



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Pumbaa Hill  
**SPECIES** Feline  
**BREED** DSH  
**SEX** MN  
**AGE** 2 Years

Mentation: Bright, alert and responsive. Cranial nerve exam: No deficits noted. Gait/posture: Ambulatory with generalised moderate-severe tetraparesis and moderate generalised proprioceptive ataxia characterised by scuffing of the paws more lateralised to the left. Postural reactions: Proprioceptive positioning and hopping were absent in all limbs. Mild voluntary movement however noted on pelvic limbs. Spinal reflexes: Patellar reflexes absent bilaterally. Withdrawal reflex present on pelvic limbs only, and absent on thoracic limbs. Sensory/nociception: Mild hyperesthesia elicited with palpation along the mid-lumbar vertebral column. Other: Unable to elicit deep pain on pelvic limbs. umbaa, a 2 year old, MN Domestic Short Hair, presented to the AHP Neurology Service on August 19, 2021 for evaluation of pelvic limb weakness. Pumbaa clinical signs were first noted about a week ago and he was initially wobbly on the pelvic limbs, with significant muscle atrophy noted. He was seen to be unable to be jumping onto furnitures and appeared more lethargic. The weakness gradually progressed to the thoracic limbs. He was seen by his family veterinarian and on assessment he was seen to not being able to fully rise, severely ataxic, strong side to side movement when gaiting. Purposeful movement was noted on all 4 limbs. He has very delayed or permanent knuckling all 4. Spontaneous knuckling in thoracic limbs when trying to sit up/stand (stands up on carpii) and Weak or absent hopping all 4 limbs. Weak to absent withdrawal reflex in thoracic limb and brisk to increased withdrawal in hind limbs. There were concerns about cranial nerve deficit as well.

Abnormal PE/Chem/CBC/UA Results:

**MAGNETIC RESONANCE IMAGING OF THE ENTIRE SPINE**

T1&T2 (DIXON) – pre- and post- contrast administration –in multiple planes are provided for review.

**MAGNETIC RESONANCE IMAGING FINDINGS**

The intervertebral disc C4/C5 is mildly protruding into the vertebral canal, compressing the ventral epidural space at the same level and is in contact with the spinal cord.

The remainder of the cervical spine, the thoracic spine and lumbar spine are within normal limits.

The thymus is appreciated in the cranial mediastinum and has a normal size and shape.

**MAGNETIC RESONANCE IMAGING DIAGNOSIS**

- Mild intervertebral disc protrusion C4/C5 without compressive myelopathy
- Visible thymus
- Structural normal thoracic & lumbar spine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The MR study presents no macromorphological abnormality, explaining the progressive paresis. Rule out neuromuscular dysfunction (e.g. polyradiculoneuropathy), infectious disease of the CNS (e.g. Toxoplasma, Neospora spp.) . In case of polyneuropathy, progressive paresis can affect the respiratory muscles. Complementing workup by nerve conduction velocity would be ideal as an advanced diagnostic test, if applicable.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
 Partners

**REFERRING VET**

Dr. Marchal

**INVOICE**

47053

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8-19-21



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The visible thymus is likely an age related normal, however, to rule out underlying malignancy ultrasound guided FNA sampling can be tried.

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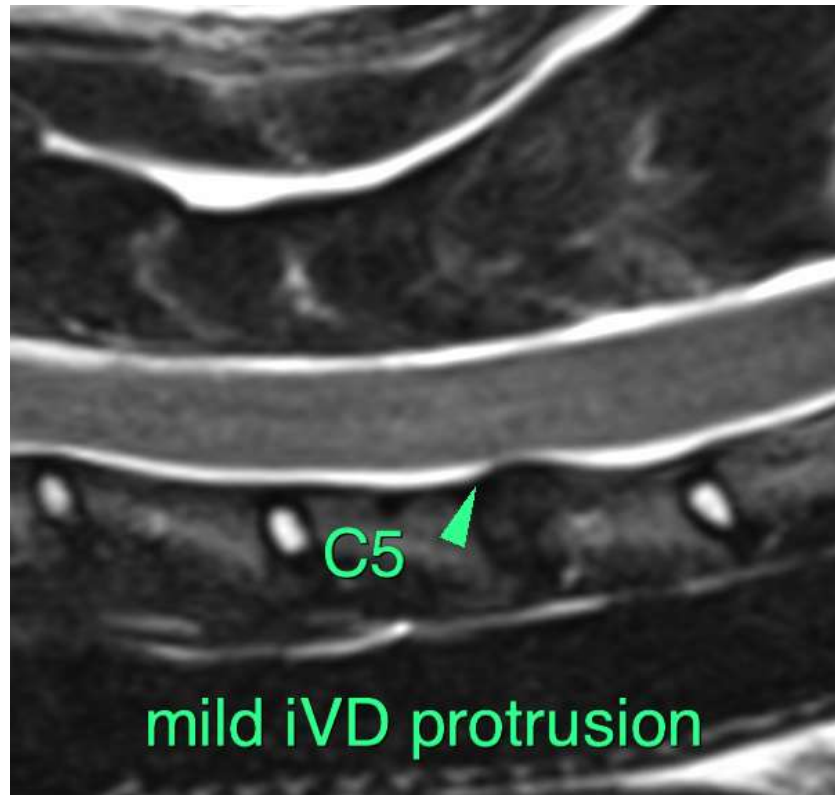
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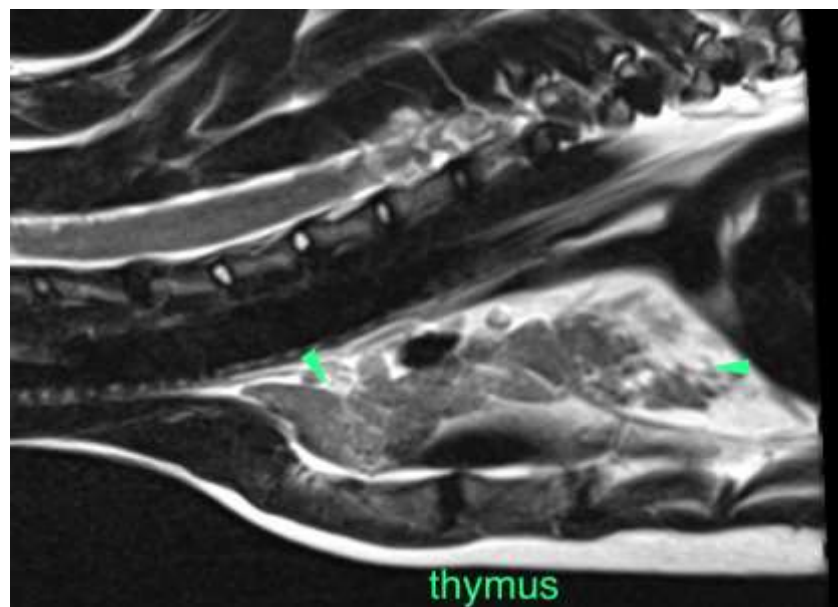
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**SPECIES**

Feline

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