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Dubai  
04-884 85 80  
P: 800-PETCARE  
F: 04-884 85 50  
office@bovc.ae  
www.blueoasispetcare.com

**Owner:** Vetcare Veterinary Clinic  
352  
Street:  
Arjan, Dubai,  
044309797

Acct No. :

**Patient:** Nino  
**Species:** Feline  
**Breed:** DSH  
**Microchip:** 985120022375282  
**D.O.B.:** Aug 09, 2006  
+:

**Patient #:** U  
**Sex:** MN  
**Colour:** Black/White  
**Weight:** 4.99kg.

## MEDICAL RECORD

Date	Description	Quantity
Oct 30, 2018	<p><b>MRT report:</b>  <b>Region scanned:</b>  Thoracic-, lumbar spine and Sacrum, including the surrounding soft tissue structures- Coil 2, supine  <b>Sequences performed</b>  <b>Cervical spine:</b> FSE T2 sag, FSE T2 tra, STIR dors, 3DSST1 dor, 3DHYCE tra  <b>Thoracic spine:</b> FSE T2 sag &amp; STIR dors  <b>Lumbar spine/Sacrum:</b> FSE T2 sag, STIR dors, FSE T2 tra, SE T1 tra, 3DSST1 dors, 3DHYCE tra - 3D SST1 and SE T1 tra also after application of 1.5 ml Dotarem iv</p> <p><b>Description:</b>  <b>Spine:</b>  1. The <b>lumbosacral disc</b> shows decreased signal intensity in T2. The directly dorsally to it present hypointense signal (T2 &amp; Hyce) is interrupting the continuance of the subarachnoid CSF and perineural fat tissue. At this level the cauda equina cannot be delineated in any of the sequences and on the sagittal reconstructed 3D SST1 there is a suspicion of a dorsal disc herniation (see attachment 2).  The <b>thoracolumbar spine</b> is within normal limits - physiological signal intensity of the intervertebral discs, no bulging of the Annuli fibrosi, no signal change within the spinal cord.  <b>2. Surrounding soft tissues:</b>  However, more important are the findings affecting the aorta: directly caudally to L6/7, where there is a sudden stop in contrast uptake within the vessel (see</p>	

attachment).

Additionally the muscles of the pelvis and hind limbs show diffusely increased signal intensity in STIR (more on the left side) and bilaterally diffuse, partially inhomogeneous (again more on the left side) contrast uptake.

3. Side finding in the chest:

However, an unclear, possibly cavernous structure with in STIR and T2 hyperintense signal (compared to the lung) is present in the right caudo-dorsal thoracic cavity (attachment 3). Unfortunately it is incompletely covered by the present sequences and therefore the list of DDs cannot be narrowed much.

Diagnosis:

1. possible lumbosacral broad based disc herniation compressing the nerves of the Cauda equina
2. Aortic thrombus located just cranial to the splitting of the Aorta into the Aa. Iliacae blocking the entire lumen in combination with all typical soft tissue changes (signal uptake in the surrounding muscles)
3. lesion within the right caudal thoracic cavity - it could be pulmonary consolidation, a pulmonary, mediastinal/pleural mass, or even the result of a diaphragmatic hernia.

Interpretation and conclusion:

1. Unfortunately the resolution of the scan is not good enough to clearly delineate herniated disc material from the directly dorsally located hypointense material (T2 & HYCE), but taken all into account a broad-based lumbosacral disk herniation with compression of all nerves of the cauda equina appears likely.
2. The combination of the sudden stop in contrast uptake of the aorta together with the diffuse muscle changes of both hindlimbs are classic MRI signs for an aortic thromboembolism. There is no realistic DD.
3. MRT is not the correct diagnostic method to diagnose pathology in the lungs or within the chest cavity, therefore thoracic radiographs in left lateral and dorso-ventral position are strongly recommended.

Dr. Dieter Malleczek, DVM, MemEAVDI

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VETERINARY CLINIC  
DUBAI INVESTMENTS PARK • GREEN COMMUNITY  
04-884 85 80 • 800-PETCARE  
office@bovc.ae  
www.blueoasispetcare.com

This report has been done in cooperation with Dr. Martin Konar, DVM and DiplECVDI (a MRI specialist in North-Italy, who has 20+ years experience in Vet-MRT)