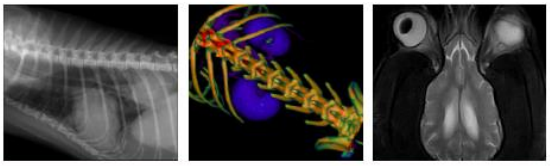

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1-800-838-4268 info@sonopath.com

PATIENT

Alfie Ushak

SPECIES

Canine

BREED

French Bulldog

SEX

MN

AGE

1 Year

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Edouard Marchal

INVOICE

51825

DATE

4-29-22

PRESENTING CLINICAL SIGNS

Progressive over several month, non-painful, ambulatory T3-L3 myelopathy.

MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE

T2 (DIXON) sequences in multiple imaging planes are provided for review.

MAGNETIC RESONANCE IMAGING FINDINGS

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

A mild protrusion of the intervertebral disc T9/T10 is appreciated.

Level with the intervertebral disc space T12/T13, hypointense material is protruding into the mid ventral aspect of the vertebral canal, impinging the spinal cord at the same level; the hypointense material is occupying approximately 10% of the cross-sectional area of the vertebral canal at the same level. The spinal cord level with T12/T13 presents a segmentalT2 hyperintense region in the ventral aspect.

The intervertebral discs T11/T12, T13/L1, L5/L6 and L6/L7 are moderately protruding into the vertebral canal, distorting the ventral subarachnoid space at the same level. Level with L6/L7, the hypointense disc material is occupying approximately up to 35% of the cross-sectional area of the vertebral canal.

Sacralization of L7 is seen, presenting a transverse process on the right side and is articulating with the sacroiliac joint on the left side.

Multiple intervertebral discs of the pictured caudal thoracic spine and the lumbar spine present a loss of the in fluid sensitive sequences hyperintense signal of the nucleus pulposus.

The splenic parenchyma presents with multiple ill-defined, variable sized, hypointense parenchymal lesions.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

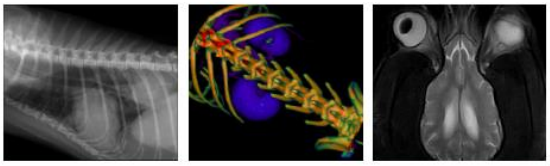
- Intervertebral disc protrusion T12/T13 with compressive myelopathy and T2 intramedullary hyperintensity
- Moderate interverterbal disc protrusion T11/T12, T13/L1, L5/L6 and L6/L7 with potential dynamic myelocompression
- Multifocal degenerative disc disease along the lumbar spine
- Asymmetric lumbosacral transitional vertebra (type III)
- Heterogeneity of splenic parenchyma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intervertebral disc protrusions are likely chronic and the protrusion T12/T13 is considered as the clinically relevant lesion and plausible explanation for the progressive clinical signs – the suspected gliosis of the spinal cord at the same level may have a negative impact if surgical decompression is considered.

The remaining intervertebral disc protrusions may cause dynamic spinal cord compression and can be a source for pain.

The parenchymal heterogeneity of the spleen is most consistent with nodular hyperplasia or



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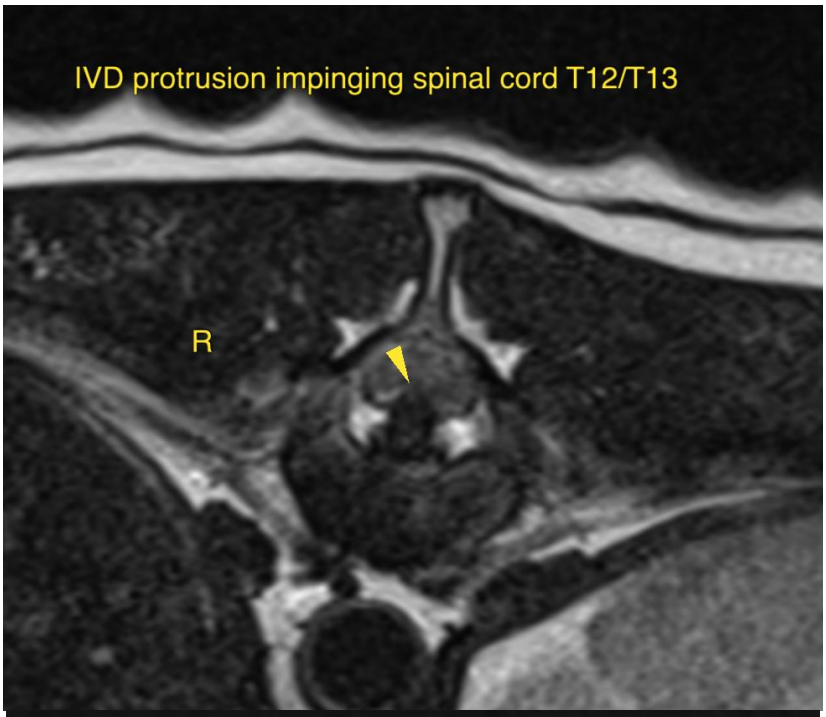
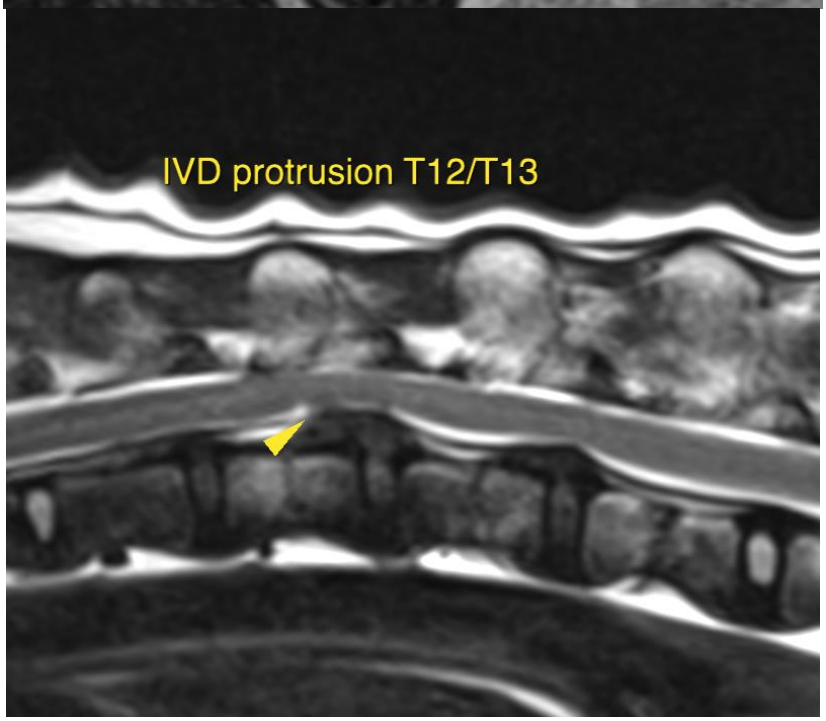
extramedullary hematopoiesis.





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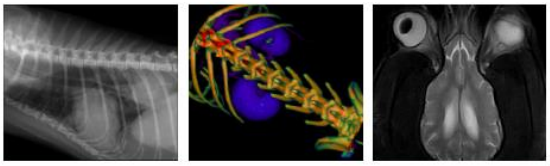

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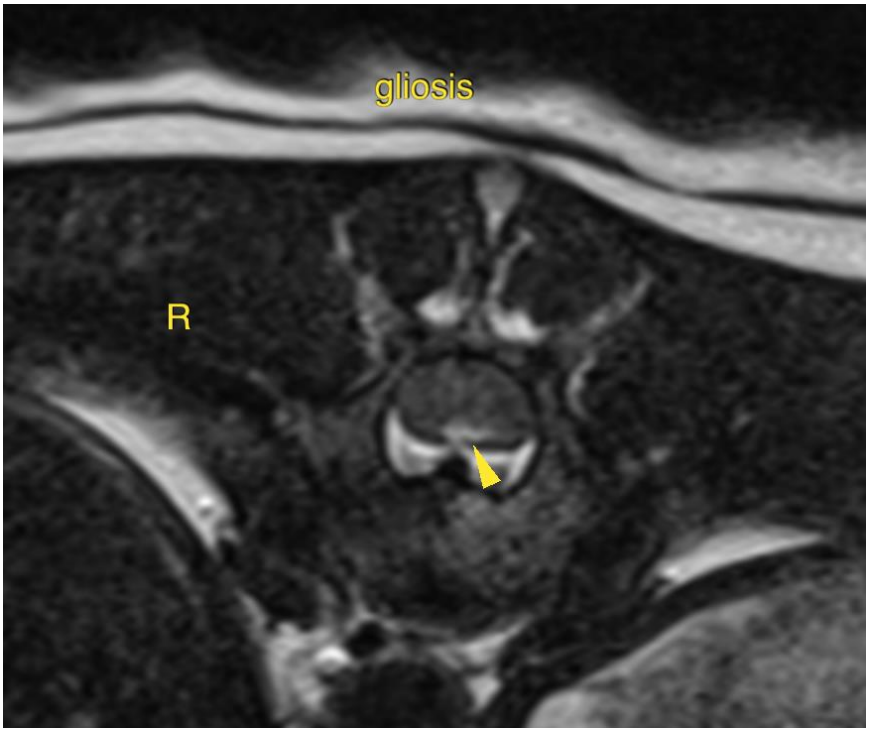

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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