



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Brady Chatten History: 1-week progressive T3-L3 myelopathy. Current non-ambulatory with severe paraparesis. Reported anal gland abscess and treated with amoxicillin/clavulanate for 10 days. Enlarged and firm left prescapular lymph node. Possible reaction on left elbow. Has received prednisone 1.5 month ago for chronic skin disease. Suspected multifocal infectious process which does not respond to amoxicillin/clavulanate.

SPECIES

Canine

MAGNETIC RESONANCE IMAGING OF THE THORACIC AND LUMBAR SPINE

BREED

Brittany

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

MAGNETIC RESONANCE IMAGING FINDINGS

SEX

Neutered male

Level with the vertebral bodies/intervertebral disc spaces of T2 to T9, T2 hypointense material is appreciated in the ventral and lateral aspect of the epidural space – partially encompassing the spinal cord in a semicircular manner and distorting the spinal cord at the same level. The spinal cord level with T2 to T9 presents diffuse mildly hyperintensity in the fluid sensitive sequences. Post contrast administration the hypointense material is strongly contrast enhancing.

AGE

8 Years

Level with the left neuroforamina T6/T7 and T7/T8, the contrast enhancing material is protruding through the neuroforamina into the paravertebral tissue.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
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MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Strong contrast enhancing plaque like dural mass from the level of T2 to T9 with intradural extramedullary spinal cord compression and secondary intramedullary edema

HOSPITAL NAME

Animal Health
Partners

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are highly suggestive for neoplastic transformation of the dural tube level along the level of T2 to T9 with secondary spinal cord compression. Round cell neoplasia is top on the differential list as well as meningeal gliomatosis. Although inflammatory origin cannot be ruled out entirely, the odds are low. If not done so yet, recommend complementing workup by a CSF tap. If not done so yet, recommend FNA sampling of the clinically appreciated enlarged lymph node. Surgical biopsy of the meninges the thoracic spine can be tried for final diagnosis (level with T6-T8 from the left aspect appears ideal).

REFERRING VET

Dr. Edouard Marchal

The finding is explaining the progressive clinical signs. The prognosis is very guarded.

INVOICE

16326

DATE

6/24/22



PATIENT

Brady Chatten

SPECIES

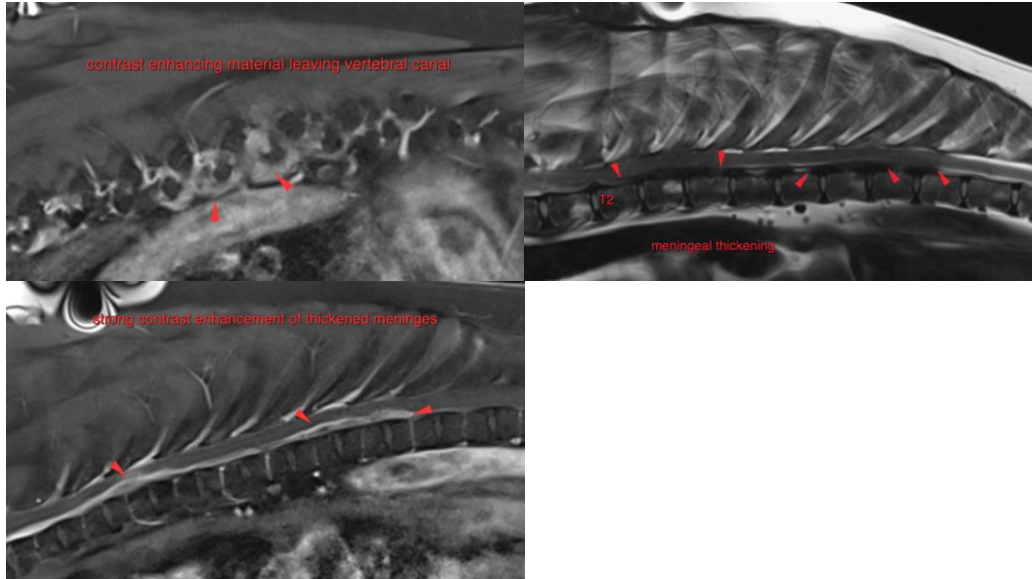
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
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