

MAGNETIC RESONANCE IMAGING REPORT

REFERRING CENTER

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E-mail:
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PATIENT INFORMATION

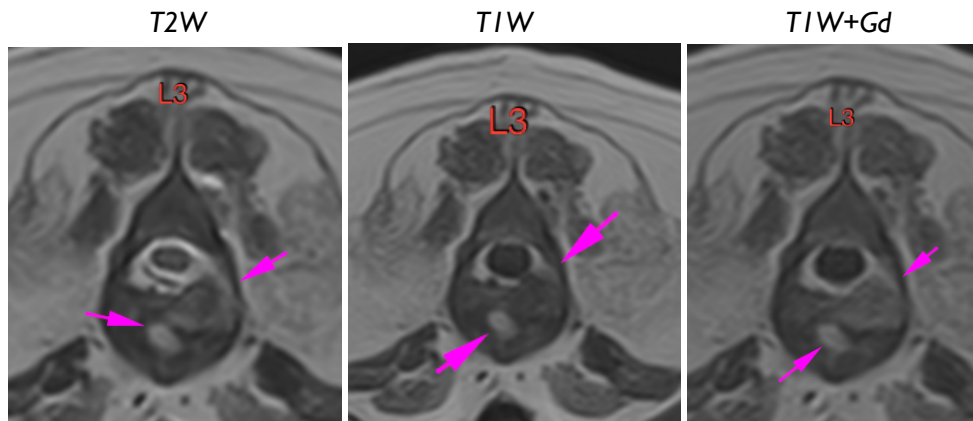
Owner: Patient's name:
Species: C Breed: Crossbreed Sex: M Age: 15y
History: Constant wheezing. Chronic lumbosacral and hip pain, with initial response to NSAIDs. Currently with no response.
Region: lumbar spine

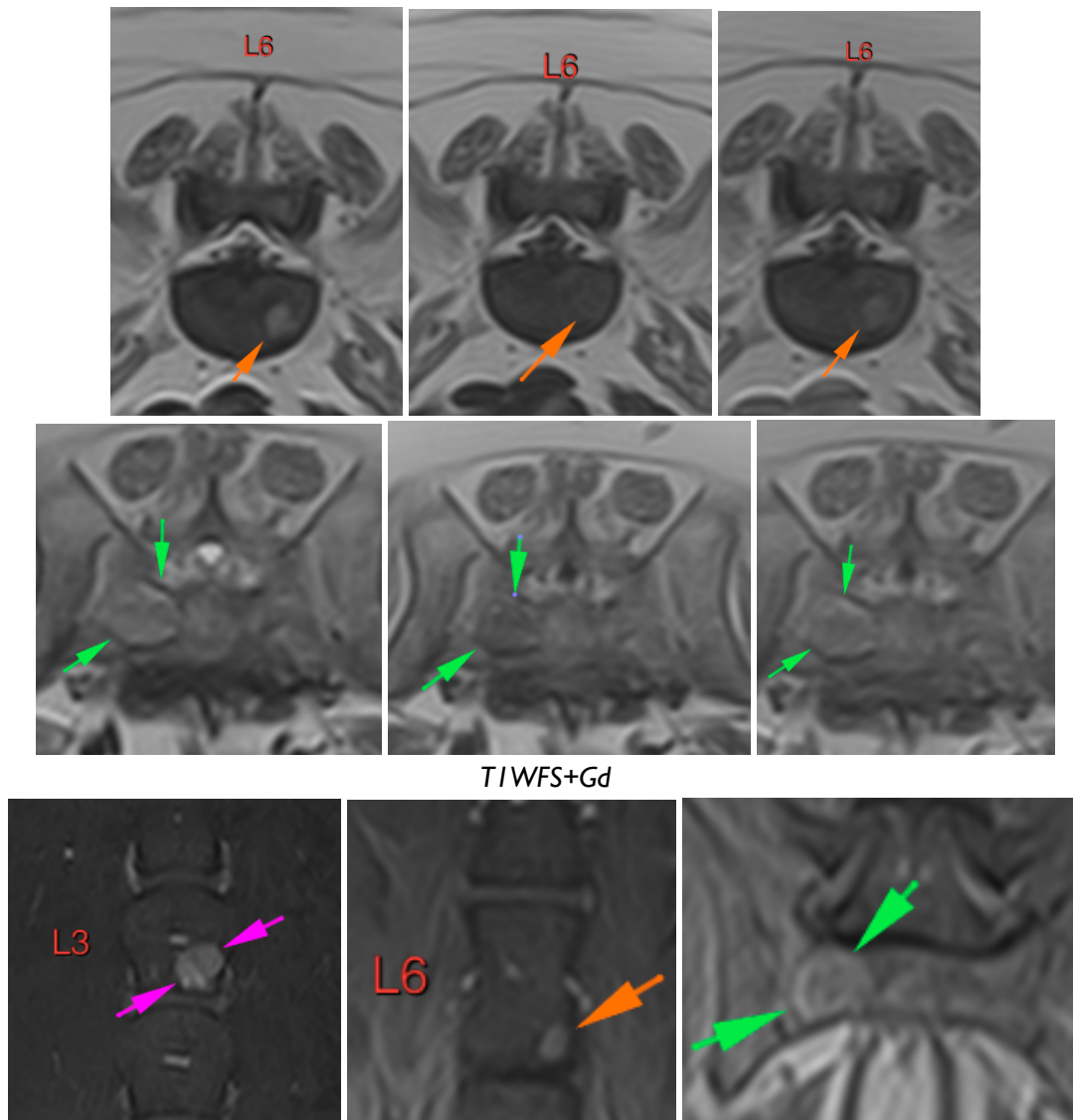
REPORT

Technical comments: MRI of the thoracolumbar spine. Sequences: sag (T2W, T1WFS+Gd); tra (T2W, T2*, T1W, T1W+Gd); cor (T2W, STIR, T1WFS+Gd).

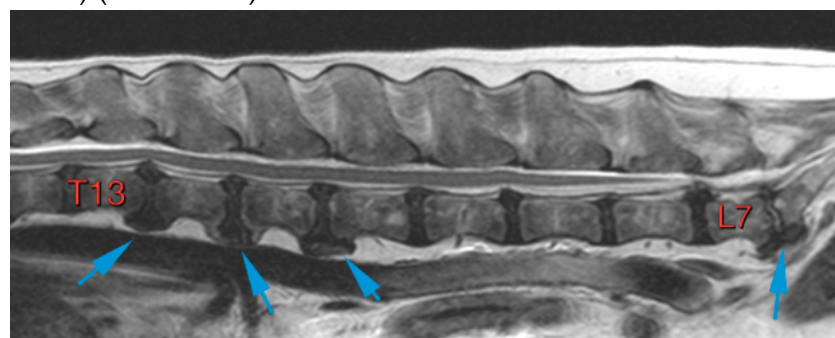
Report:

There are multiple bone lesions affecting different vertebrae, all showing similar characteristics. The lesions are well-defined, with slightly irregular margins, mixed signal intensity in T2W (predominantly hyperintense), iso/hypointense in T1W, markedly hyperintense in STIR, showing a moderate and homogeneous contrast enhancement, being markedly hyperintense in T1WFS+Gd. One of these lesions is located at the mid and caudal aspect of L3, extending along the left pedicle, with possible disruption/thinning of the cortex (pink arrows). The other 2 lesions are located at the left caudal aspect of L6 (orange arrows), and right cranial aspect of the sacrum (green arrows).

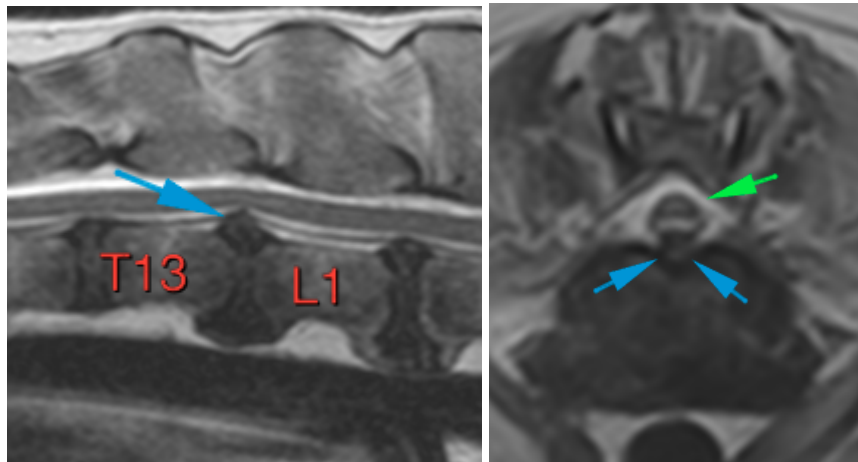




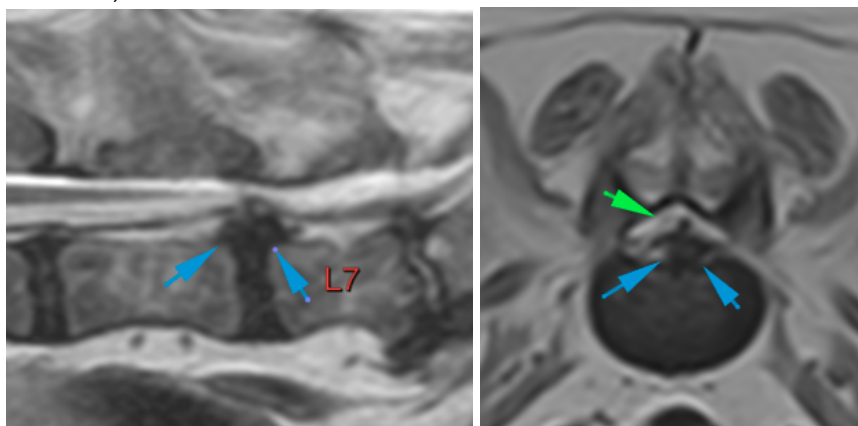
The intervertebral discs included show a complete loss of their hyperintense signal in T2W, appearing hypointense (dehydrated). There is an associated moderate ventral spondylosis (T13-L3 and L7-S1) (blue arrows).



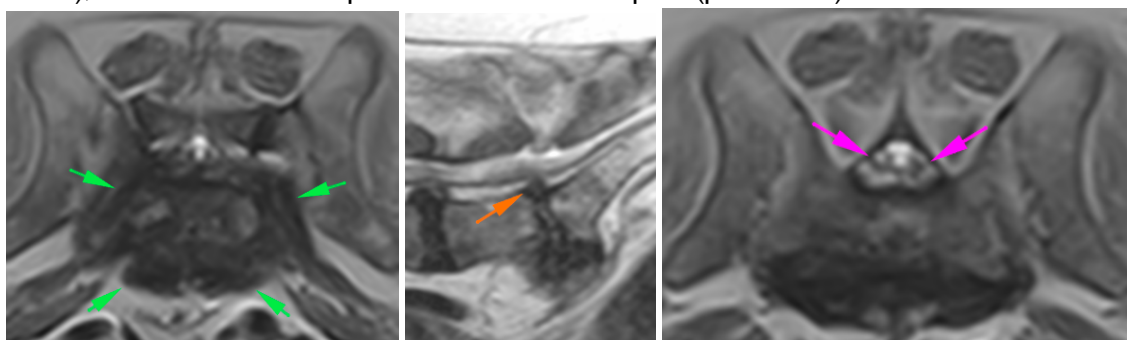
Multiple intervertebral discs protrude into the vertebral canal, causing effacement of the ventral epidural fat and subarachnoid space (T13-L1, L1-L2, L2-L3, L3-L4, L4-L5, L6-L7). At the level of T13-L1, the disc protrusion is moderate (blue arrows), causing a mild flattening of the spinal cord (green arrow), without evident compression.



At the level of L6-L7, the disc material is centrally located and slightly lateralized to the left (blue arrows), causing dorsal displacement and compression of the nerve roots of the cauda equina (green arrow).



At the lumbosacral junction, there is a moderate spondylosis, extending laterodorsally, causing stenosis of both intervertebral foramina (green arrows). The intervertebral disc slightly protrudes into the vertebral canal, causing a mild effacement of the ventral epidural fat (orange arrow), without evident compression of the cauda equina (pink arrow).



The paravertebral muscles do not show evident abnormalities.

Conclusions:

1. Polyostotic bone lesions in multiple vertebral bodies, can be consistent with neoplastic infiltration (bone metastasis, considering their characteristics and the remaining findings - see *CT report: thyroid mass*; others concurrent neoplasias, such as multiple myeloma or lymphoma, could also be possible). Other ddx, such as benign bone lesions, are less likely, even if it cannot be excluded.
2. Degenerative disc disease along the lumbar spine:
 - a. Moderate disc protrusion at L6-L7, causing moderate compression of the cauda equina.
 - b. Moderate disc protrusion at T13-L1, causing a mild flattening of the spinal cord, without evident compression.
3. Degenerative lumbosacral stenosis, with bilateral stenosis of the intervertebral foramina, without evident changes at the nerve roots, and mild disc protrusion, without compression of the cauda equina.

Comments: Sampling of the polyostotic bone lesions is recommended in order to reach a definitive diagnosis. As an alternative, monitorization of these lesions is advised for further assessment.

The polyostotic bone lesions and multifocal degenerative disc disease could be contributing to the clinical signs of the patient.

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