

Final Report

Study Date/Time	06/24/2021 20:00 (CST)	Receive Date/Time	06/24/2021 21:35 (CST)
Patient Name	BUDDY SMITH	Modality	MAGNETIC RESONANCE IMAGING
Patient ID	121831	Institution	REFERRING VETERINARY CLINIC
Age	12 years 0 months 1 days	Referring Veterinarian	REFERRING DVM
Sex	F	Image Count	298
Species	Canine	Priority	Standard
Breed	Bichon Frise	Accession No.	121831
Spayed/Neutered	YES	Owner	JOHN SMITH
Weight	5.000 kgs		

STUDY TYPE(S)

Spine - Cervical spine, Head - Brain

HISTORY / REASON FOR STUDY

Cervical pain and behavior change.

OBSERVATIONS :

Presented for interpretation is an MRI of the brain and cervical region, including the following sequences: SAG FSE T2, FSE T1, FSE T1+c, STIR / DORS FSE T2, FSE T1+c / TRANS FSE T2, T2 FLAIR, FSE T1, FSE T1+c.

There is diffuse swelling and patchy increase in T2 signal intensity of the thalamus, hypothalamus and brainstem. There is no associated parenchymal contrast enhancement. This swelling results in distortion/narrowing of the third ventricle. The lateral ventricles are overly distended. The rostral margin of the cerebellum is flattened, but there is no evidence of transforaminal herniation. The pituitary gland is not well visualized and a bilobed cystic structure with surrounding meningeal enhancement is located at the level of the pituitary fossa.

Included cervical discs are partially to completely desiccated. The central canal is diffusely mildly distended. The spine is otherwise unremarkable with normal signal intensity of its parenchyma.

A 2cm rounded mass with heterogeneous signal intensity (high fluid signal intensities in the center) and moderate peripheral contrast enhancement is present in the region of the right axillary lymph node.

CONCLUSIONS:

- 1) Diffuse intra-axial lesions affecting the thalamus, hypothalamus and brainstem. Differentials include inflammatory or infectious meningoencephalitis. Round cell neoplasia could also be considered. Recommend CSF analysis, but there is evidence of increased intracranial pressure.
- 2) Distended central canal is likely the result of altered CSF flow.
- 3) Right axillary mass. Likely representing an enlarged axillary lymph node with central necrosis. Round cell neoplasia or necrotizing lymphadenitis of the right axillary lymph node could be considered. A peripheral nerve sheath tumor or soft tissue sarcoma can also be considered.
- 4) Likely incidental cystic malformation or degeneration of the pituitary gland.