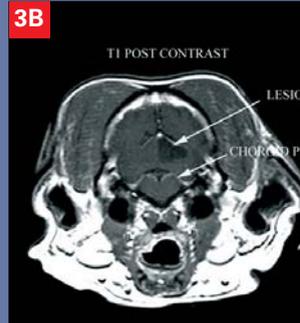
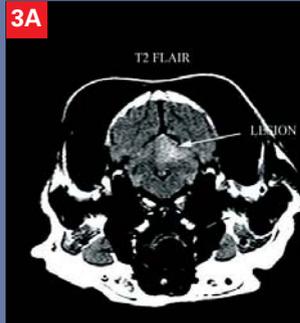




MRI offers better diagnostic options for senior pets

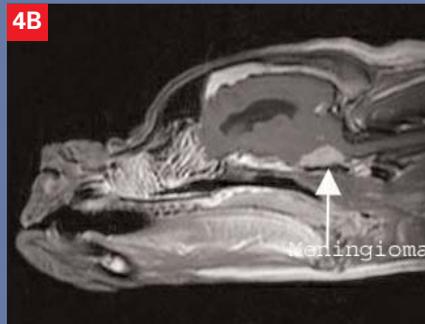
dvm

Figure 3a is a cerebellar infarct. There is a T-1 post-contrast axial image through the cerebellum. Notice how the infarct has less contrast enhancement than the normal surrounding brain due to lack of vascular supply to this portion of the brain. **Figure 3b** is the fluid attenuation inversion recovery (FLAIR) study showing the cerebral edema associated with the infarction.



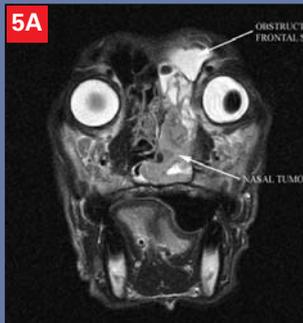
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Figure 4 is brain stem meningioma **Figure 4a** is the post-contrast T-1 weighted axial image. **Figure 4b** is the T-1 weighted post-contrast sagittal image.



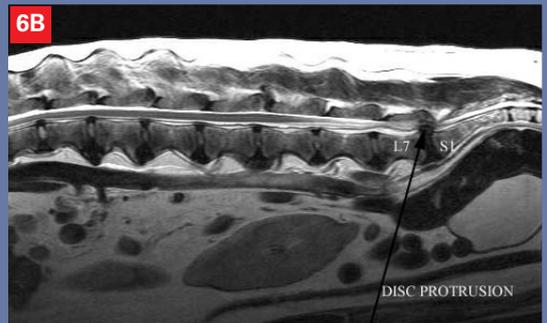
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Figure 5 is a nasal carcinoma. **Figure 5a** is the T-2 transverse image. The tumor is a moderate signal intensity while the mucus within the obstructed nasal cavity and frontal sinus is extremely intense. **Figure 5b** is the T-1 weighted post-contrast image. The nasal tumor and nasal mucosa both enhance rather intensely and the air fluid level can be seen within the frontal sinus from the mucus obstruction.



dvm

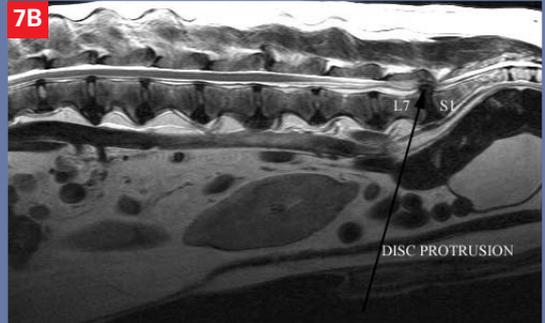
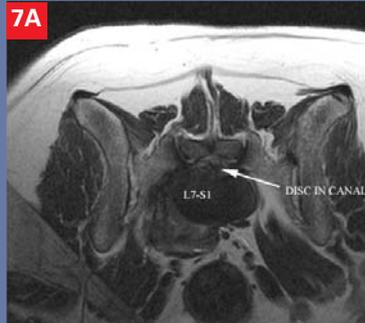
Figure 6 is a pharynx. **Figure 6a** is a T-2 weighted sagittal series with the pharynx shown depicted from the caudal aspect of L3 through the L7 region. **Figure 6b** is a transverse weighted T-2 image through the L4 region. The large fluid signal within the cord is compatible with the diagnosis of a spondylomyeloma. This condition was confirmed.





dvm

Figure 7 is a lumbosacral stenosis. **Figure 7a** is the T-2 weighted sagittal series showing the protruded disc. **Figure 7b** is the T-2 weighted transverse image with the disc protrusion obliterating the spinal canal at the lumbosacral junction.



dvm

Figure 8 is a histiocytoma of the forelimb. **Figure 8a** is the sagittal fat suppressed sequence (STIR). The tumor has a marked increased signal intensity over the surrounding musculature. **Figure 8b** is a transverse examination through the mid calf region of the humerus. The histiocytoma is readily appreciated. Notice how the humerus is not being invaded by the mass. But the mass is replacing the triceps musculature. There is also enlargement of the axillary lymph node. This lesion was not visible radiographically and could not be palpated as an abnormality even following the study.



dvm

Figure 9 is a bilateral adrenal adenoma. **Figure 9a** is a coronal T-2 weighted fat suppressed series. Both the right and left enlarged adrenal glands are labeled and the right adrenal gland can be seen compressing the vena cava. **Figure 9b** is a T-2 weighted fat suppressed sagittal series through the right adrenal tumor. Again, showing depression on the caudal vena cava. The portal vein is also visualized as this study is a right parasagittal image.

