



**PATIENT**

Teddy Dilaberto

**PRESENTING CLINICAL SIGNS**

Acute onset right lateralized vestibular signs. Yesterday, was in the litterbox for a long time, cried and then acutely started walking abnormally. Since then has not been urinating. Hx of respiratory issues.

**SPECIES**

Feline

**MAGNETIC RESONANCE IMAGING OF THE SKULL**

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

**BREED**

British Shorthair

**MAGNETIC RESONANCE IMAGING FINDINGS**

The brain presents the expected anatomy and bilateral symmetry with normal signal intensity and contrast enhancement. There is no evidence of abnormal meningeal enhancement. In the diffusion weighted images, no altered diffusion pattern is appreciated.

**SEX**

MN

The ventricular system presents the expected dimensions, morphology and the CSF signal is within normal limits in all sequences.

**AGE**

1 Year

Level with C1, a small right sided T2 and FLAIR mild hyperintensity of the spinal cord is appreciated.

The tympanic bullae are aerated, and the bony lining is thin. The endolymph of the inner ear bilaterally is suppressed in FLAIR.

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**MAGNETIC RESONANCE IMAGING DIAGNOSIS**

- Possible T2 & FLAIR segmental intramedullary lesion level C1
- Normal brain
- Normal middle & inner ear

**HOSPITAL NAME**

Toronto Animal Health Partners

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The focal hyperintense signal of the spinal cord level with C1 might be artefactual or presents focal edema – in combination with the acute onset, ischemic myelopathy would be most likely with potential damage of the spinocerebellar tracts. If not yet done so the workup should be complemented by examination of CSF and complete bloodwork to screen for brain disease that is not necessarily associated with structural changes of the brain parenchyma and rule out other systemic illness. Check for cardiomyopathy as source for possible (transient) ischemic encephalopathy.

**REFERRING VET**

Dr. Alison Little

**INVOICE**

56783

**DATE**

2-15-23



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**BREED**

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**SEX**

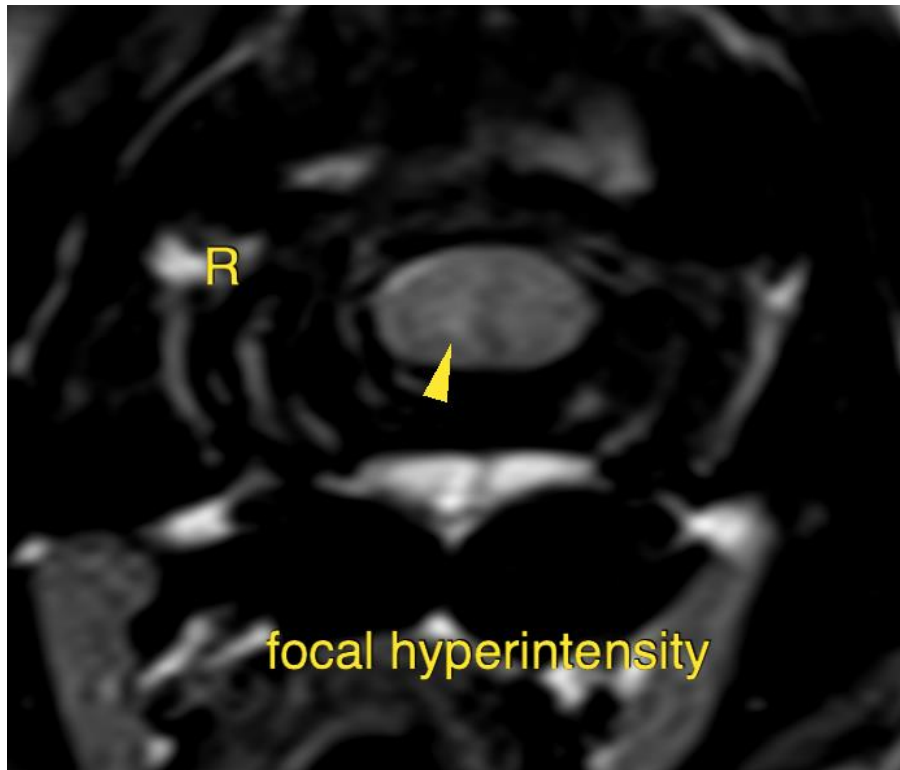
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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