KROMHOUT
MEDICAL IMAGING

ID 2026- 01- 01
Regular weekday

PATIENT	REFERRAL CLINIC	STUDY
X	X	Brain
Dog I Spitz I F		1 january 2026
12 years and 7 months old		6 series I 134 images
		Contrast

HISTORY

- Acute onset of severe neurological signs last weekend, including rightward circling and right-sided hemiparesis.
- At re-examination, only mild ataxia remained, with marked clinical improvement.
- Bloodwork revealed mildly increased renal values.
- Urinalysis demonstrated marked proteinuria.

FINDINGS

Transverse T1SE- and T2FSE-images, sagittal T2FSE-images and dorsal Fast FLAIR-images

Mild affacement of the cerebral sulci and gyri. A well-defined to moderately well-defined linear to wedge-shaped T2-weighted hyperintense and T1-weighted hypointense lesion is visible in the left dorsolateral aspect of the rostral cerebellum, adjacent to the midline. The lesion does not suppress on FLAIR images. No evidence of mass effect or midline shift is identified. Decreased T2-weighted signal intensity is present within all cervical intervertebral discs. No other abnormalities are identified on the available images.

Post contrast transverse and sagittaleT1SE-images

No abnormal enhancement on the images.

CONCLUSION

- Imaging findings are highly suggestive of a territorial ischemic infarct within the distribution of the left rostral cerebellar artery. Differential diagnosis includes: focal inflammatory encephalitis or chronic gliosis or encephalomalacia secondary to previous vascular or traumatic injury is less likely. An lifiltrative neoplasia is considered unlikely.
- Mild diffuse cerebral sulcal effacement.
- Degenerative changes affecting all visible cervical intervertebral discs.

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DISCLAIMER

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 the referring veterinarian responsible for the care of this patient.

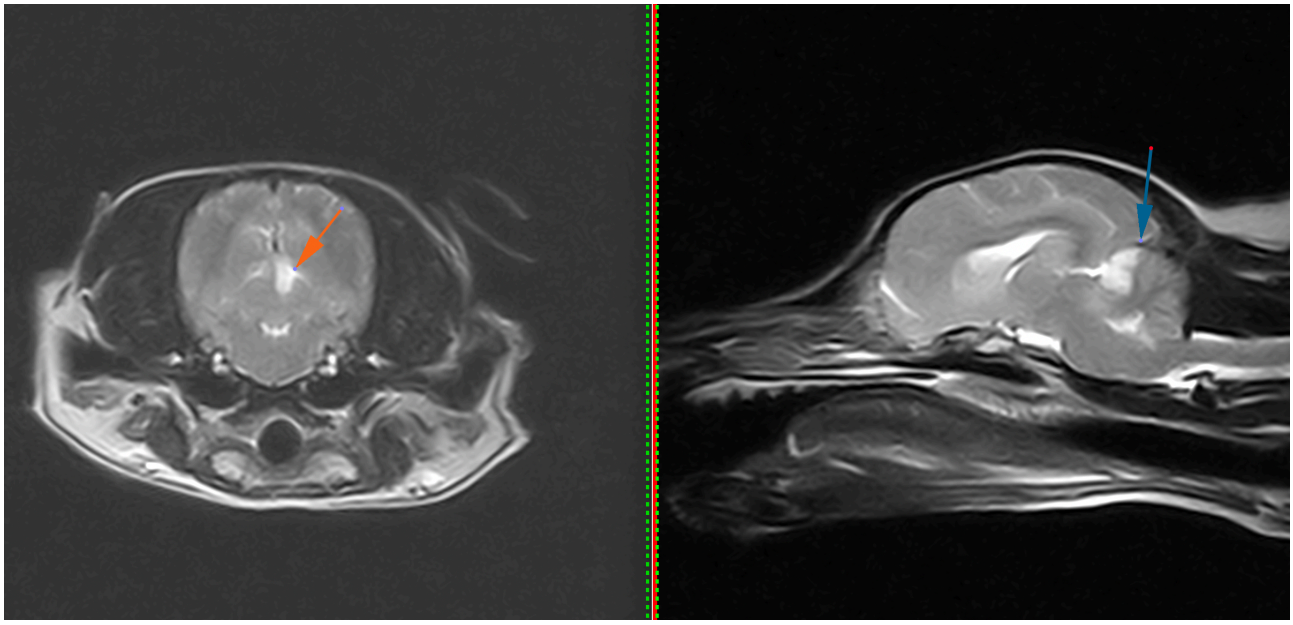


Image 1 - transverse (A) and sagittal (B) T2FSE-image of the brain: a well defined linear to wedge-shaped hyperintense lesion (arrows) is visible in the left dorsolateral aspect of the rostral cerebellum, adjacent to the midline.

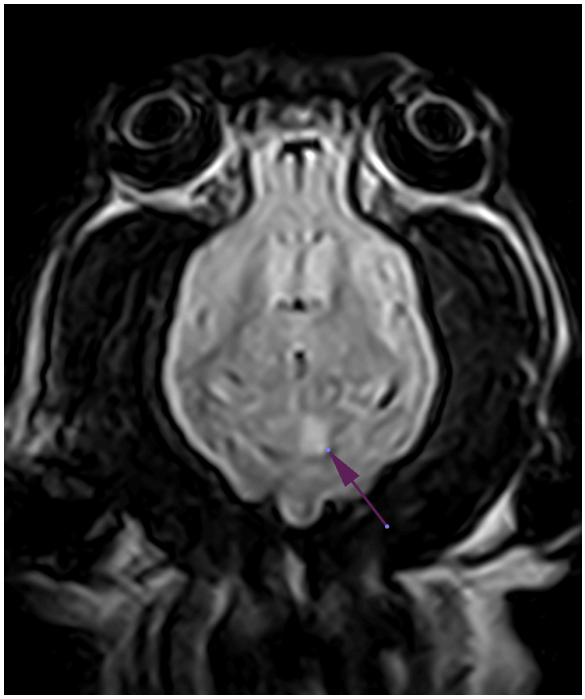


Image 2 -dorsal Fast FLAIR-images of the brain: a well defined linear to wedge-shaped hyperintense lesion (arrows) is visible in the left dorsolateral aspect of the rostral cerebellum, adjacent to the midline.

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