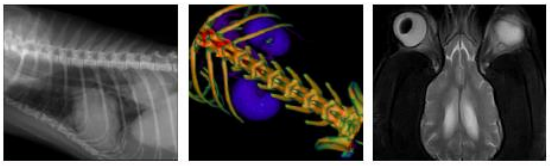


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Colin Brooks

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3.5 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Alison Little

INVOICE

23994

DATE

8/18/23

PRESENTING CLINICAL SIGNS

History: 1.5 yr of progressive pelvic limb ataxia. Initially he was able to jump onto furniture and only his pelvic limbs were affected. Since his exam in Feb 2023, he is now unable to jump onto furniture and seems painful (vocalizes more frequently). His ataxia is getting worst. He is still able to urinate and defecate. He still has a good appetite and otherwise seems like himself. On neuro exam, he is ambulatory with marked cerebellar ataxia and tetraparesis (significantly worst in the pelvic limbs). Titubates at rest. Proprioception is normal in all limbs and there was no pain elicited along the spine. Bloodwork is unremarkable. Neurolocalization: cerebellar vestibular

MAGNETIC RESONANCE IMAGING OF THE SKULL

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

MAGNETIC RESONANCE IMAGING FINDINGS

The brain presents the expected anatomy and bilateral symmetry. In the medulla oblongate, in the region fo the lateral cuneate nucleus bilaterally a hyperintense signal is seen in T2 and FLAIR weighted images – no contrast enhancement is appreciated in the post contrast series. There is no evidence of abnormal meningeal enhancement.

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

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

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

MAGNETIC RESONANCE IMAGING DIAGNOSIS

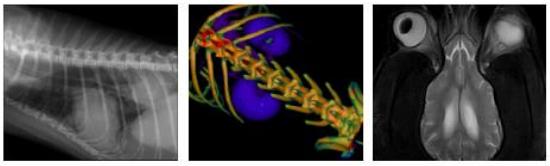
- Symmetric T2 & FLAIR hyperintensity region of the lateral cuneate nucleus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated lesions in the lateral cuneate nucleus bilaterally would be a plausible explanation for the presenting clinical signs. Potentials can include neuroaxonal dystrophy (can be associated with lesions along the spinal cord as well), metabolic disease (such as hypovitaminosis – such as Thiamin deficiency, but unusual distribution), (toxic). Overall, I consider the odds for congenital disorder high as no additional nuclei throughout the brain are affected.

SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Colin Brooks

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3.5 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

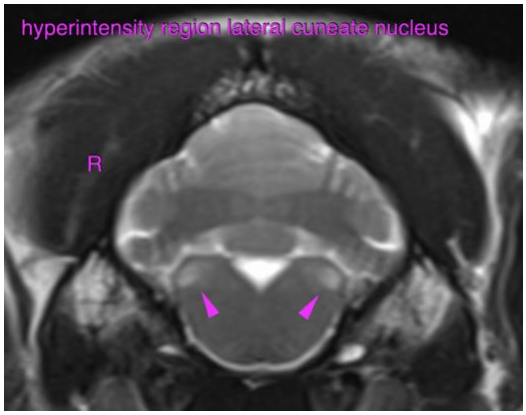
Dr. Alison Little

INVOICE

23994

DATE

8/18/23



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
info@sonopath.com