



PATIENT

Wolfgang Stanton

PRESENTING CLINICAL SIGNS

Acute (less than 1 week) non painful progressive right-sided T3-L3 myelopathy. Abnormal PE/Chem/CBC/UA Results: CBC and biochemistry are without significant abnormalities CSF analysis is normal

SPECIES

Dog

MAGNETIC RESONANCE IMAGING OF THE CERVICAL, THORACIC & LUMBAR SPINE

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

BREED

Bernese Mountain

MAGNETIC RESONANCE IMAGING FINDINGS

The intervertebral discs C3/C4 and C4/C5 are mildly protruding into the vertebral canal, mildly compressing the epidural space.

SEX

Male Neutered

Generalized mild protrusion of the intervertebral discs of the thoracic spine into the vertebral canal is seen, distorting the ventral epidural space. The intervertebral discs along the cranial and mid thoracic spine present a complete loss of the in fluid sensitive sequences hyperintense signal of the nucleus pulposus.

AGE

7 Years

The intervertebral discs L1/L2 to L3/L4 are mildly protruding into the vertebral canal.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The lumbosacral intervertebral disc is markedly protruding into the vertebral canal, occupying up to 95% of the cross-sectional area of the vertebral canal at the same level. There is no evidence of obstruction of the neuroforamina L7/S1.

Post contrast administration, no pathological distribution of contrast media is appreciated.

HOSPITAL NAME

Animal Health
Partners

The splenic parenchyma presents with a hyperintense intraparenchymal nodular lesion, measuring 1.5 cm in diameter.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Degenerative lumbosacral stenosis with compression of the cauda equina fibers
- Multifocal mild intervertebral disc protrusion along the thoracic and lumbar spine without compressive myelopathy
- Mild intervertebral disc protrusion C3/C4 and C4/C5 without compressive myelopathy
- Intraparenchymal splenic parenchymal nodule
- Degenerative disc disease along the thoracic spine

REFERRING VET

Dr. Greg Kilburn

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

50598

The current MR study of the cervical, thoracic & lumbar spine presents without macromorphological abnormalities, explaining the acute clinical signs. Potentials can include ischemic myelopathy (e.g. fibrocartilaginous embolism) or acute non-compressive nucleus pulposus extrusion.

DATE

2-28-22

The splenic nodule is suggestive for nodular hyperplasia or extramedullary hematopoiesis. FNA sampling might be used to rule out malignant transformation.



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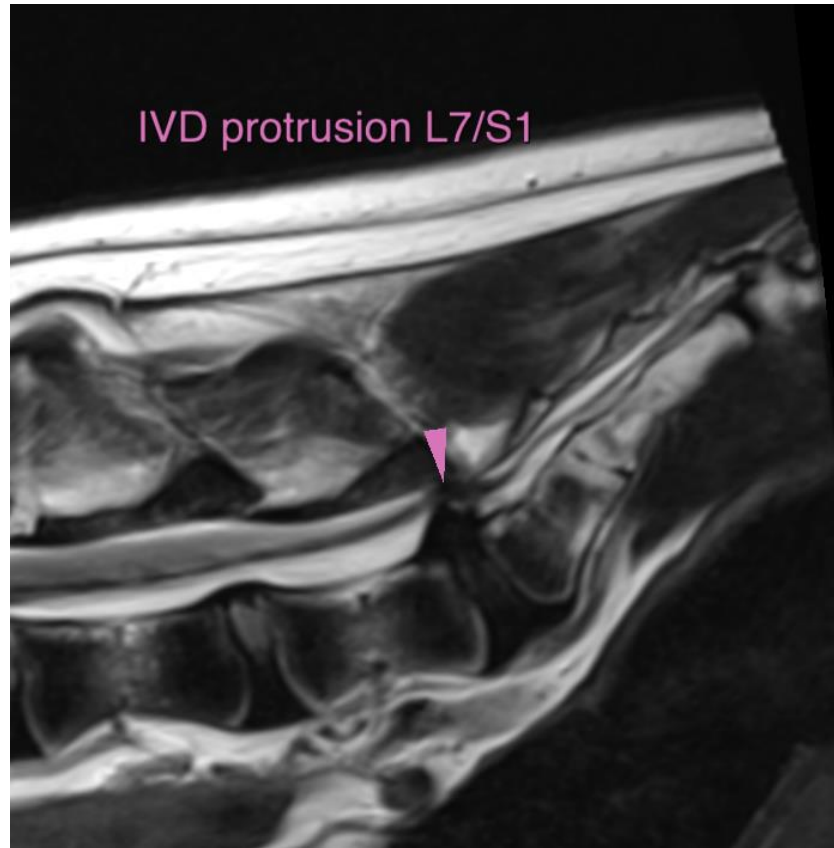
Male Neutered

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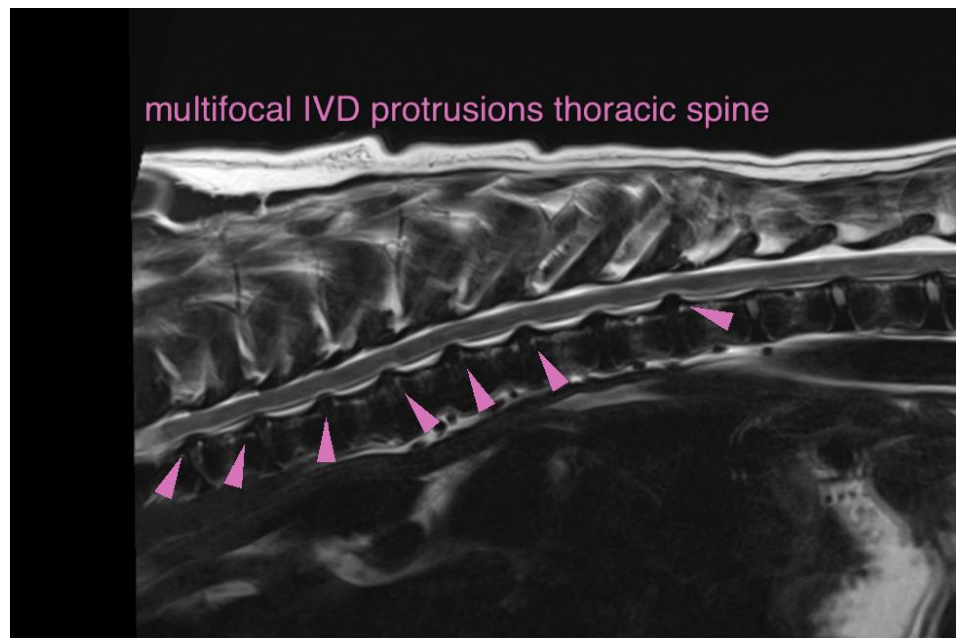
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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