



VETCT
CONSULTANTS IN TELEMEDICINE

REPORTING SERVICE: CT

Report number: VETCT-12345

Report date:

Referring Veterinarian:

Referring Practice: South Devon Referrals

Email address:

Owner: Patient:

Species: Canine
months

Breed: Bernese Mountain Dog

Sex: Female Entire

Age: 9 years, 3

Associated cases:

Clinical History:

Right fore lame for about 10 days- gradually worsening. Now yelps at times and struggles to stand on leg at all. On questioning **seems to fall over at times** - owner thinks **painful in armpit**. Seems to fluctuate up and down in how Daisy doing. **Left pupil smaller than right (anisocoria)** and **head tilt to left hand side**. Menace, PLR and consensual present. No nystagmus. Some **ataxia** present when walking. **Delayed proprioception right fore**, knuckling. Normal pain sensation right fore, but possible reduced withdrawal reflex. No pain localising to specific joint on ortho examination. Hypermetric right fore.

Ddx: Central lesion, brachial plexus tumour?

M.ms pink, CRT < 2 sec, HR 130, T38.8

Phenylephrine drops given in both eyes - no response within 30 minutes,

Assessment (dx): Open. Likely central lesion - can't rule out multiple pathologies

Questions to be answered:

Cause of symptoms- central lesion?



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This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It must therefore only be interpreted by a currently licensed and registered veterinary surgeon responsible for the care of this patient.

Number of series / images: 11 / 2853

Study dated: 29/06/2016

Study received: 29/06/2016

Anatomic regions: Head, Shoulder

Details of study and technical comments: CT series of the head, neck and thorax. Acquired in pre and post contrast phases and reformatted using multiplanar reconstruction.

Diagnostic interpretation:

Inspection of the thorax, axillae and cervical region show no abnormalities. No muscle atrophy.

There is marked bilateral elbow degenerative joint disease – osteophytosis, remodelling to the medial coronoid, synovial effusion.

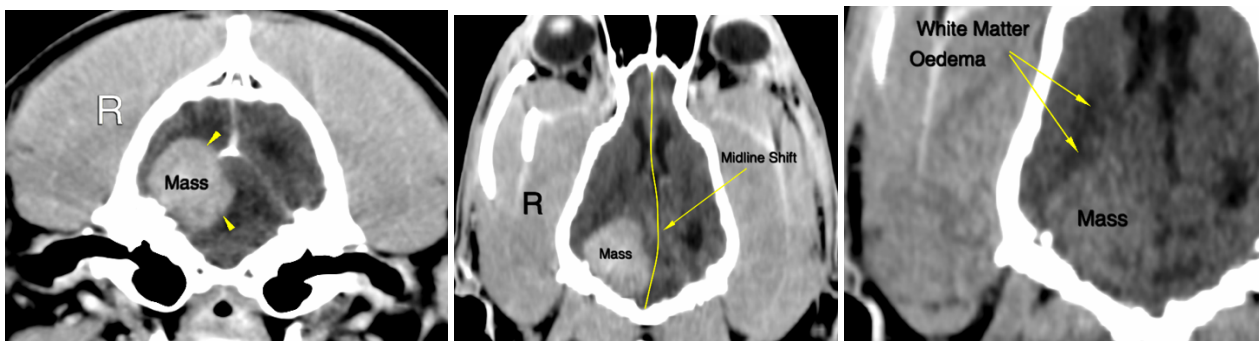
The oral cavity, nasal cavity, dentition and soft tissues of the head are normal. The ear structures and retropharyngeal structures are also normal.

Inspection of the calvarium and brain show asymmetry of the lateral ventricles with compression and displacement of the right one towards the left. This is associated with moderate midline shift of the caudal falx towards the left.

There is a large slightly hyperattenuating soft tissue mass lesion of the right lateral tentorial region but expanding into both the cranial fossa, contacting the right occipital lobe, and into the caudal fossa where it is also contacting the right cerebellar hemisphere.

The mass lesion is associated with marked right sided perilesional white matter oedema of the right cerebral cortex and suspect oedema of the cerebellum. No observed bony changes to the surrounding calvarium or tentorium.

Following contrast administration there is marked mostly homogenous contrast enhancement with small central lesions showing less enhancement. The enhancing mass has well defined margins and shows a broad base against the tentorium.



Conclusions:

Large peripheral mass lesion of the right tentorium. Marked contrast enhancement, mass effect and perilesional white matter oedema.



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DDx: Meningioma. Less likely histiocytic sarcoma or lymphoma. Unlikely intra-axial mass lesion such as glioma. Granulomatous disease is considered unlikely.

Concurrent bilateral elbow DJD – chronic.

Additional comments: The mass lesion is tentorial and likely compressing the lateral tectotegmentospinaltract which would explain the Horner's presentation and delayed Phenylephrine testing confirming the 1st order neuron involvement – compression. The location on the right lateral brain stem and cerebellum likely explains the vestibular presentation and ataxia. The chronic elbow changes may explain the forelimb lameness as no other change sot the shoulders or axilla were appreciated.

Reporting Radiologist:

Dr XXXXX BSc BVMS DipECVDI MRCVS
Diplomate of the European College of Veterinary Diagnostic Imaging
RCVS, European, Australian & Hong Kong Recognised Specialist

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