



VETERINARY  
MRI + RADIOTHERAPY  
CENTER OF NEW JERSEY

*Radiographs of the spine are valuable but often inconclusive.*

*MRI reveals details about spinal and perispinal soft tissues invisible on radiographs and myelograms.*

*Cross sectional imaging allows detailed views of deep structures often unseen on radiographs.*

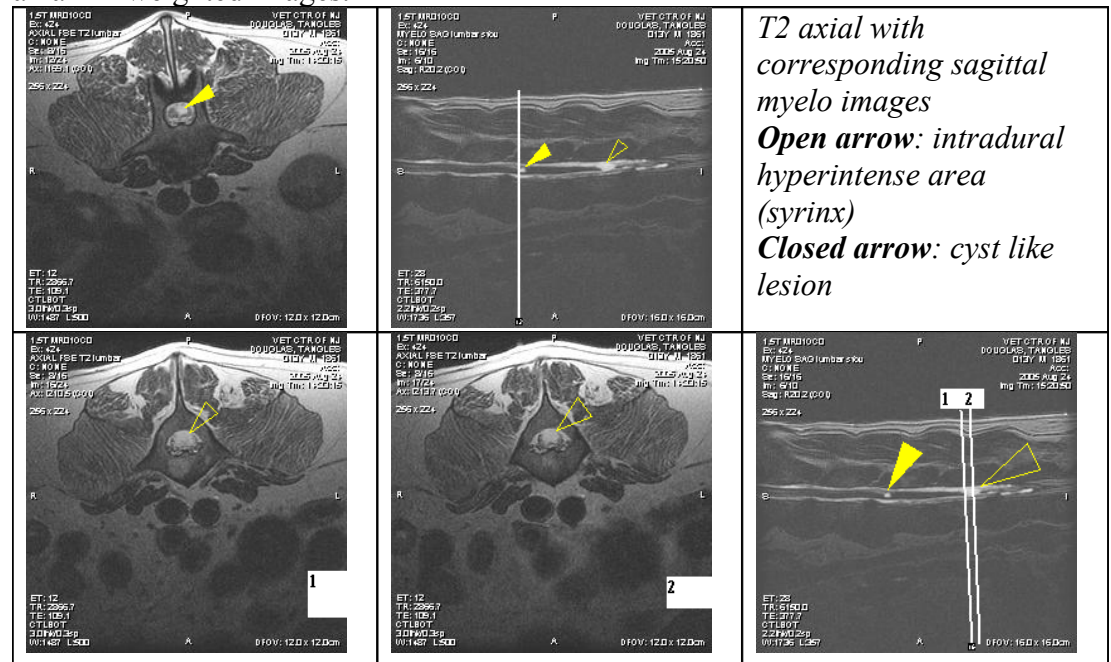
# Veterinary MRI and RT Center of New Jersey

## Case Report #6

### Lumbar Syring and Arachnoid Cyst

**Case Summary** – Tangles, a 13yr intact male mixed breed presented for 2 week duration lameness of right rear leg and general paresis/ataxia of both rear legs. Dysuria/stranguria was also reported (lifting leg, but unable to produce urine) Current prescriptions include dexamethasone, Tramadol, phenoxybenzamine, famotidine, and Orban. Medical therapy caused a transient mild improvement of lameness, but no overt reported effect on dysuria. He also had a foley catheter in place at presentation.

MRI of the T3-S1 area was performed without difficulty. A sagittal image of the myeloT2 weighted lumbar scan showing a syrinx in the L3-4 area along with what appears to be an extramural cyst lesion in the L5-6 area along with corresponding axial T2 weighted images.



**Imaging Diagnosis:** Findings consisted with a syrinx-like lesion or area of ischemic myelopathy within the spinal cord at L3 and L4 and an arachnoid cyst over the body of L5. Other incidental findings of concurrent degenerative disc disease, old sacral trauma, cystitis and prostatic changes consistent with BPH were noted.

**Outcome:** Back surgery was performed a few days later in which the cyst was confirmed removed/drained.

Differentials for arachnoid cysts include inflammatory or infectious arachnoiditis, previous trauma, idiopathic, or much less likely neoplastic disease. A lesion of this sort would likely have been overlooked or invisible on myelogram and/or radiographs.