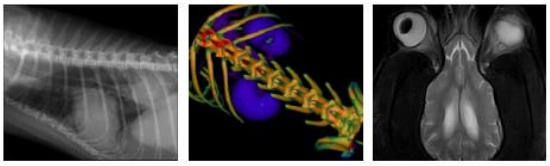
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Flappy Jozic

SPECIES

Canine

BREED

Jack Russel Terrier

SEX

MN

AGE

5 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Colyton Veterinary Hospital

REFERRING VET

Dalton Nguyen

INVOICE

56819

DATE

2-16-23

PRESENTING CLINICAL SIGNS

Acute onset hind limb paresis. LMN signs in the back leg, incontinent and dripping urine. Hind limb ataxic with poor voluntary motor function, delayed hind limb motorfunction. Patient is also on steroid therapy for suspected bone marrow neoplasia. Bone marrow biopsy suggestive of bone marrow neoplasia although was not diagnostics. Financial limitations have not led to a repeat biopsy. Consistently leucopaenic improving with prednisolone and antibiotic therapy.

COMPUTED TOMOGRAPHY OF THE LUMBAR SPINE

A myelographic CT study of the thoracic and lumbar spine in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

Contrast media can be appreciated in the subarachnoid space and the central canal.

The spinous process and lamina of T11, T12 and the lateral lamina, pedicles and vertebral body of L1 to L5 present zones with ill-defined osteolysis blurring the margins of the vertebral canal. Level with the osteolytic lesions along the lumbar spine, a variable degree of extradural distortion of the subarachnoid space and spinal cord is appreciated.

The capitulum of the 7th left rib presents an ill-defined zone of osteolysis. The scapula bilaterally and the iliac wings of the pelvis present permeative osteolytic lesions.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Polyostotic aggressive osteolytic lesions of the axial appendicular skeleton with secondary extradural myelocompression

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The polyostotic osteolytic lesions of the thoracic& lumbar spine and multiple osseous structures of the appendicular skeleton are highly concerning for disseminated neoplastic disease. A soft tissue component along the lytic lesions along the thoracic & lumbar spine result in compressive myelopathy as a source for pain and possible neurological deficits. Underlying primary neoplasia (e.g. round cell tumor such as lymphosarcoma or myeloma) or metastatic disease is considered likely. Theoretically mycotic osteomyelitis is a consideration if the patient is living in an endemic region, but this is considered far less likely here.

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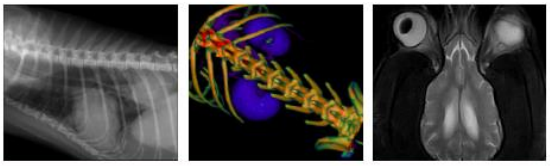

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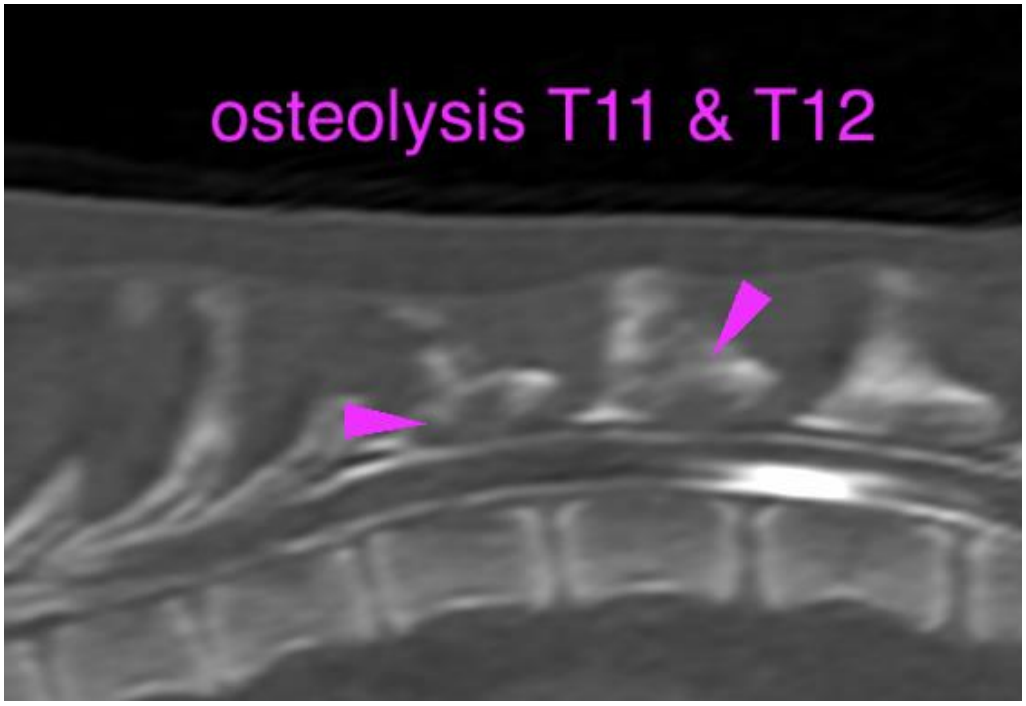

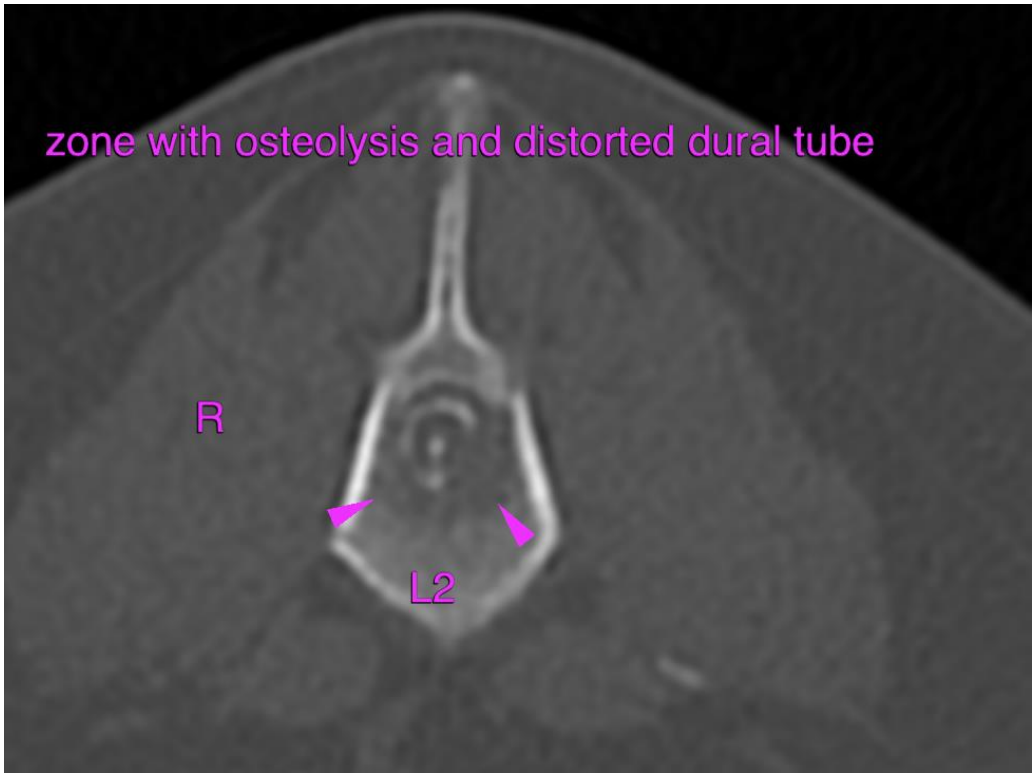

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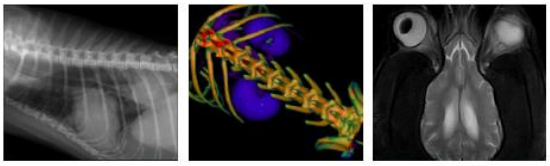

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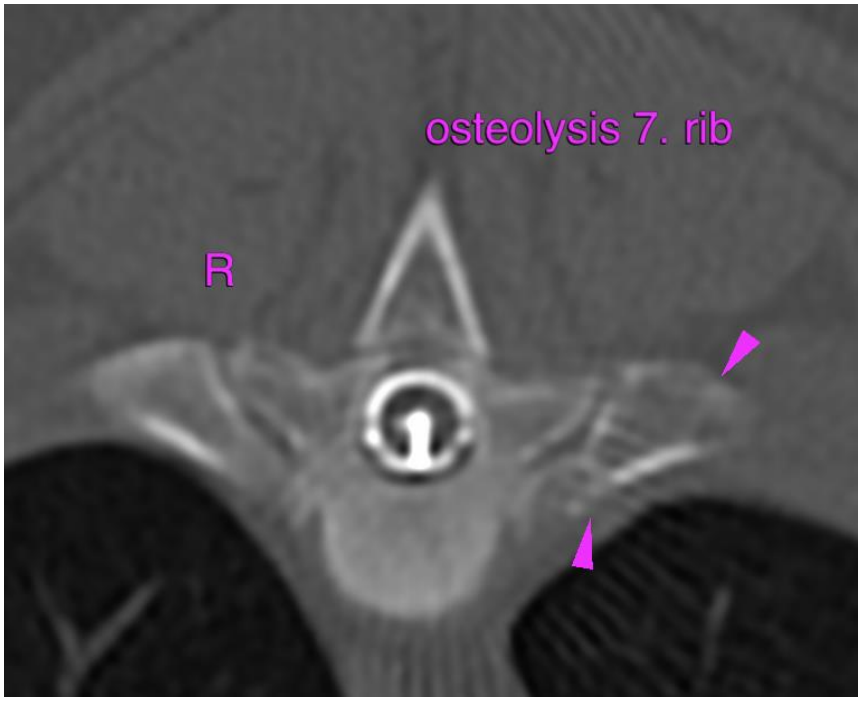

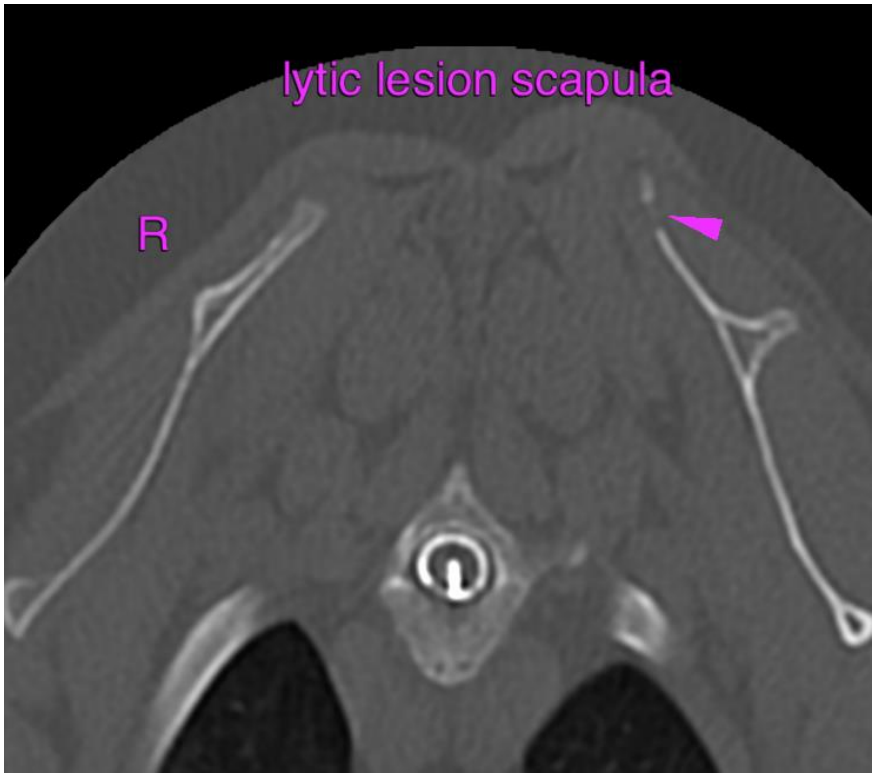

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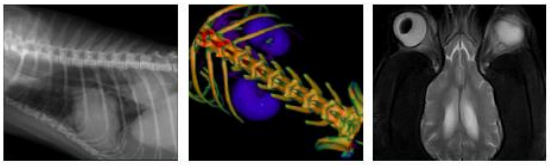

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com