

**PATIENT PRESENTING CLINICAL SIGNS**

Beaux Oyler Beaux has been having a progressive lameness that started in the front right leg, and has progressed to affect the back legs also. He is ataxic at a walk.

Abnormal PE/Chem/CBC/UA Results: Ataxia x 4. Normal cranial nerves and mentation. decreased withdrawal on right front leg. CP delays on all limbs but worst on right front. Chem shows AST of 77

**SPECIES**

Canine

**MAGNETIC RESONANCE IMAGING OF THE CERVICAL SPINE**

T2 & T1 weighted pre- and post-gadolinium sequence in multiple imaging planes are provided for review.

**BREED**

English Mastiff

**MAGNETIC RESONANCE IMAGING FINDINGS**

Hyperostosis of the facet joints C4/C5 to C6/C7 is appreciated – most accentuated level C5/C6, narrowing the vertebral canal at the same level; approximately up to 40% decreased cross-sectional area of the vertebral canal. The spinal cord level with C4/C5 to C6/C7 is distorted presenting an ovoid shape. Level with C6/C7 the spinal cord presents a central T2 hyperintense signal and has a mild hour glass shape at the same level. In the post contrast T1w sagittal images of the cervical spine, level with C6/C7 a focal hyperintensity is appreciated that is not seen in the T1w transverse post contrast images and considered as an artifact.

**SEX**

MN

**AGE**

3 Years, 8 Months

**MAGNETIC RESONANCE IMAGING DIAGNOSIS**

- Cervical spondylomyelopathy, due to hyperostosis of the facet joints C4/C5 to C6/C7
- Suspect gliosis of the spinal cord level C6/C7

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cervical spondylomyelopathy secondary to hyperostosis multiple facet joints level C4/C5 to C6/C7 is a plausible explanation for the presenting clinical signs. Recommend discussing potential palliative treatment options with neurologist.

**HOSPITAL NAME**

Mountain West  
Veterinary Hospital

The intramedullary hyperintensity level with C6/C7 is considered as gliosis – likely due to repetitive trauma to the spinal cord or preceding ischemic myelopathy.

**REFERRING VET**

Dr. Andrew Burton

**INVOICE**

59057

**DATE**

6-27-23



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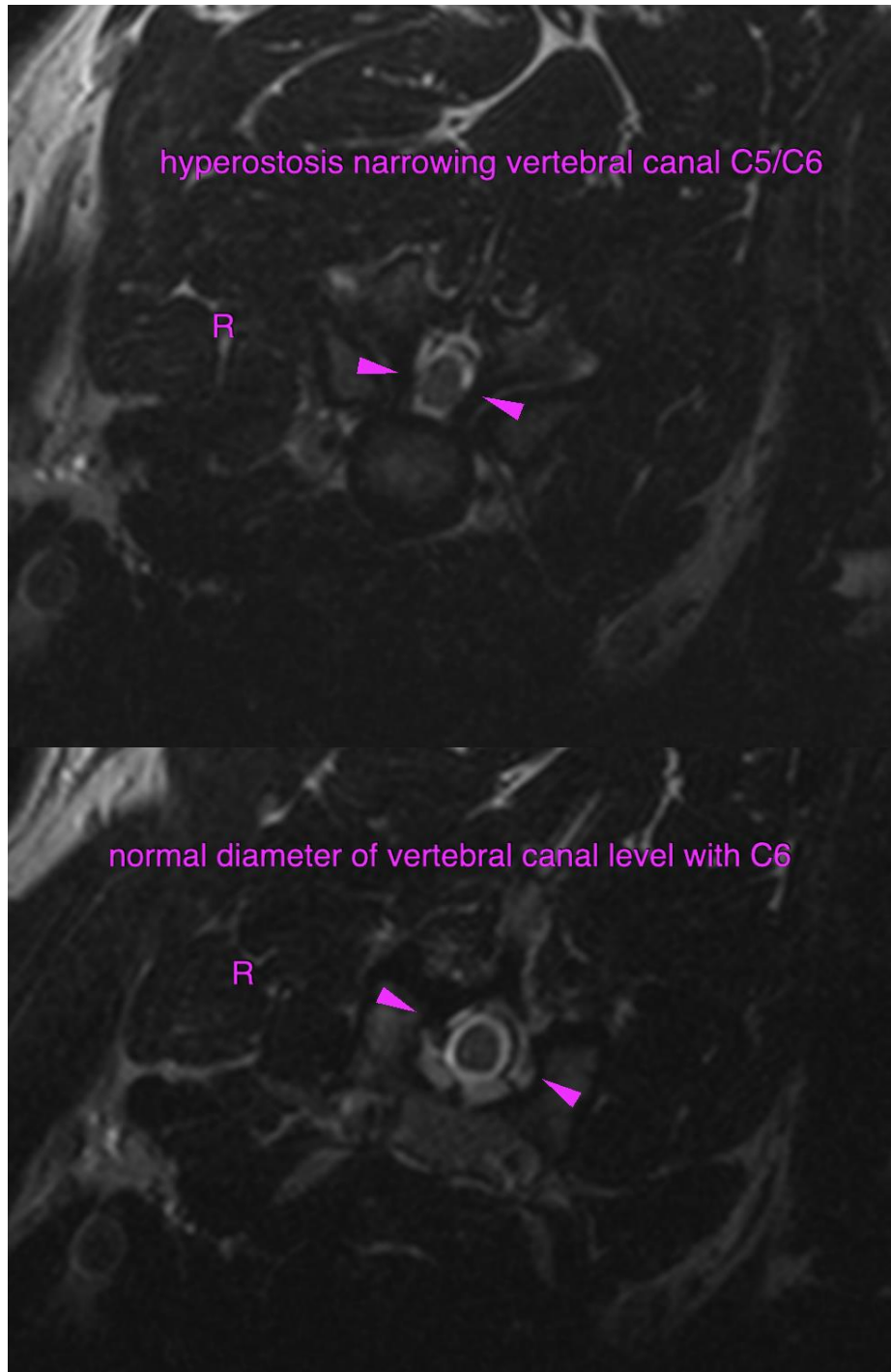
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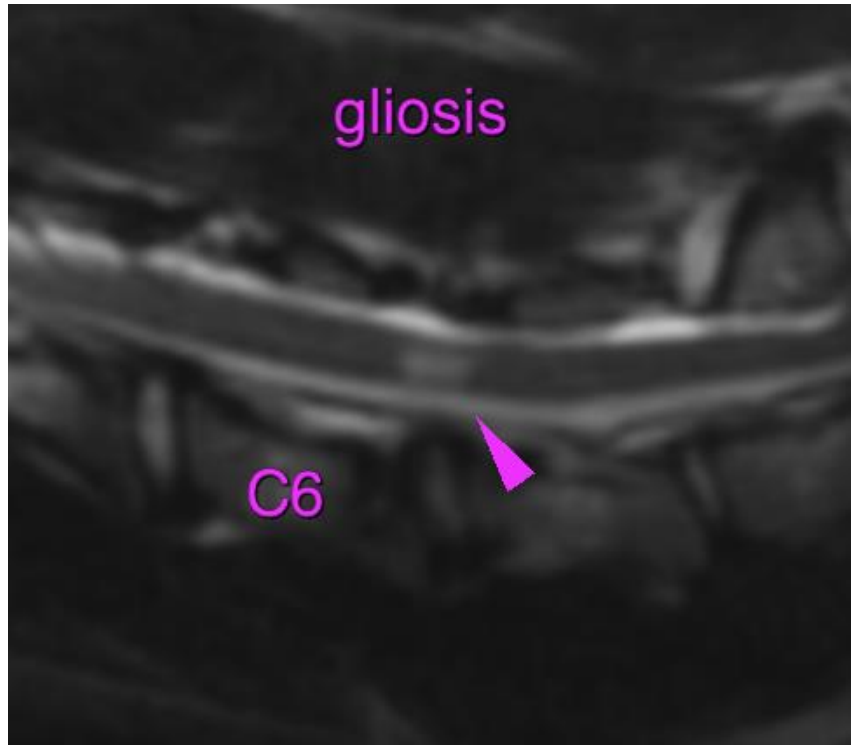
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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