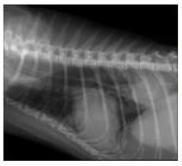
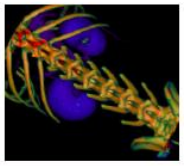
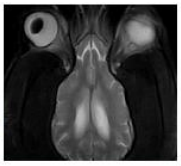

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1-800-838-4268 info@sonopath.com

PATIENT

Silver Tobe

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Marchal

INVOICE

12478

DATE

8/7/21

PRESENTING CLINICAL SIGNS

History: Cranial nerves: not assessed Proprioception: normal to delayed in LH but lame Gait: lameness - left hind Patellar reflex normal Withdrawls weak on LH 8/4: Yesterday evening around 6pm - acutely lame on LH -cried out when owners picked her up Did not eat all her dinner Owner recalls that may have jumped off the couch just prior but did not cry out at that time. Owner gave Gabapentin around 9:15pm Overnight seemed uncomfortable - not as interactive This morning hid under bed. Vomited a small amount last night - not highly unusual for her to vomit This morning no better and not wanting to walk around Not on any other medications.

Abnormal PE/Chem/CBC/UA Results: Analyzer Note: CK: Test results for the latest analyzer run have been multiplied by the dilution factor for a dilution of 1 in 10 total. CK 4006 U/L

MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE AND PELVIS/PROXIMAL HIND LIMBS

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

MAGNETIC RESONANCE IMAGING FINDINGS

The pictured caudal part of the right caudal lung lobe presents a irregular mass, partially included in the field of view. A mild amount of in fluid sensitive sequences hyperintense material is present in the pleural space.

Dorsal in the 12th left intercostal space a well-defined ovoid shaped in fluid sensitive sequences hyperintense lesion is visible.

Both kidneys present irregular margins.

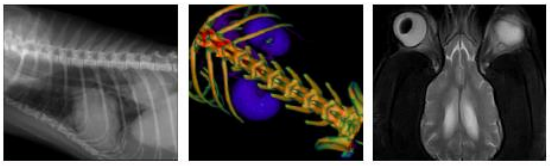
The intervertebral disc L5/L6 is mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level.

The right epaxial musculature lateral to L5/L6 presents a diffuse hyperintense signal in the fluid sensitive sequences. Post contrast administration a rim like contrast enhancement pattern of the hyperintense region is seen sparing a non-contrast enhancing center.

The lumbosacral intervertebral disc is moderately protruding into the vertebral canal, occupying approximately 50% of the cross-sectional area of the vertebral canal at the same level.

The intervertebral discs T12/T13, L1/L2, L5/L7 and L7/S1 present a moderate loss of htein fluid sensitive sequences hyperintense signal of hte nucleus pulposus.

The right quadratus femoris muscle presents diffuse contrast enhancing region and diffuse hyperintense signal in the fluid sensitive sequences.



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The caudal aspects of the left thigh musculature present multiple hyperintense regions in fluid sensitive sequences as well as mild contrast enhancement.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Pulmonary mass right caudal lung lobe
- Suspect mild pleural effusion
- Degenerative lumbosacral stenosis
- Focal intramuscular T2 hyperintense contrast enhancing lesions left intercostal muscles 12th intercostal space, level L5/L6, right quadratus femoris muscle and caudal thigh musculature left hind limb
- Mild intervertebral disc protrusion L5/L6 without compressive myelopathy
- Multifocal degenerative disc disease
- Chronic nepropathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the pulmonary mass partially included in the field of view and primary pulmonary neoplasia is considered likely here – such as bronchogenic/bronchoalveolar carcinoma. Recommend thoracic radiographs and ultrasound guided FNA sampling might be feasible for further definition.

The muscular lesion can present muscular metastasis, due to the acute onset of clinical signs myositis either infectious (e.g. Neospora, Toxoplasmosis) or traumatic are a plausible differential. Consider ultrasound guided FNA sampling of the right epaxial musculature level L5/L6 and the muscular lesion dorsal in in the intercostal space T12/T13 to rule in/out neoplastic versus inflammatory origin.

A cardiac echo can be used to rule out thromboembolic source of the muscular lesions – considered unlikely.

The degenerative lumbosacral stenosis can be a source for pain but the acute onset of clinical signs is atypical.

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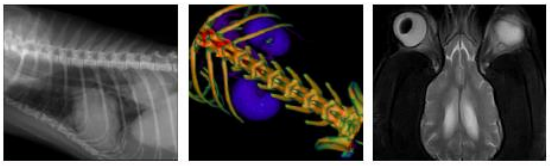

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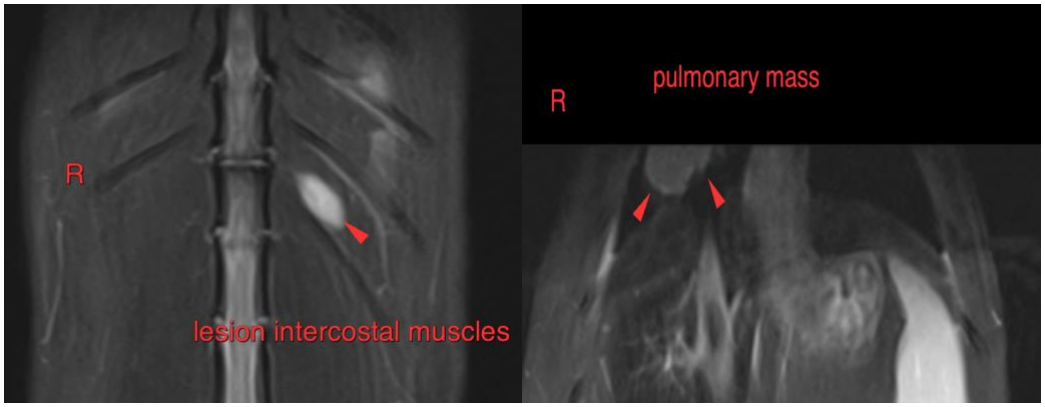

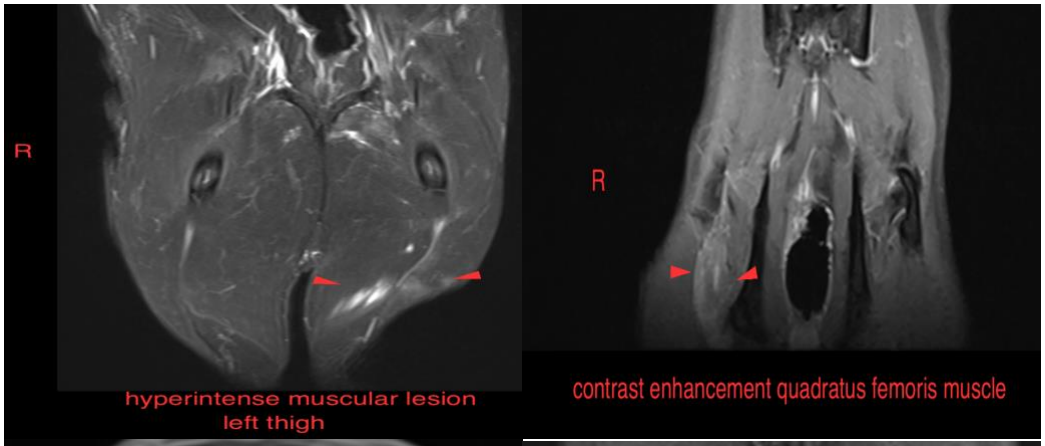

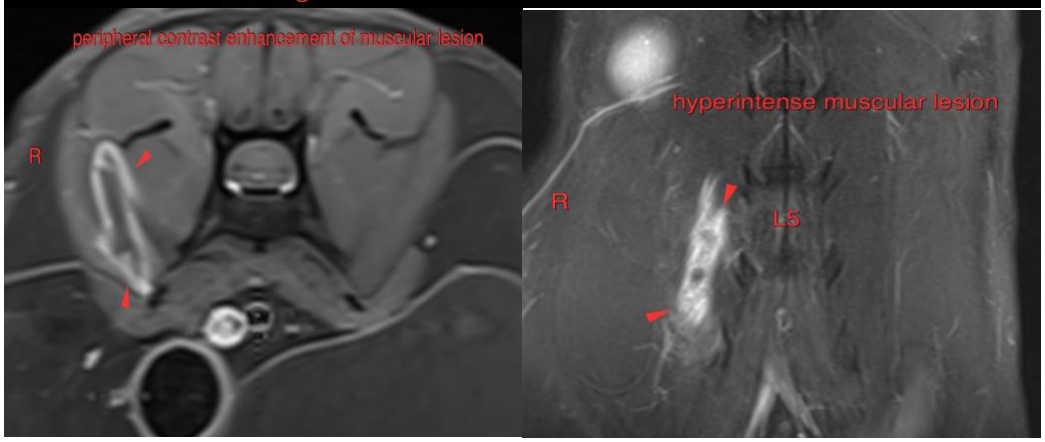

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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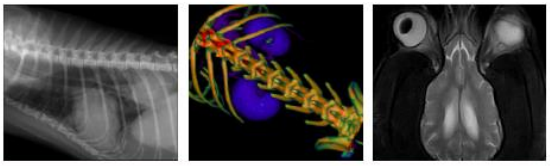

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