

### What is your diagnosis?

## Cervical pain and paresis of left thoracic limb in a chondrodystrophic dog.

### Case history

A five-year-old, male, West Highland White Terrier was referred to the Small Animal Clinic of the Warsaw University of Life Sciences with a two month history of cervical pain and a proprioceptive deficit in the left thoracic limb. On survey radiography, narrowing of the fifth-sixth cervical (C5-C6) intervertebral disc space was noted. The presumptive diagnosis was cervical disc extrusion. The dog underwent non-surgical treatment with the application of a cervico-thoracic brace and administration of non-steroidal, anti-inflammatory drugs. After four weeks of this treatment the symptoms had worsened. Removal of the brace increased the severity of pain and the dog became paraparetic.

Physical examination performed at the Small Animal Clinic revealed normal body condition with slight atrophy of the left thoracic limb muscles. On neurological examination the dog was alert with severe neck pain and low head carriage. Cranial nerve examination revealed normal reactions. A painful response was elicited on extended and flexed manipulation of the cervical spine. Conscious proprioception in the left thoracic limb was absent and it was reduced on the right side. Withdrawal reflexes of the thoracic limbs were preserved. Results from a complete blood count and serum biochemical profile were within reference ranges. The previously diagnosed narrowing of the C5-C6 space was not confirmed by a repeated plain radiograph of the cervical

spine. Cervical myelography was then performed under general anaesthesia. On the lateral projection, the dorsal and ventral contrast lines stopped at the caudal edges of the C6 vertebral body, while diverging dorsally and ventrally (▶ Fig. 1). On the ventro-dorsal projection, the right side of the contrast column was obscured by the tracheal tube. On the left side, at the level of mid C6, the contrast column was seen to widen before disappearing abruptly (▶ Fig. 2).

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Please see page 336 for answer.

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**Fig. 1** Lateral myelogram showing diverging ventral and dorsal contrast columns indicating spinal cord swelling or compression.



**Fig. 2** Ventro-dorsal myelogram revealed pooling of the contrast agent at C6, with a 'golf tee' pattern on the left side of the spinal cord at C6.