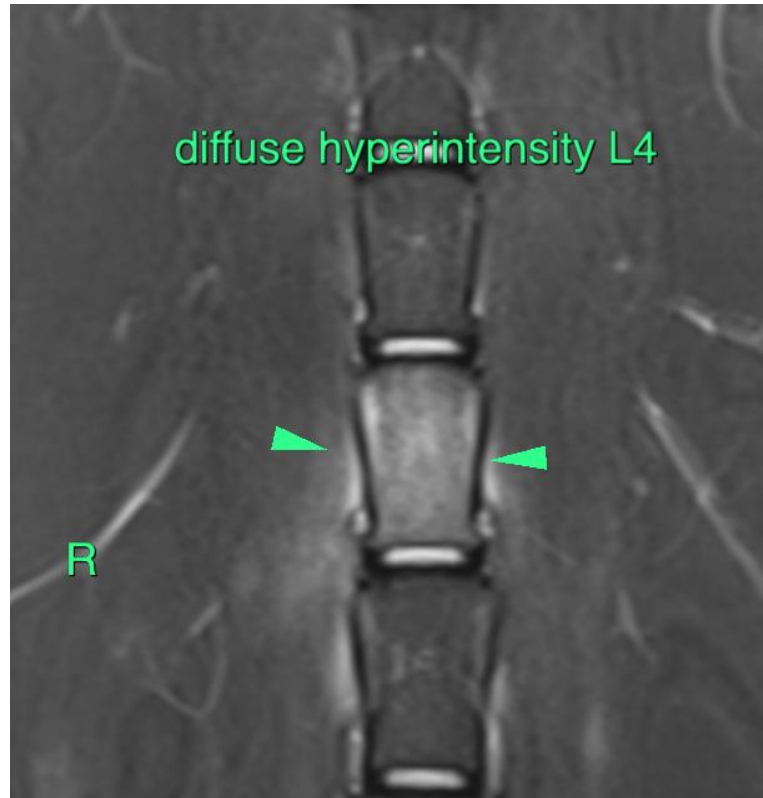
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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