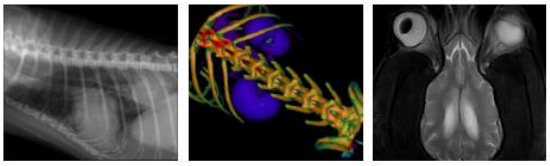


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Brembo Kerr

SPECIES

Canine

BREED

Staffordshire Bull Terrier

SEX

Male

AGE

9

INTERPRETED BY

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

HOSPITAL NAME

Colyton Veterinary Hospital

REFERRING VET

Chris Papantonio

INVOICE

58076

DATE

5-2-23

PRESENTING CLINICAL SIGNS

History according to owner of limping on LHL for a few weeks but got significantly worse in the last week. Had radiographs done at previous vet which showed no significant abnormalities. Was put on Meloxicam which has slightly helped. On exam today - walking with slight ataxia in LHL, the left hock is slightly collapsed or slightly plantigrade when compared to the right hock. This at stance and also at a gait. There is also significant muscle atrophy in the LHL when compared to the RHL. No stifle or hock pain, no stifle effusion, no cranial drawer, no pain with manipulation of hips. Proprioception deficits present in LHL - knuckling. The RHL is normal - no proprioception deficits Patella reflexes present in both hindlegs however the left stifle patella reflex seemed weaker than the right stifle patella reflex. The RHL had a normal withdrawl reflex however there was no withdrawl reflex in the LHL. Suspect a neurological lesion - neuro -localisation L4-S4 lesion possibly lateralised to the LHS. Ct scan performed - Native, Post IV Contrast and Post Myelogram.

COMPUTED TOMOGRAPHIC STUDY OF THE PELVIC LIMBS & SPINE

A pre- contrast, post-contrast CT and myelogram study of the thoracic, thoracolumbar, and lumbosacral spine is seen in 6 series. One pre- and one post-contrast transverse bone and soft tissue algorithms. Two post-myelogram studies series, soft tissue, and bone algorithm from T9 to caudal vertebras.

COMPUTED TOMOGRAPHIC FINDINGS

PELVIC LIMBS AND SPINE (T9-T13, L1-S1 and caudal vertebrae)

A moderate sized, well-demarcated ovoid to linear mass effect is seen in the left pelvic soft tissue. The lesion lies in the region of the sciatic nerve, leaving the region of the pelvis caudomedial to the hip joint, and follows distally and travels caudolaterally adjacent to the adductor, quadratus femoris, and semimembranosus muscles. Because of the format of the mass, it is difficult to measure; however, the ovoid portion measures approximately 2.6cm by 1.7cm. The mass has heterogeneous attenuation, with a hypoattenuating center and enhanced borders. No adjacent bone involvement.

There is moderate decreased muscle mass of left hind limb in comparison to the right.

The coxofemoral joints, stifle joints, tarsocrural, tarsal and metatarsal joints are unremarkable.

The digits of the pes are unremarkable.

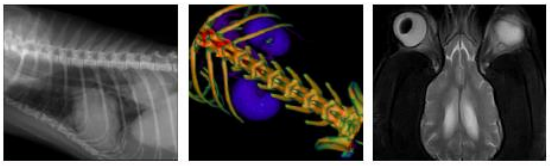
No aggressive osseous lesions are identified.

Normal spine alignment, normal vertebral bodies.

Bulging discs are seen at the level of T9-T10, L3-L4, and L7-S1.

At the level of L2-L3, within the ventral aspect of the canal, there is a minimal amount of attenuating material that mildly displaces the spinal cord.

CT Myelogram



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There is small focal thinning and minor reduction of the ventral line of the contrast medium appearance at the level of L2-L3.

There is thinning of the circumferential line appearance of the contrast medium at the level of T9–T10, at the edge of the exam, that could be a bulged disc or artifact.

Small gas spots are also seen in the epidural spaces adjacent to the lumbar vertebrae, which is iatrogenic.

The collimated abdomen is unremarkable.

COMPUTED TOMOGRAPHIC FINDINGS

- Heterogeneous soft tissue mass, adjacent and between, in the proximal portion of the left pelvic muscle tissue. The differential diagnosis includes neoplasms, for example, malignant nerve sheath tumors, malignant soft tissue sarcomas, and other sarcoma types of tumors.
- Left pelvic limb muscle mass disuse atrophy.
- Minor L2-L3 disc herniation in the lumbar spine, causing minor compression.
- T9-T10, L3-L4, and L7-S1 bulging discs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic finding of a soft tissue pelvic mass in association with the presented clinical signs indicates, as a primary differential diagnosis, a malignant nerve sheath tumor, and it is probably correlated to the sciatic nerve mass. A musculoskeletal ultrasound exam is suggested to try to reach the mass and obtain a fine needle aspiration. A FNA and/or biopsy is required for diagnosis. In addition, an MRI could be considered to evaluate the invasiveness of the mass. Other differential diagnosis neoplasms, less likely, include malignant fibrous histiocytoma, hemangiopericytoma, leiomyosarcoma, fibrosarcoma, myxosarcoma, or hemangiosarcoma. Thoracic radiography is also suggested to search for pulmonary metastases.

The identified disc herniation at L2-L3 is minor, and this likely does not correspond to the presented clinical signs.

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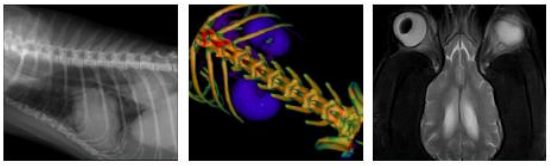

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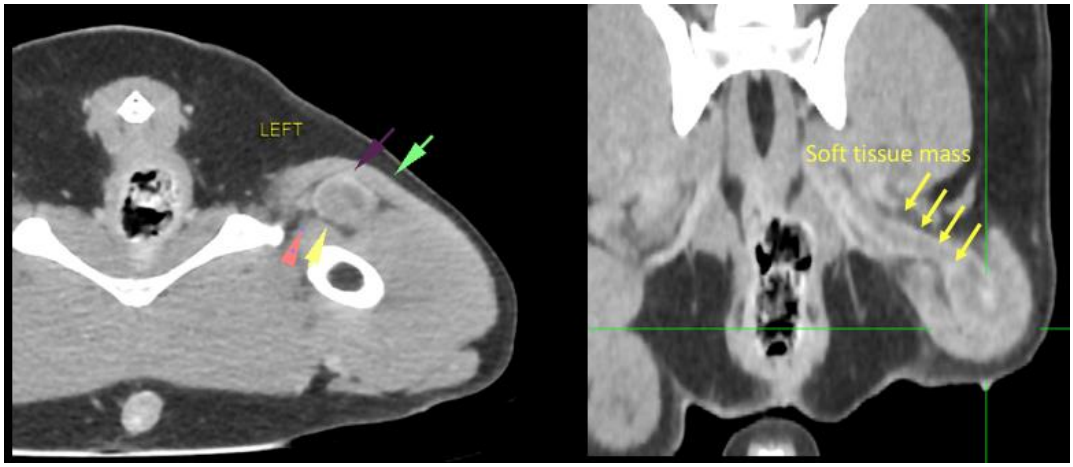

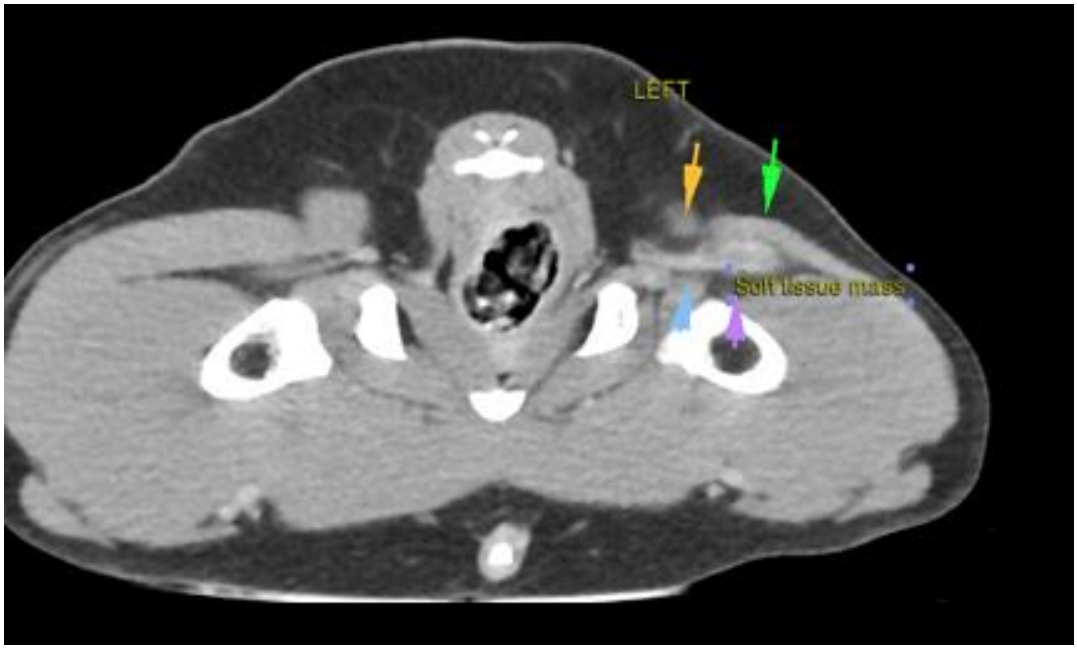

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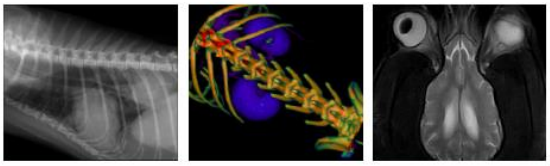

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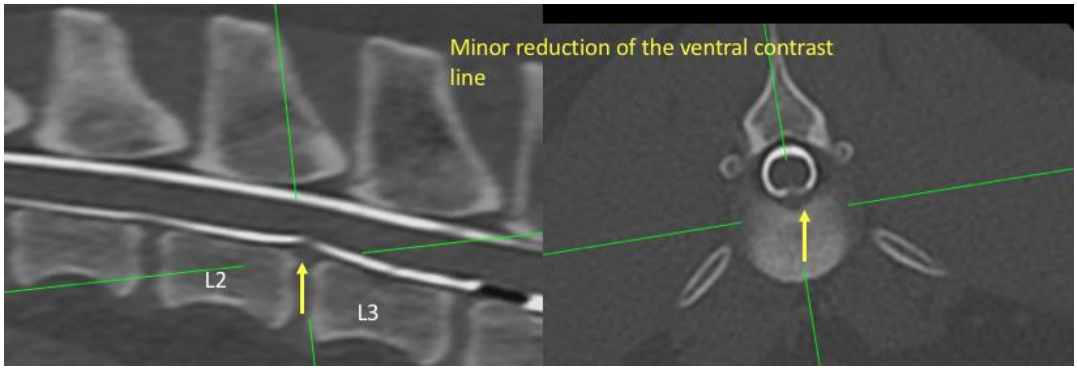

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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