



PATIENT PRESENTING CLINICAL SIGNS

Mixiu Zhang

History: Peracute, resolving caudal fossa / high cervical signs. Was initially very severe, and completely recovered within 24 hours. Normal CSF. Possible rough play before the onset of neurological signs. No pain reported.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results:

MAGNETIC RESONANCE IMAGING OF THE SKULL

BREED

Pomeranian

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

MAGNETIC RESONANCE IMAGING FINDINGS

SEX

Head

Neutered Male

The lateral ventricles are moderately dilated. The volume of the parenchyma of the cerebral hemispheres is decreased and the sulci and gyri present a decreased size. The corpus callosum is deviated dorsally and the fornix ventrally. The interthalamic adhesion is mildly distorted. The rostral contour of the cerebellum is mildly depressed, presenting a mild concave shape. A signal void is appreciated in the mesencephalic aqueduct.

AGE

3 Years

Mild dorsal kinking of the spinal cord level with the odontoid peg is noted. Along the pictured parts of the cervical spine – up to the level of C6 – the central canal of the spinal cord is significantly distended, measuring up to 2.9 mm in diameter. In FLAIR the pictured cranial segment of the spinal cord presents a mild hyperintense signal, surrounding the dilated central canal.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

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

HOSPITAL NAME

Animal Health
Partners

In the nasopharynx, a moderate amount of T2 hyperintense material is appreciated, considered as mucus/saliva.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

REFERRING VET

Dr. Edouard Marchal

- Hydrocephalus internus with signs for hypertension
- Syringohydromyelia with mild medullary edema cranial cervical spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

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The MR findings are consistent with hydrocephalus internus with signs for hypertension and syringomyelia with evidence of perilesional edema along the cranial cervical spine. The latter might explain the described acute clinical signs and might be a sequela to altered driving forces of the CSF during hard playing.

DATE

6/15/22



PATIENT

Depending on clinical signs, conservative management of the hydrocephalus or the chances of implantation of a ventriculoperitoneal shunt may be discussed.

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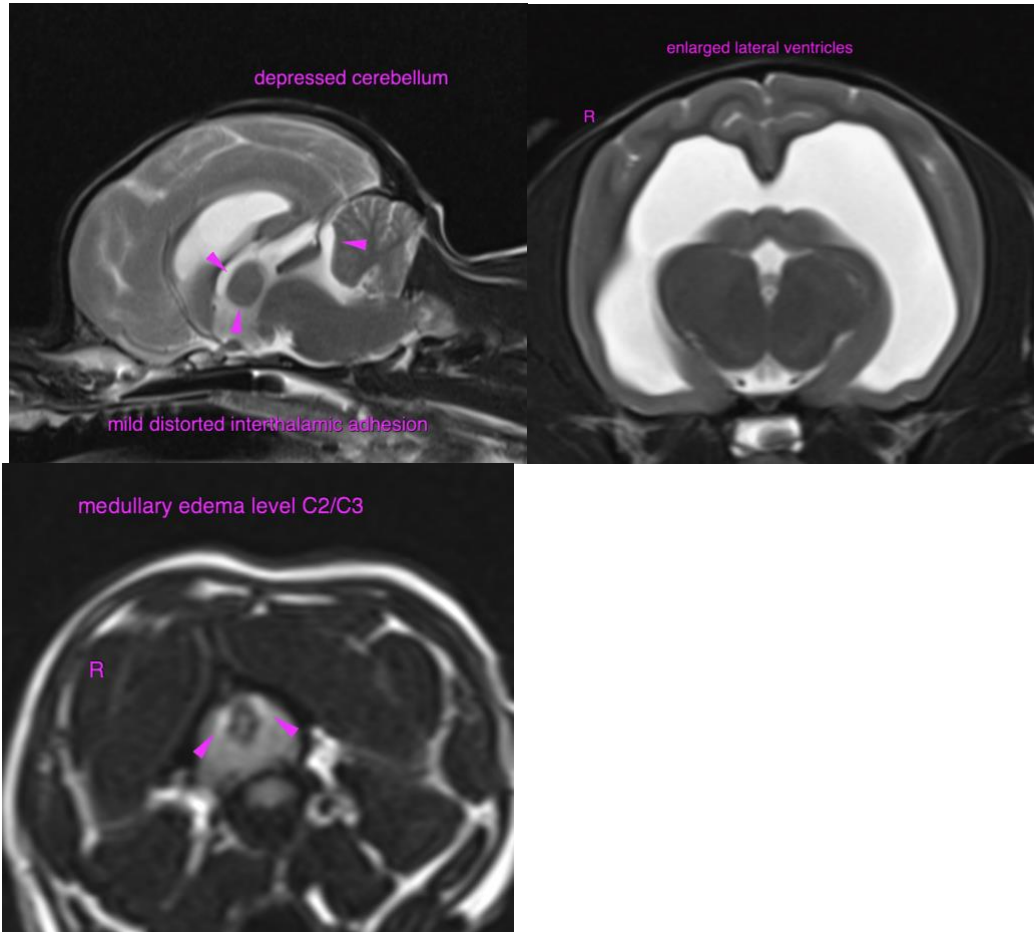
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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