



PATIENT PRESENTING CLINICAL SIGNS

Sully Edwards

Acute onset Feb 28 of acute left hemiparesis
 Abnormal PE/Chem/CBC/UA Results: Mentation: Bright, alert and responsive. Cranial nerve exam: Anisocoria with the left pupil smaller than the right. No other deficits noted. Gait/posture: Ambulatory with left hemiparesis and proprioceptive ataxia and spontaneous knuckling on the left side Postural reactions: Proprioceptive positioning and hopping is delayed in the left thoracic and left pelvic limbs, and normal in the right thoracic and right pelvic limbs. Spinal reflexes: The flexor reflex is diminished in the left thoracic limb. Sensory/nociception: No hyperesthesia elicited with palpation along the vertebral column. Localization - left C1-T2 CSF unremarkable

SPECIES

Feline

BREED

DSH

MAGNETIC RESONANCE IMAGING OF THE SKULL

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

SEX

MN

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.

AGE

6

The lateral ventricles are mild to moderately asymmetrically dilated and the olfactory recess of the lateral ventricles bilaterally is mildly distended, L>R.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

Level with C1/C2 in the left lateral aspect of the spinal cord, an ellipsoid, mild ill-defined, T2 mild hyperintense region is visible; the volume of the spinal cord at the same level is maintained normal. Post contrast administration no contrast enhancement of the respective segment of the spinal cord is appreciated.

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The tympanic bullae are filled with T2&FLAIR heterogeneous hyperintense material. The osseous lining of the right tympanic bulla is mild to moderately thickened. Post contrast administration mild to moderate peripheral contrast enhancement of the material in the tympanic bullae is noted. Post contrast administration the right inner ear presents mild contrast enhancing.

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

REFERRING VET

Kilburn

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- T2 mild hyperintense left sided intramedullary lesion spinal cord level C1/C2
- Bilateral otitis media
- Right sided otitis interna
- Ventriculomegaly & -asymmetry
- Normal brain

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

3-1-22

The intramedullary hyperintense lesion of the spinal cord level C1/C2 in combination with the acute onset of clinical signs is highly suggestive for underlying ischemic myelopathy. The odds for myelitis or neoplastic invasion (e.g. round cell tumor) are considered very low.

The clinical relevance of the bilateral otitis media and the right sided otitis interna for the



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presenting clinical signs is unclear. Complementing workup by a CSF tap appears beneficial to rule out (ascending) inflammatory changes.

No abnormalities of the brain are appreciated but the asymmetric ventriculomegaly of the lateral ventricles – likely incidental.

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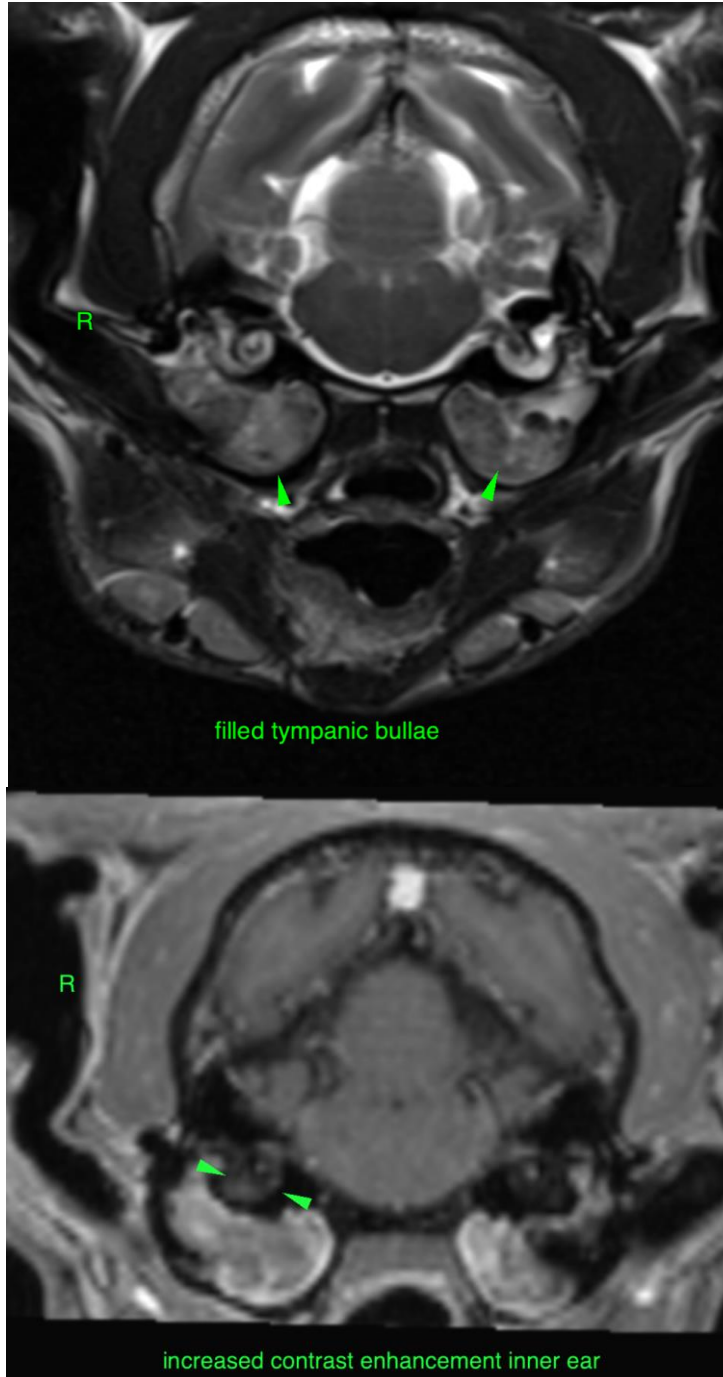
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filled tympanic bullae

increased contrast enhancement inner ear



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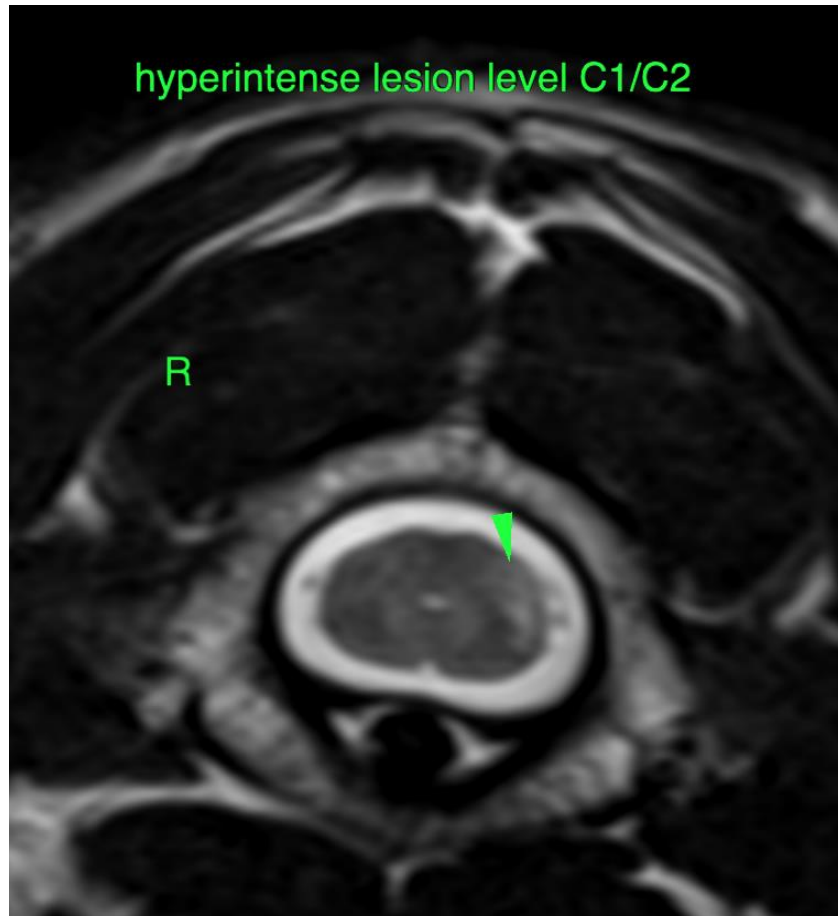
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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