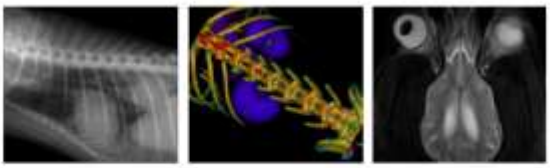

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Paula Messone

SPECIES

Canine

BREED

French Bulldog

SEX

MN

AGE

5 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Marchal

INVOICE

47166

DATE

8-28-21

PRESENTING CLINICAL SIGNS

Mentation: Bright, alert and responsive. Cranial nerve exam: No deficits noted. Gait/posture: Minimally Ambulatory with severe proprioceptive ataxia on the pelvic limbs and severe paraparesis characterised with significant hip swaying, erratic inability to place paw during ambulation. Bilateral rigid flexor of the thoracic limbs noted. Tensed medial thigh msucles Postural reactions: Proprioceptive positioning and hopping were absent in pelvic limbs. Spinal reflexes: Increased patellar (UMN) and normal withdrawal reflexes. Sensory/nociception: No hyperesthesia elicited with palpation along the vertebral column. Other: Cutaneous trunci cuts off at L2 bilaterally, and limited range of motion of the neck. Rads taken 3 years ago taken, showed h calcifications in the spinal cord and hemivertebrae. Has been having neurological deficits on and off and also no good control of the bladder Signs have progressed to the worst - episodes of deficits last longer, latest one is lasting for 3 weeks and counting start with pain, cannot control back leg He has been to physical therapy, acupuncture. Since last tuesday has been medicated with gabapentin no other concurrent medications Obdulio, a 5 year old, MN French Bulldog, presented to the AHP Neurology Service on August 27, 2021 for evaluation of pelvic limbs ataxia. Obdulio was seen at previous family veterinarian outside of Canada after showing gait deficits for the first time 3 years ago. Radiographs taken at that time showed calcifications in the spinal cord and hemivertebrae. He has been having intermittent signs of pelvic limb weakness

MAGNETIC RESONANCE IMAGING OF THE THORACIC & LUMBAR SPINE

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

MAGNETIC RESONANCE IMAGING FINDINGS

A generalized moderate to complete loss of the in fluid sensitive sequences hyperintense signal of the nucleus pulposus is visible.

T5 to T10 present as hemivertebra.

The intervertebral discs C6/C7, T12/T13, L1/L2, L2/L3 and L4/L5 are mildly protruding into the vertebral canal, compressing the ventral epidural space at the same level.

Level with L3/L4 a mild amount of extruded hypointense disc material is seen in the left ventral aspect of the spinal cord, extending cranially up to the level of the cranial third of the vertebral body of L3. Level with L3/L4 the spinal cord has a mild hourglass conformation and a small T2 hyperintense lesion is visible in the right lateral aspect of the spinal cord measuring 1.8 x 0.9 x 0.9 mm in size. No pathological contrast enhancement is appreciated

Level with the intervertebral disc space L5/L6 hypointense disc material is protruding into the mid ventral vertebral canal, occupying approximately 50% of the height of the vertebral canal at the same level causing splaying of the proximal segments of the cauda equina fibers and displacing the medullary cone dorsally.

A separate left & right caudal vena cava of the prerenal segment is visible.

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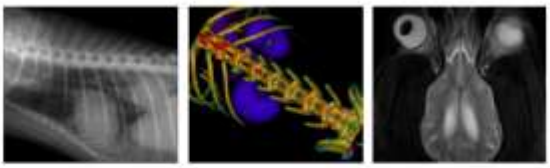

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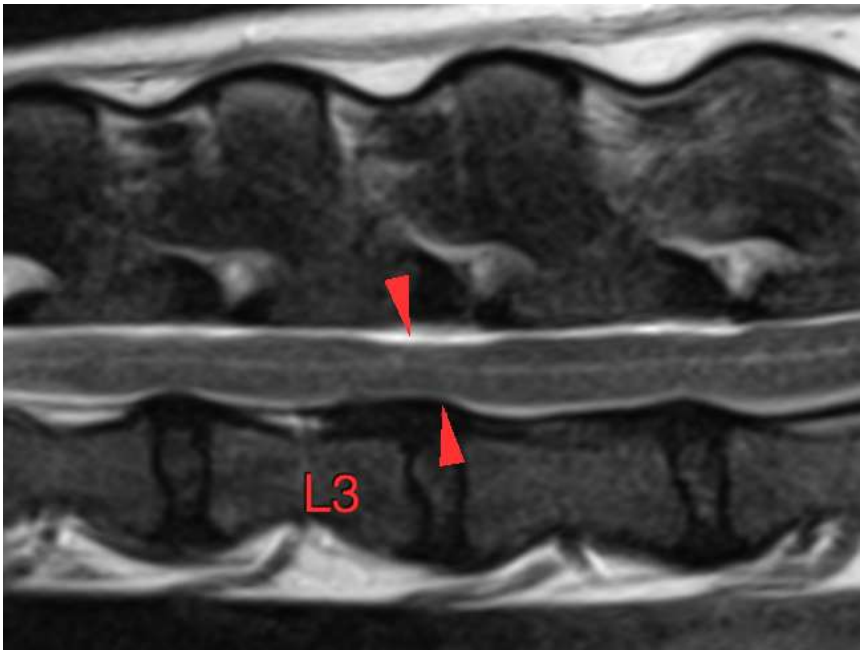
MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Intervertebral disc protrusion L5/L6 with dynamic myelocompression
- Chronic mild intervertebral disc extrusion L3/L4 with potential dynamic spinal cord compression and segmental spinal cord atrophy and intramedullary T2 hyperintense region
- Intervertebral disc protrusion C6/C7, T12/T13 and L1/L2, L2/L3 and L4/L5 without compressive myelopathy
- Multiple hemivertebra thoracic spine
- Generalized degenerative disc disease along the thoracic & lumbar spine
- Double caudal vena cava

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The chronic intervertebral disc extrusion L3/L4 is considered chronic, and the segmental hourglass conformation indicates segmental atrophy of the spinal cord with local gliosis/'myeloclastic' lesion likely secondary to chronic discopathy, these changes are irreversible and can contribute to neurological deficits. The intervertebral disc protrusion L5/L6 is considered chronic as well and can be a source for pain. Acute on chronic disease might result in intermittent deterioration of clinical signs. Conservative management with physical therapy and pain-management is recommended. Ruling out pathology of the cervical spine should be considered as well.



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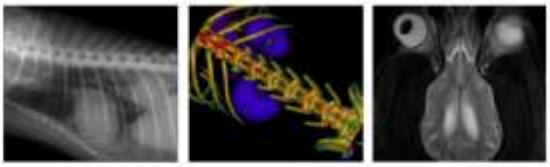

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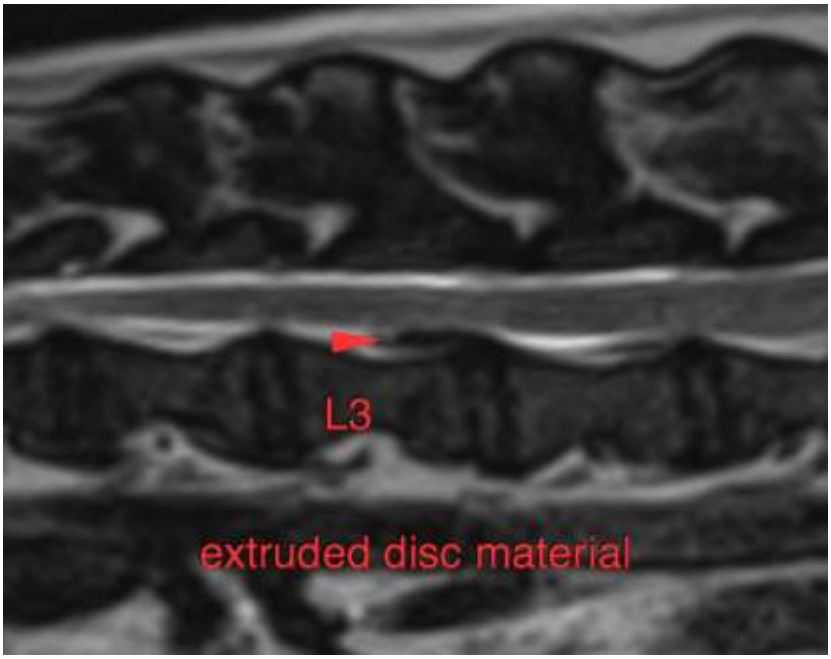

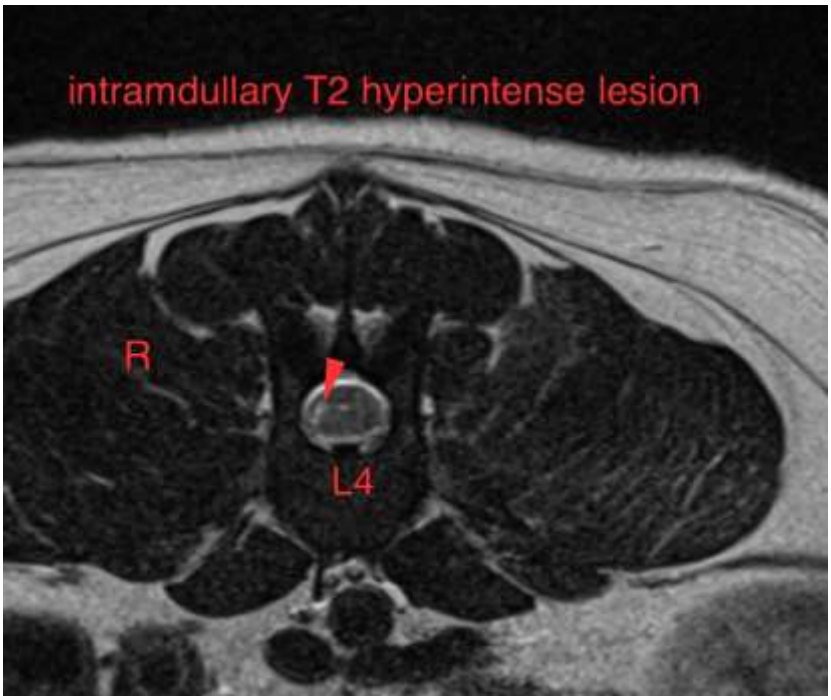

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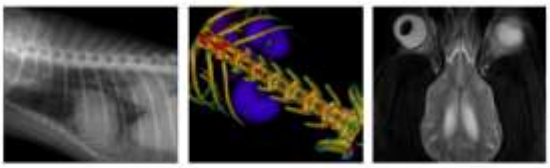

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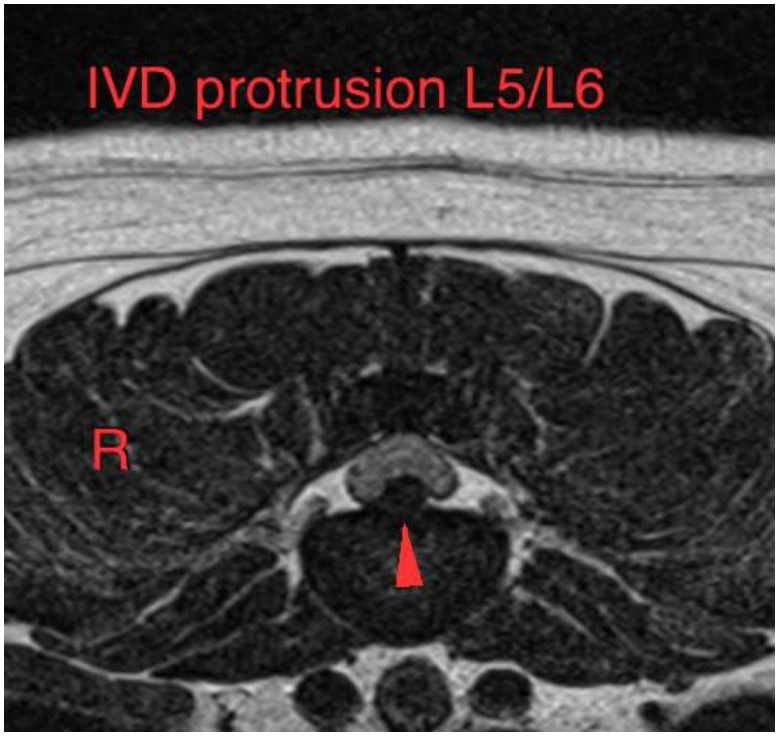

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com