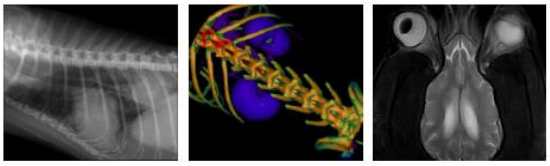

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Moose Lewin

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

M

AGE

3 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Stephanie Lovell

INVOICE

54317

DATE

9-27-22

PRESENTING CLINICAL SIGNS

3yo MN yorkie presented for abnormal gait (fell off the bed the night before but seemed ok); Exam: BAR no cranial nerve deficits, ambulatory with subtle generalized proprioceptive ataxia, no proprioceptive positioning deficits, but left thoracic limb hopping response is exaggerated, hypermetric pelvic limb gait (L>R); mildly tense on cervical palpation but good ROM in neck (nose to chest in all directions), neurolocalization: caudal fossa. CSF cell count 4.8 (mild blood contamination) microprotein to idexx

MAGNETIC RESONANCE IMAGING OF THE SKULL

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

MAGNETIC RESONANCE IMAGING FINDINGS

The brain presents the expected anatomy and bilateral symmetry with normal signal intensity and contrast enhancement. There is no evidence of abnormal meningeal enhancement.

The medulla oblongata level with the foramen magnum, presents a focal T2 and FLAIR hyperintense ill-defined signal. In the diffusion weighted images, there is image distortion at the same level, limiting diagnostic value. Post contrast administration, no contrast enhancement of the respective region is appreciated.

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.

In the pictured parts of the cervical spine and thoracic spine, moderate widening of the central canal of the spinal cord is appreciated, measuring 3.1 mm in diameter.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Intraaxial T2 and FLAIR hyperintense lesion medulla oblongata
- Hydromyelia along the cervical & thoracic spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intraaxial T2 and FLAIR hyperintense lesion in the caudoventral aspect of the medulla oblongata in combination with the acute onset of clinical signs can be a sequela to ischemia or represent edema to meningoencephalitis of unknown origin versus infectious origin (e.g. tick born encephalitis).

The clinical relevance of the hydromyelia for the acute clinical signs is unclear.

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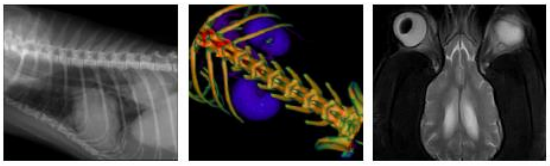

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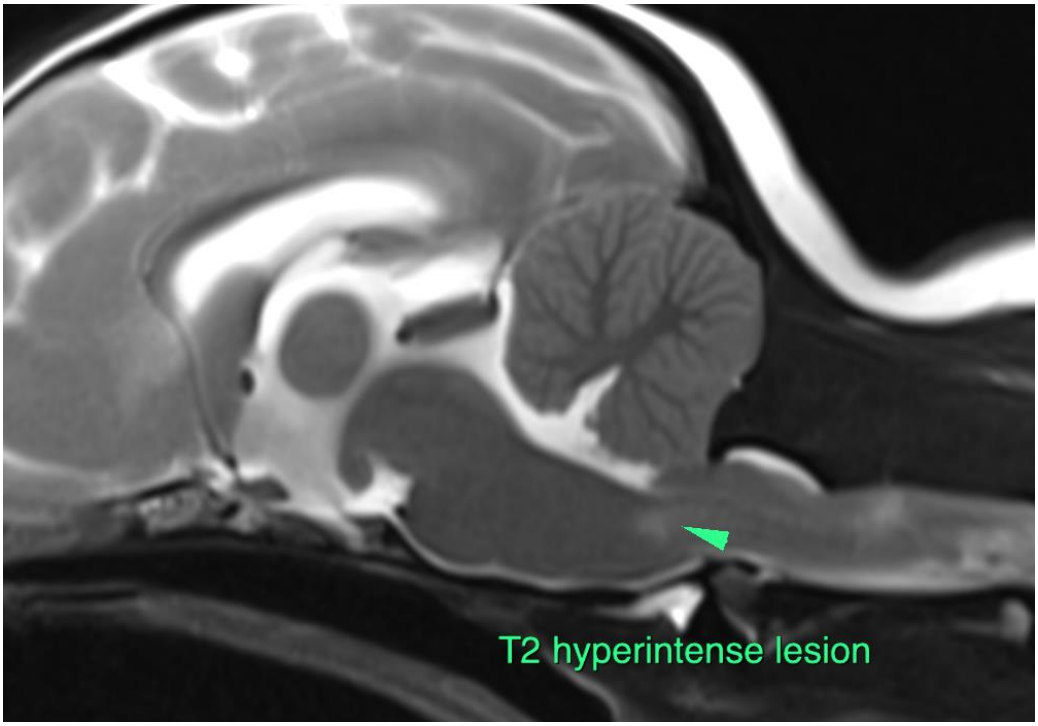

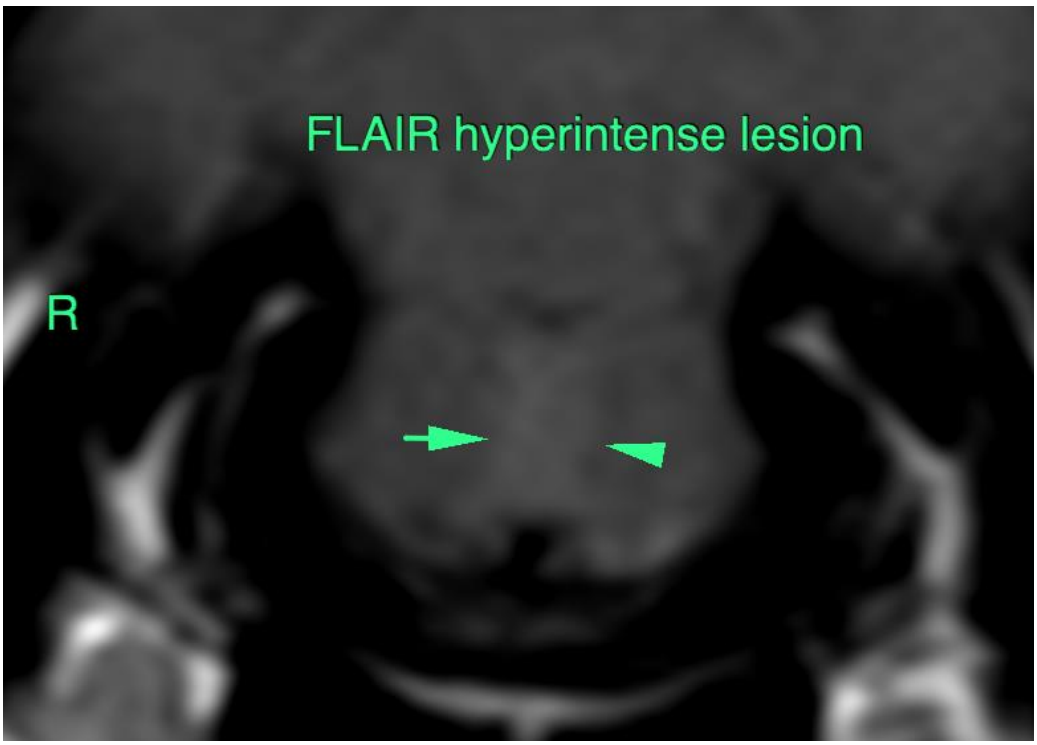

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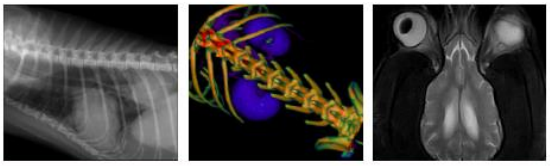

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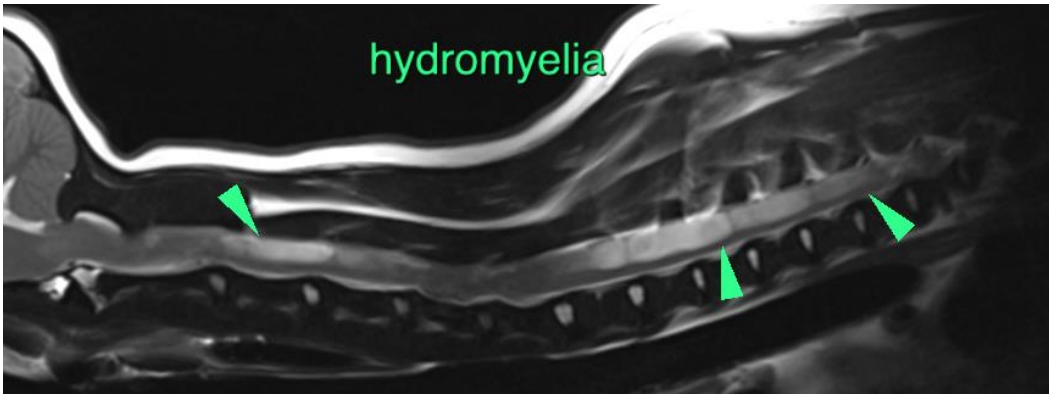

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com