



PATIENT PRESENTING CLINICAL SIGNS

Jude Knight Previous L7-S1 dorsal laminectomy with improved but persistent pain and bilateral sciatic deficits. Overall changes in behaviour reported over the past 12 months. Recently diagnosed with hyperadrenocorticism. Neurologically, this dog is normal to me, but I suspect intermittent headache based on the owner's description

SPECIES

Canine

MAGNETIC RESONANCE IMAGING OF THE SKULL & LUMBAR SPINE

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

BREED

French Bulldog

MAGNETIC RESONANCE IMAGING FINDINGS

Head

SEX

MN

Protruding from the pituitary fossa into the cranial cavity, an irregular shaped, T2 heterogeneous hypo to mild hyperintense mass is appreciated, measuring 2.1 x 1.7 x 1.9 cm in size. In T1 weighted images, mild hyperintense regions are noted within the mass, in SWI the mass is generalized heterogeneous hypointense. The diencephalon is distorted, the interthalamic adhesion is compressed and deviated dorsally by the mass effect. The brain parenchyma surrounding the mass is mildly T2 and FLAIR hyperintense. Post contrast administration, the mass bulging from the pituitary fossa presents significant generalized contrast enhancement.

AGE

9 Years

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

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

Lumbar spine

HOSPITAL NAME

Animal Health Partners

The intervertebral discs T11/T12 to L2/L3 and L6/L7 are mildly protruding into the vertebral canal, distorting the ventral epidural space and mildly subarachnoid space at the same level.

Parts of the dorsal lamina between L7/S1 are absent. The lumbosacral intervertebral disc is moderately protruding into the vertebral canal. The vertebral endplates L7/S1 present moderate spondylosis formation. In the left lateroventral aspect of the vertebral canal level with L7, a T2 hypointense and STIR hyperintense tubular structure is appreciated, blending with the left spinal nerve L7 and extending up to the left neuroforamen L7/S1. In the 3D sequence the left spinal nerve L7 appears to be deviated laterally and dorsally, following the tubular structure. The extraforaminal segment of the spinal nerve L7 presents the expected size and signal behavior. Post contrast administration, the tubular structure presents segmental strong contrast enhancement.

REFERRING VET

Dr. Edouard Marchal

INVOICE

52754

The left adrenal gland is prominent, presenting a maximum cross-sectional diameter of 11 mm.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

DATE

7-7-22

- Intracranial extraaxial strong contrast enhancing mass originating from the pituitary fossa with mild edema of the surrounding brain parenchyma
- History of dorsal laminectomy L7/S1
- Tubular mass following the left spinal nerve level L7 without extraforaminal extend
- Left sided adrenomegaly



PATIENT

- Spondylosis deformans L7/S1

Jude Knight

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

The mass originating from the pituitary fossa is compatible with neoplastic transformation of the pituitary gland and adenoma or carcinoma need to be considered. Functional neoplasm of the pituitary gland is a plausible explanation for the hyperadrenocorticism with secondary adrenomegaly

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Due to the abrupt margins of the mass, I consider the odds of the tubular structure originating from the left spinal nerve L7 low and potentials include fat necrosis, granulation tissue formation or neoplastic disease (e.g. myxopapillary ependymoma, round cell tumor, sarcoma). If the mass is originating from the spinal nerve, neuritis or peripheral malignant nerve sheath tumor need to be considered) – would also expect clinical signs to be more accentuated in the left hind limb. Surgical biopsy could be used as advanced diagnostic test.

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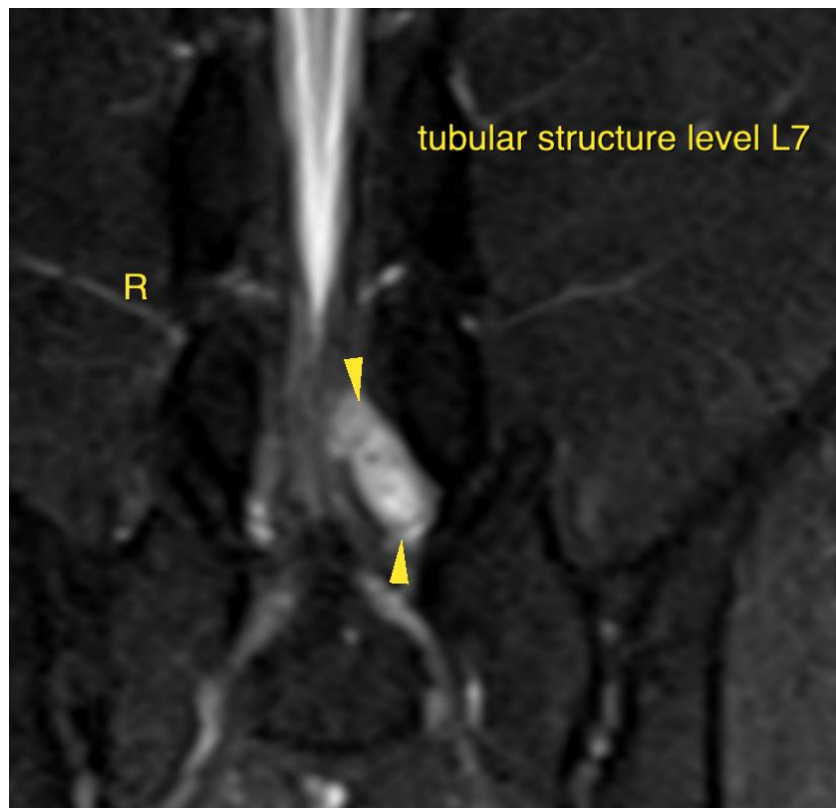
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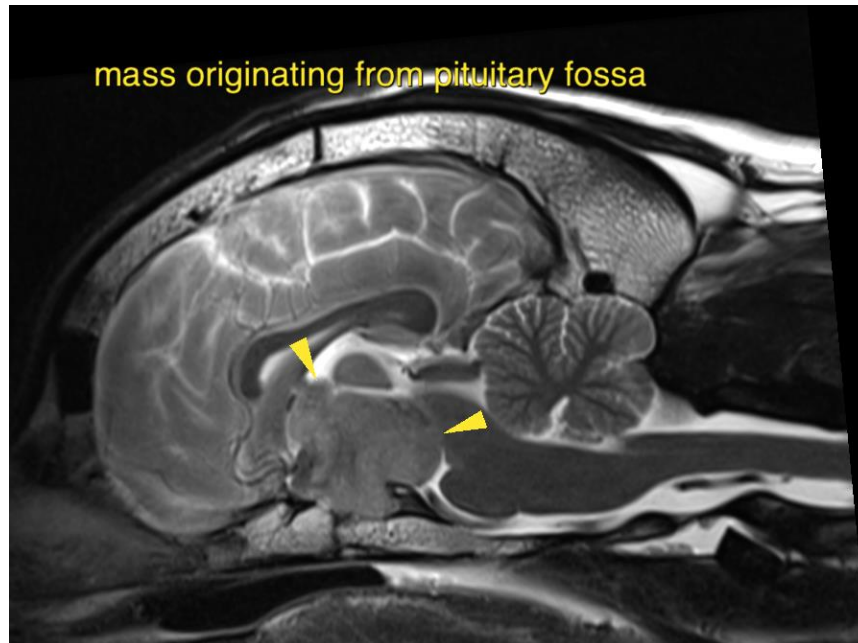
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com