

Spontaneous Cervical Extraparenchymal Haemorrhage In Two Greyhounds

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SPONTANEOUS CERVICAL EXTRAPARENCHYMAL HAEMORRHAGE IN TWO GREYHOUNDS

Extraparenchymal spinal cord haemorrhage is rare in dogs^{1,2}. Identified aetiologies include trauma and coagulopathy¹. This case series describes two greyhounds with spontaneous cervical haemorrhage managed surgically or conservatively, and their respective outcomes.

A six_year old male neutered greyhound presented with acute respiratory distress after vocalising with myoclonia at home without known trauma. On presentation, he was cyanotic, dyspneic, hypothermic, and bradycardic. Presentation coagulation profile was normal. He was mechanically ventilated (MV) with total intravenous anaesthesia, and received seizure prophylaxis and tranexamic acid (TXA). Magnetic resonance imaging (MRI) revealed a bilobed subperiosteal spinal hematoma at C2. Emergency pediculectomy and decompression were performed. Postoperatively, MV was continued for seven days without respiratory improvement. A repeat Computed tomography (CT) scan did not show recurrent haemorrhage. Euthanasia was elected.

A two year_old male neutered greyhound presented with acute non-ambulatory tetraparesis and cervical pain, without trauma history. CT confirmed spinal cord compression at C2-3 due to focal subarachnoid space haemorrhage. Coagulation and viscoelastic testing indicated hypocoagulability without hyperfibrinolysis. Treatment included fresh frozen plasma, TXA, glucocorticoids, and opioid analgesia. Progressive neurological improvement was observed. By discharge on day nine, he was ambulatory with moderate ataxia. Serial viscoelastic testing identified persistent hypocoagulability. At one-year follow-up, he exhibited no ataxia or haemorrhagic episodes.

This case series adds to the limited knowledge regarding aetiology and management of idiopathic, spontaneous, extraparenchymal spinal haemorrhage in dogs. This is the first

report comparing two greyhounds with cervical extraparenchymal haemorrhage at similar locations with different clinical presentations, management methods, and outcomes.

References

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