



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Obdulio Messone
SPECIES Canine
BREED French Bulldog
SEX Neutered Male
AGE 5 Years

History: 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 which has been resolved with conservative management. His last relapse was about 3 weeks ago, and from that time onwards he has not been able to have an improved gait. He has seen by his family veterinarian and was suspected to have a relapse of IVDD. Blood work done at that time was unremarkable.

Abnormal PE/Chem/CBC/UA Results:

MAGNETIC RESONANCE IMAGING OF THE THORACIC AND LUMBAR SPINE

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

MAGNETIC RESONANCE IMAGING FINDINGS

Level with the intervertebral disc space C6/C7 mild heterogeneous T2 hypo- to mild hyperintense extruded disc material is visible in the vertebral canal extending cranially up to the mid aspect of the vertebral body of C6 and caudally to the mid aspect of the vertebral body of C7. The extruded disc material is compressing the ventral epidural and subarachnoidal space.

The thoracic spine presents multiple hemivertebra.

INTERPRETED BY

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

A mild amount of extruded disc material is visible level with the intervertebral disc space L3/L4 extending mildly cranially over the vertebral body of L3; the right lateral aspect of the spinal cord presents a small well-defined T2 hyperintense intramedullary lesion at the same level measuring 2 mm in size.

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The intervertebral disc L5/L6 is moderately protruding into the mid ventral vertebral canal, occupying approximately 20% of the cross-sectional area. A mild protrusion of the intervertebral discs L1/L2, L2/L3 and L4/L5 into the vertebral canal is noted, mildly distorting the spinal cord at the same level. Along the thoracic and lumbar spine, a generalized loss of the in fluid sensitive sequences hyperintense signal of the nucleus pulposus is noted.

REFERRING VET

Dr. Marchal

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

Post contrast administration no pathological distribution of contrast media is appreciated.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

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13154

DATE

9/16/21

- Intervertebral disc protrusion L5/L6 with compressive myelopathy
- Suspect mild intervertebral disc extrusion L3/L4 without compressive myelopathy and a T2 hyperintense intramedullary lesion at the same level
- Intervertebral disc protrusion L1/L2, L2/L3 and L4/L5 with possible dynamic spinal cord compression
- Chronic intervertebral disc extrusion C6/C7 with possible dynamic spinal cord compression



- PATIENT**
- Multiple hemivertebra thoracic spine
 - Double caudal vena cava, prerenal segment

Obdulio Messone

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES
Canine

Acute on chronic intervertebral disc disease level L5/L6 might explain the intermittent deterioration of clinical signs. However, the protrusion L5/L6 is likely chronic and the risks and chances of surgical decompression versus conservative management – including professional physical therapy – has to be based on the neurological status of the patient. I suppose conservative management will be most rewarding but if there is deterioration of clinical signs.

BREED
French Bulldog

There is evidence of mild intervertebral disc extrusion L3/L4 and the intramedullary hyperintense lesion is suggestive for gliosis indicating chronicity of the lesion.

SEX

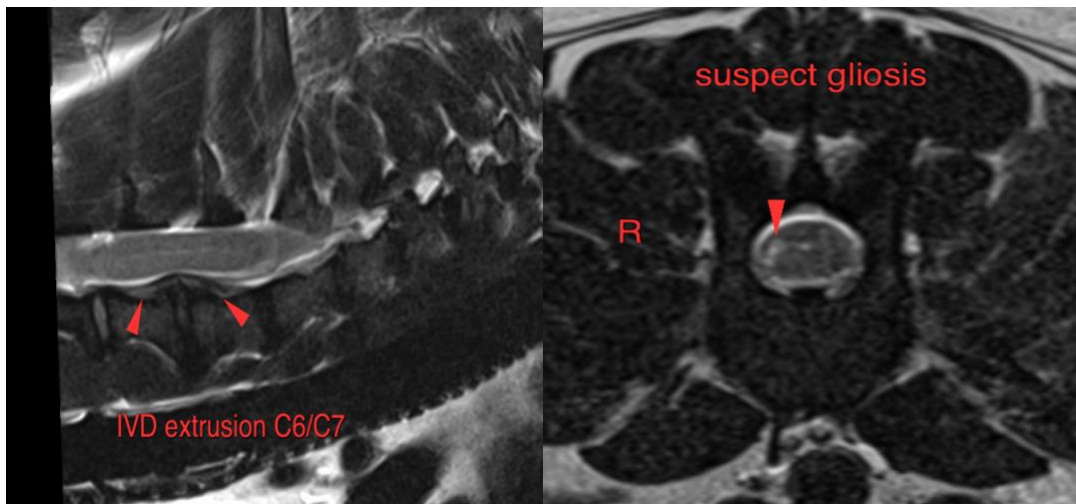
Neutered Male

AGE

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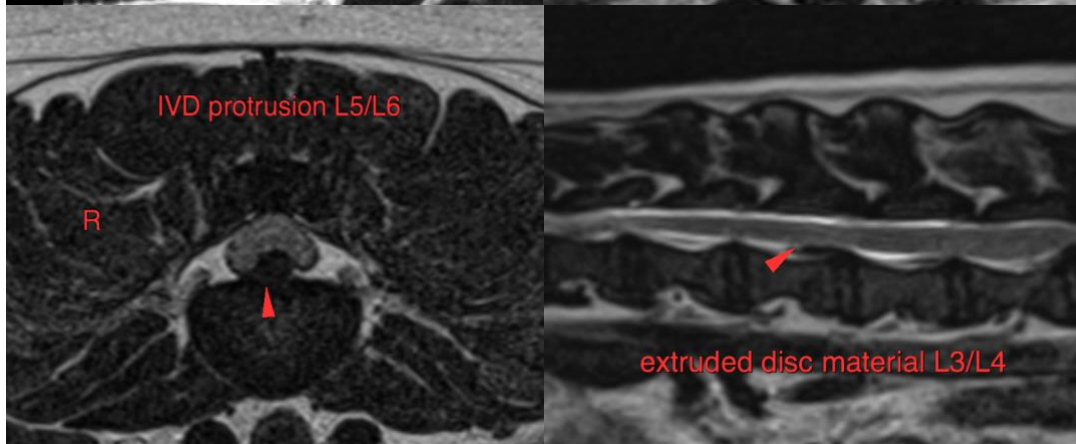


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Obdulio Messone

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

Canine

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