SonoPath Teleradiology

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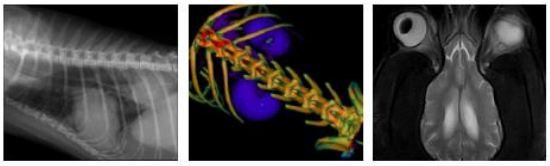

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Diamond Dog Tales Rescue

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

7 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Greg Kilburn

INVOICE

54030

DATE

9-8-22

PRESENTING CLINICAL SIGNS

history right ccl rupture. acute lameness/inability to walk yesterday
Abnormal PE/Chem/CBC/UA Results: Gait/posture: Ambulatory with PL paresis and no obvious ataxia. Occ spont knuckling on Right pelvic limb. Postural reactions: Proprioceptive positioning absent in PL's Spinal reflexes: Flexors M3 dec in PL's

MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE

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

MAGNETIC RESONANCE IMAGING FINDINGS

Centered on the right facet joint L3/L4, a T2 and STIR strong hyperintense and T1 to the spinal cord isointense, mass is bulging into the vertebral canal and right epaxial musculature at the same level; the mass is occupying approximately up to 75% of the cross-sectional area of the vertebral canal at the same level. The spinal cord level L3/L4 is deviated to the left and ventrally and compressed. Post contrast administration, the mass centered on the right facet joint L3/l4 presents strong, peripherally accentuated contrast enhancement.

The intervertebral discs T11/T12 – T13/L1, L4/L5 – L7/S1 are mildly protruding into the vertebral canal distorting the ventral epidural space at the same level.

The right epaxial musculature level L5/L6 presents a STIR hyperintense zone with mild contrast enhancement and a decreased volume.

The vertebral endplates L7/S1 present moderate spondylosis formation.

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Extradural mass originating from the right facet joint L3/L4 and compressive myelopathy
- Suspect neurogenic segmental muscle atrophy right epaxial musculature L5/L6 with mild atrophy
- Mild intervertebral disc protrusion T11/T12 – T13/L1, L4/L5 – L7/S1 with possible dynamic spinal cord compression

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass originating from the right facet joint L3/L4 is consistent with primary neoplasia of the right facet joint, and the most likely differentials include sarcoma (e.g. myxosarcoma) or round cell tumor. Benign synovial myxoma can be a potential as well but is quite rare. Surgical decompression and removal of the mass appears as a feasible treatment option here.

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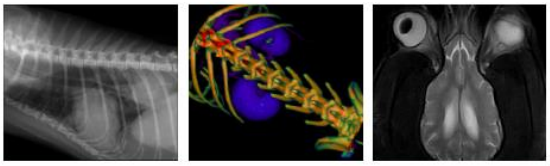

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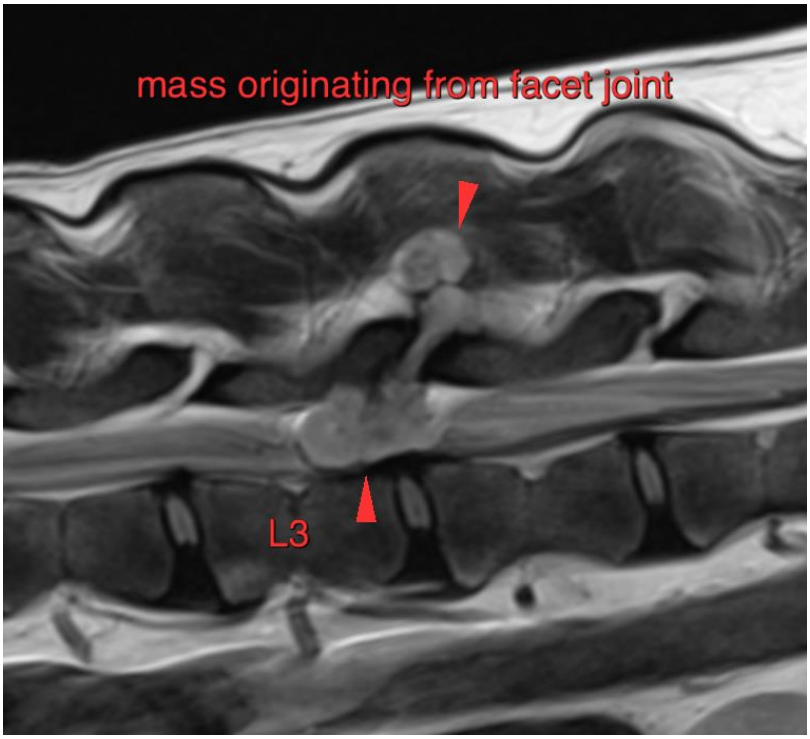

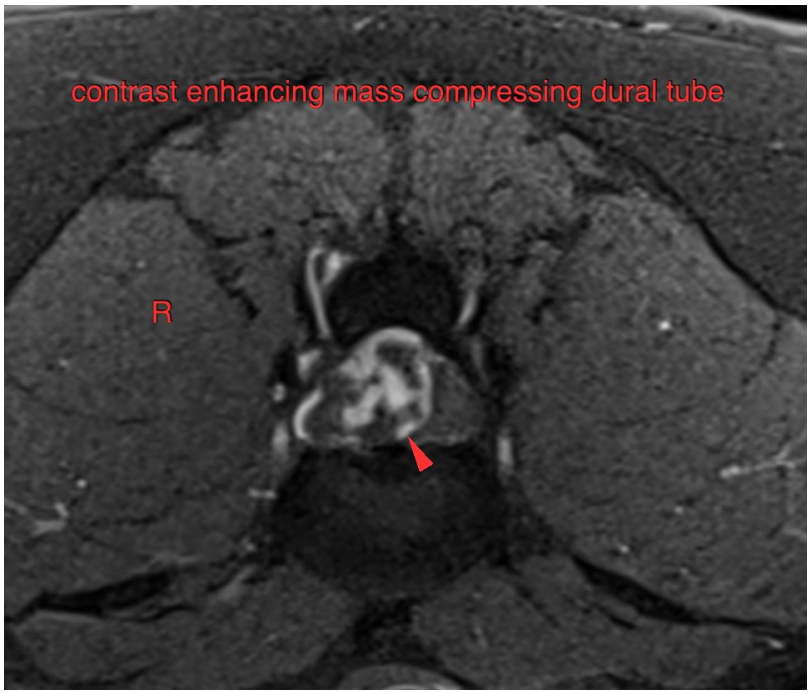

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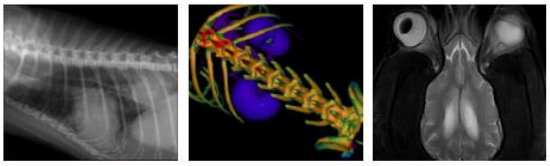

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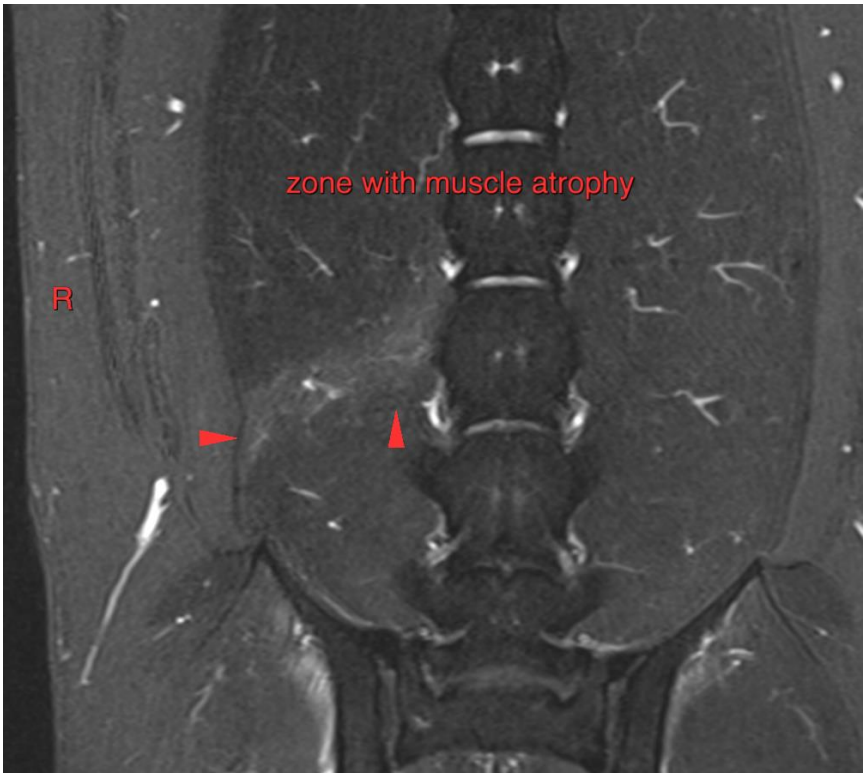

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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