



Client Details		Patient Details		Record Details	
Name	Melcher, Shanda 527386	Name	Buddy 257831	Consult #	549074
Address	3219 25th Ave W Seattle, Washington, 98199	Species	Canine (Dog)	Record Date	04-21-2020
		Breed	Australian Shepherd Mix	rDVM	Dr Steven Coffin
		Age	13 years 9 days	rDVM Clinic	Interbay Veterinary Care Center
Phone(s)	Mobile: 866-708-4211	Sex	Male Neutered	rDVM Fax	12062821962

**CASE SUMMARY for "Buddy" Melcher**

**DATE OF DISCHARGE:** 04-22-2020

Thank you for entrusting Buddy to us. Attached is the final MRI report. If you have any questions please do not hesitate to call.

Lindsey Peterson DVM, MS, DACVIM

Client Details

**Name** Melcher, Shanda      **Phone** 866-708-4211  
**Address** 3219 25th Ave W      866-863-8801  
 Seattle, Washington,  
 98199

Patient Details

**Name** Buddy      **Age** 13 years  
**Species** Canine (Dog)      **Sex** Male Neutered  
**Breed** Australian Shepherd Mix      **Referral** Dr Coffin, Steven -  
 Interbay Veterinary  
 Care Center

Diagnostic Result

**04-22-2020 10:43:44am, Lindsey Peterson DVM, MS, DACVIM**

MRI Spine Segment - Lindsey Peterson DVM, MS, DACVIM (Ref: US10559-DR125024)

**Outcome**

Imaging Report for Melcher^Buddy US10559-DR125024

History:

canine

Chronic progressive right forelimb lameness (since January 2020) with muscle atrophy, decreased withdrawal strength and mild placing deficit in that limb- suspect C6-T2 radiculopathy vs. musculoskeletal disease. Pain with palpation

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around the shoulder. No obvious changes on radiographs.

**Findings:**

study: MRI cervical through cranial thoracic spine including T2, T1 pre-and post gadolinium sequences, 10 sequences total including scout sequences date of exam April 21, 2020

- There is significant atrophy of the right shoulder and forelimb musculature.
- There is a T2 hyperintense fat attenuating mass at the ventral aspect of the right axillary region, extending medial to the right for limb.
- There is a lobulated T2 hyperintense, heterogeneously contrast-enhancing mass on the right side of the spine from C7 to T2\T3. This mass is invading the vertebral canal through the foramen at C7-T1, and at T1-T2 and is leading to secondary moderate compression of the spinal cord and deviation of the cord to the left. There is also regional invasion of the musculature on the right side of the caudal cervical and cranial thoracic spine as well as involvement of the right lamina, pedicle, and caudal articular facet of C7 and the right lamina, and pedicle of the right side of T1, and the dorsal aspect of the first right rib.
- There is a round heterogeneously contrast-enhancing 2.3 x 1.9 x 2 cm mass (likely a lymph node) within the right side of the cranial mediastinum.

**Conclusion:**

- Lipoma right ventral axillary region.
- Expansile contrast-enhancing mass on the right side of the neck and cranial thoracic spine as described above with regional invasion of the canal and secondary cord compression, regional osteolysis and soft tissue and muscular invasion with associated muscle atrophy. Although this mass does involve the peripheral nerve root it is more likely a neoplasm such as a sarcoma as it is more invasive than typically seen for a peripheral nerve sheath tumor. Lymphoma is also less likely. The mass in the cranial mediastinum is most likely a lymph node, metastasis is suspected. A reactive node is less likely.

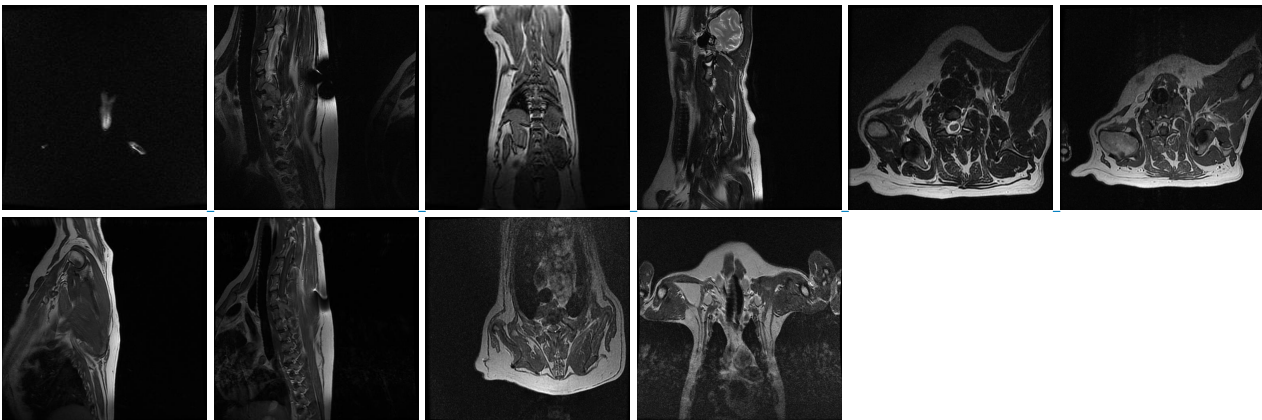
Voice recognition dictation software was used to generate this report. If wording and/or terminology are not clear, this could be the result of voice recognition. Please contact me if there are any questions or discrepancies.

Tori McKlveen, DVM MS  
 Diplomate, American College of Veterinary Radiology  
 The Veterinary Specialty Center of Seattle  
 20115 44th Avenue West  
 Lynnwood, WA 98036

Please see attached report for more details

**04-21-2020 1:33:30pm, Lindsey Peterson DVM, MS, DACVIM**

MRI Spine Segment - Lindsey Peterson DVM, MS, DACVIM (Ref: US10559-DR125024)



**Imaging Online Viewable External Link:**

<https://pathway.vetrocket.net/view.html?link=p2fLDgLOBgu9vLnduYzZDwLKpteUmY42lJeUnc4XlJuXodK1lJiYmtKYmdG2otq4odmZmZu3nZq3nta3ndqWnjy2mZGYnjG3mJc3ocb1pte2igm9mJaYmc0Wnc0YmG>

<b>Client Name</b>	Melcher, Shanda 527386	<b>Patient Name</b>	Buddy 257831
<b>Consult #</b>	549074	<b>Record Date</b>	04-21-2020

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Patient:	Melcher, Buddy	Patient ID:	257831	Modalities:	MR
Age:	013Y	Gender:	M	Study Date:	20200421
Accession:	US10559-DR125024				

### Study Information

canine

Chronic progressive right forelimb lameness (since January 2020) with muscle atrophy, decreased withdrawal strength and mild placing deficit in that limb- suspect C6-T2 radiculopathy vs. musculoskeletal disease. Pain with palpation around the shoulder. No obvious changes on radiographs.

### Findings

study: MRI cervical through cranial thoracic spine including T2, T1 pre-and post gadolinium sequences, 10 sequences total including scout sequences date of exam April 21, 2020

-There is significant atrophy of the right shoulder and forelimb musculature.

-There is a T2 hyperintense fat attenuating mass at the ventral aspect of the right axillary region, extending medial to the right for limb.

-There is a lobulated T2 hyperintense, heterogeneously contrast-enhancing mass on the right side of the spine from C7 to T2/T3. This mass is invading the vertebral canal through the foramen at C7-T1, and at T1-T2 and is leading to secondary moderate compression of the spinal cord and deviation of the cord to the left. There is also regional invasion of the musculature on the right side of the caudal cervical and cranial thoracic spine as well as involvement of the right lamina, pedicle, and caudal articular facet of C7 and the right lamina, and pedicle of the right side of T1, and the dorsal aspect of the first right rib.

-There is a round heterogeneously contrast-enhancing 2.3 x 1.9 x 2 cm mass (likely a lymph node) within the right side of the cranial mediastinum.

### Impressions

-Lipoma right ventral axillary region.

-Expansile contrast-enhancing mass on the right side of the neck and cranial thoracic spine as described above with regional invasion of the canal and secondary cord compression, regional osteolysis and soft tissue and muscular invasion with associated muscle atrophy. Although this mass does involve the peripheral nerve root it is more likely a neoplasm such as a sarcoma as it is more invasive than typically seen for a peripheral nerve sheath tumor. Lymphoma is also less likely. The mass in the cranial mediastinum is most likely a lymph node, metastasis is suspected. A reactive node is less likely.

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Report on 4/22/2020 5:43:33 PM UTC signed by:

**Tori McKlveen, DVM MS**  
Diplomate, American College of Veterinary Radiology  
The Veterinary Specialty Center of Seattle  
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