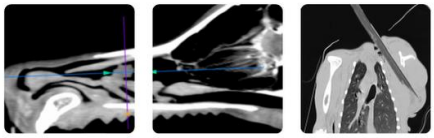

PATIENT

Chant Holt

SPECIES

Canine

BREED

Staffordshire Mix

SEX

Female Spayed

AGE

9Y

WEIGHT

47lbs

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Dr. Burge

HOSPITAL NAME

Wilson Veterinary Hospital

REFERRING VET

Dr. Vitale

INVOICE

74258

DATE

3-18-26

PRESENTING CLINICAL SIGNS

Progressive lameness, atrophy, and eventual knuckling on the left forelimb

COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC LIMBS - SHOULDERS

Pre- and post-contrast series of the thoracic limbs are provided for review. One pre- contrast series of the shoulder joints, bone algorithm. One post- contrast series of the shoulder joints, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

LEFT THORACIC LIMB

There is moderate, multifocal muscle atrophy affecting the cervical epaxial musculature (longissimus cervicis and capitis), as well as appendicular musculature, including the subscapularis and serratus ventralis muscles.

At the level of the left C6–C7 intervertebral foramen, there is effacement of the epidural fat with a suspected mildly elongated nodular soft tissue structure, which demonstrates subtle contrast enhancement relative to adjacent tissues.
At the level of the left C5–C6 intervertebral foramen appears slightly enlarged.

The scapulohumeral joint is within normal limits, with no evidence of joint effusion.

The scapula and humerus are unremarkable, with no evidence of aggressive osseous lesions.

RIGHT THORACIC LIMB

The regional soft tissues are within normal limits.

The scapulohumeral joint is unremarkable, with no evidence of joint effusion.

The scapula and humerus are within normal limits, with no evidence of aggressive osseous lesions.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate multifocal muscle atrophy involving the left cervical epaxial and shoulder girdle musculature. Differential diagnoses include consistent with neurogenic atrophy.
- Focal soft tissue lesion at the level of the left C6–C7 intervertebral foramen, characterized by epidural fat effacement and mild contrast enhancement and enlargement of the C5-6 intervertebral foramen. Due to the low contrast, the lesion is poorly delineated; however, there is suspicion of a nerve sheath lesion - tumor (e.g., peripheral nerve sheath tumor). Other neoplastic or inflammatory processes cannot be excluded.
- No evidence of primary articular or aggressive osseous disease in the shoulder joints.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The distribution of muscle atrophy, combined with the suspicion presence of a contrast-enhancing structure at the left C6–C7 neuroforamen and enlargement of the C5-6 neuroforamen, supports a neurogenic etiology, most likely involving the brachial plexus. The primary differential diagnosis is a

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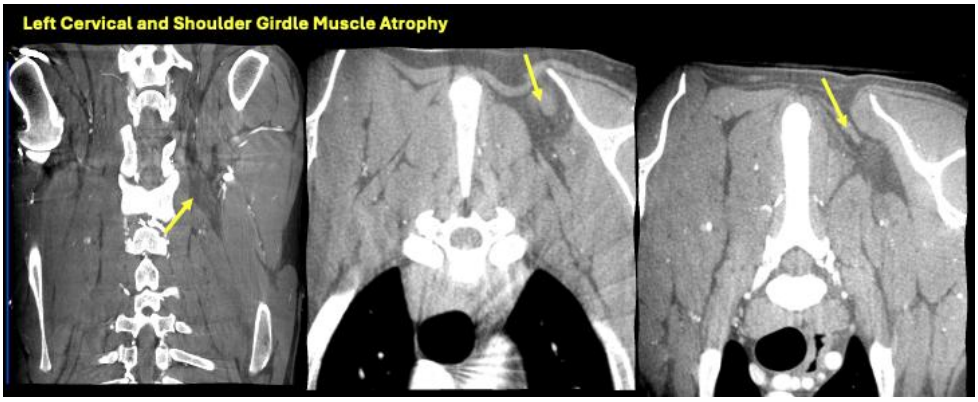
peripheral nerve sheath tumor. Other considerations include less likely inflammatory neuritis or other soft tissue neoplasia.

Computed tomography is limited in assessing the full extent of neural and spinal cord involvement, especially for mild enhancement structures with no significative mass effect. Magnetic resonance imaging (MRI) of the cervical spine and brachial plexus is strongly recommended for confirmation, for better characterization, assessment of intradural/extradural extension, and eventually surgical planning.



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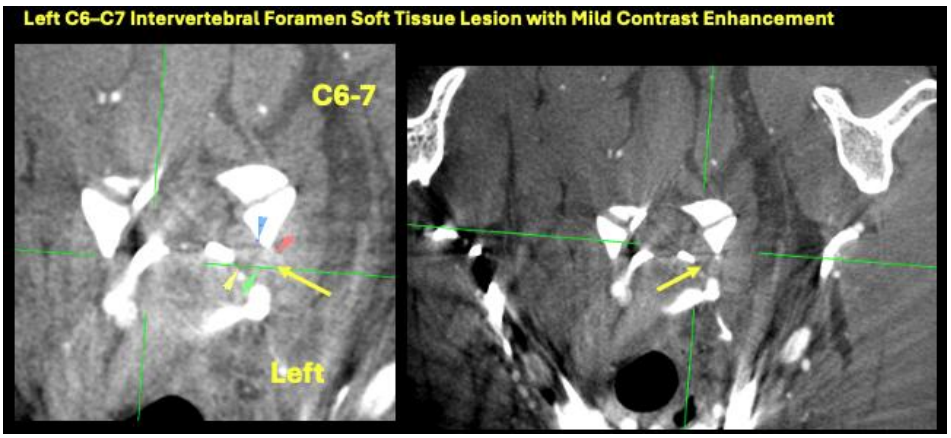

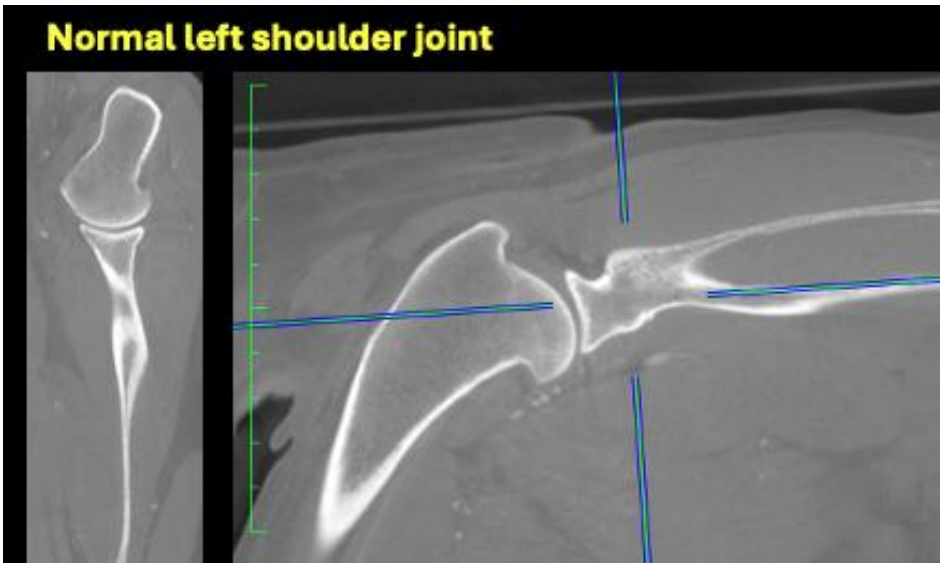

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com