



PATIENT PRESENTING CLINICAL SIGNS

Mashang Basseri History: Mashang's clinical signs were first noted on April 12th and included walking looking drunk and acting strange (loss of appetite, not running, not playing with the other cats). She is still jumping and not falling. On the video provided, she has a very crouched stance and has a mild tetraparesis (falls to the left).

SPECIES

Feline Abnormal PE/Chem/CBC/UA Results: Mentation: Bright, alert and responsive. Cranial nerve exam: Pupillary light reflex present OU but does not fully constrict. No other deficits noted. Gait/posture: Ambulatory with a crouched stance and mild tetraparesis and mild vestibular ataxia. No head tilt.

BREED

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Stumbles to the right. Scuffing with her thoracic limbs, right worse to the left. Occasionally standing on the dorsal surface of either thoracic limb paw. Postural reactions: Proprioceptive positioning are severely delayed in both thoracic limbs (more severe in the right thoracic limb) and normal in the pelvic limbs. Reflexes: Withdrawal reflexes are decreased in both thoracic limbs. Normal otherwise. Sensory/nociception: No hyperesthesia elicited with palpation along the vertebral column. CBC, Biochemistry - Unremarkable FIV/FeLV - Negative

Spayed Female

MAGNETIC RESONANCE IMAGING OF THE SKULL AND CERVICAL SPINE

AGE

3 Years

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

MAGNETIC RESONANCE IMAGING FINDINGS

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

In the T2 weighted transverse series of the cervical spine, level with odontoid peg/cranial third of the vertebral body of C2, a heterogeneous signal pattern of the spinal cord is appreciated, presenting a T2 mixed hypo and hyperintense mild curved signal pattern – accentuated in the right aspect of the spina cord. In T1 weighted images, there is a mild hyperintense signal in the right ventral aspect of the spinal cord at the same level.

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The brain presents the expected anatomy and bilateral symmetry with normal signal intensity and contrast enhancement. There is no evidence of abnormal meningeal enhancement.

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

REFERRING VET

Dr. Little

The tympanic bullae are aerated, and the bony lining is thin.

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

MAGNETIC RESONANCE IMAGING DIAGNOSIS

INVOICE

14945

- Suspect intramedullary mixed T2 hypo- and hyperintense non-contrast enhancing lesion level with cranial segment of C2
- Normal brain

DATE

4/28/22



PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mashang Basseri

The findings are concerning for an intramedullary lesion level with C2 and ischemic myelopathy and/or intramedullary hemorrhage is considered likely here. Affection of the vestibulospinal tracts might be a source for the described clinical signs – may be supported by the right sided

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accentuation of the suspected lesion. Check for any underlying coagulopathy (e.g. such as lung worm infection), signs of systemic hypertension, vasogenic lymphoma, infection (e.g.

Feline

Toxoplasmosis). If not done so yet, complementing workup by a CSF tap is considered beneficial.

BREED

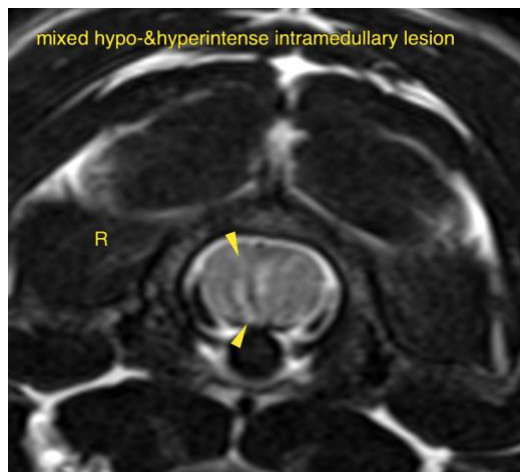
DSH

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Spayed Female

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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.

HOSPITAL NAME

Animal Health
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