



PATIENT PRESENTING CLINICAL SIGNS

Angel Law History: owner reports patient had surgery to repair left pelvic limb after being hit by a car 6-7 years ago--owner adopted patient shortly afterwards from veterinary clinic. p non weightbearing on the same leg since last thursday. p has not eaten anything since sunday and is straining to defecate. o can not recall last time p had a bowel movement ,p now has a large swelling on rectum.

SPECIES

Canine

BREED

Chihuahua

SEX

SF

AGE

12 Years

INTERPRETED BY

Heike Rudolf, DVM,
Dr. med. Vet.,
DipECVDDI DVR

Abnormal PE/Chem/CBC/UA Results: Hydration: Estimate 3-5% dehydration Oral cavity: Mild dental tartar Uro/Perineum: Soft tissue distension caudal to pelvis and distorting direction of anal sphincter/rectum--swelling golf-ball size Musculoskeletal: BCS = 4/9. Non-weightbearing lameness left pelvic limb. Wing of ileum left side is not palpable due to soft tissue swelling, while margins of right ileal wing are clear/distinct/crisp. Rectal: performed after radiographs obtained. Able to advance finger only 1.5cm and in dorsal direction--small amount of soft dark brown fecal material present. Palpable firm fluctuant structure ventrally. ---> repeated rectal AFTER aspirating fluid from swelling (see below): able to advance finger cranially to pelvic canal. Ventral pressure distal to pelvic canal causes urination. Diagnostic Testing: Radiographs of Pelvis--submitted for consult. On in-house review, can identify dorsal deviation of distal colon/rectum with narrowed diameter and small amount of soft tissue opacity fecal material in distal rectum. Ventral to this is a circumscribed swelling of mottled soft tissue/fluid opacity. Ventrodorsal view reveals chronic (less likely acute) fracture/malformation of left ileum and deviation left ischium by 90 degrees laterally. Left acetabulum appears to have reduced opacity/possible osseous cyst? vs. superimposed margins of GI gas. Left coxofemoral joint is abnormally medial and appears to be causing constriction within pelvic canal. Brief ultrasound of circumscribed perineal swelling ventral to rectum/distal colon: fluid-filled structure with no soft tissue echogenicity. Brief caudal abdominal ultrasound: fluid-filled tubular structure consistent with possible pyometra but difficulty following structure through pelvic canal; appears to be dorsal to bladder. Urinary bladder circumscribed/intact/medium-sized. 25-ga needle used to aspirate fluid from perineal swelling in effort to decompress rectum/distal colon and aid in diagnosis ---> light brown turbid fluid. Aspirated total of 23ml fluid. Repeated rectal afterwards and rectum now straight/able to reach pelvic canal.

HOSPITAL NAME

DPC Veterinary Hospital

RADIOGRAPH OF THE PELVIS

2 orthogonal views

RADIOGRAPHIC FINDINGS

REFERRING VET

Ward

The BCS is 4/9 and the muscles mass of the left leg is markedly reduced.

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The left hemipelvis is abnormal, disconnected from the right and dorsally displaced on the lateral view. A gap of approx. 1cm is present between the left acetabulum and the ischium. On the VD view the left acetabulum is medially, the shaft of the ilium laterally displaced with two discontinuities that have been bridged by smooth new bone; one is located level with S1 and the second just cranial to the acetabulum. The femoral head appears flat on its caudo-medial aspect. The caudal ischium is cranio-laterally displaced. The region of the left acetabulum shows a decreased bone opacity with retained trabecular structure.

DATE

7-7-22

An approx. 4x3cm soft tissue mass is located in the perineal region ventral to the rectum which it displaces dorsally. Its ventral border is outlined by a thin, crescent shaped fat opacity. On the VD view the faeces in the rectum are located to the right of the midline and turn centrally towards the anus. The bladder shadow is located in the abdominal cavity.

**PATIENT**

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RADIOGRAPHIC DIAGNOSIS

Left

- Muscle atrophy, marked
- Old, partially healed, fractures left pelvis with narrowing of pelvic canal and localized decrease in bone opacity.
- Soft tissue mass ventral to rectum

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The loss of muscle mass is most likely chronic and related to the altered weight bearing due to the fractures. Both are likely the cause for the decreased opacity in the region of the left hip joint and superimposition of rectal gas contributes to this lucency. The flattening of the femoral head may be related to the original fracture or may have occurred recently due to loss of bone mass. Further imaging is necessary to verify this theory. A lateral view of right and left hip joint with the dog in dorsal recumbency seems the best way to highlight the acetabula. Alternatively, a CT examination is recommended.

The centro-ventral location of the soft tissue mass in relation to the rectum suggest a genital origin and could be due to an enlarged, prolapsed uterus or vaginal pathology. It could represent a solid mass or contain fluid (which was confirmed on ultrasound). I suggest a positive contrast, retrograde vagino-urethro-cystogram to outline the genital tract. However, since ultrasound has shown the uterus to be enlarged, surgical intervention seems more useful to me. During the anesthesia further radiographs of the hip joints can be obtained.



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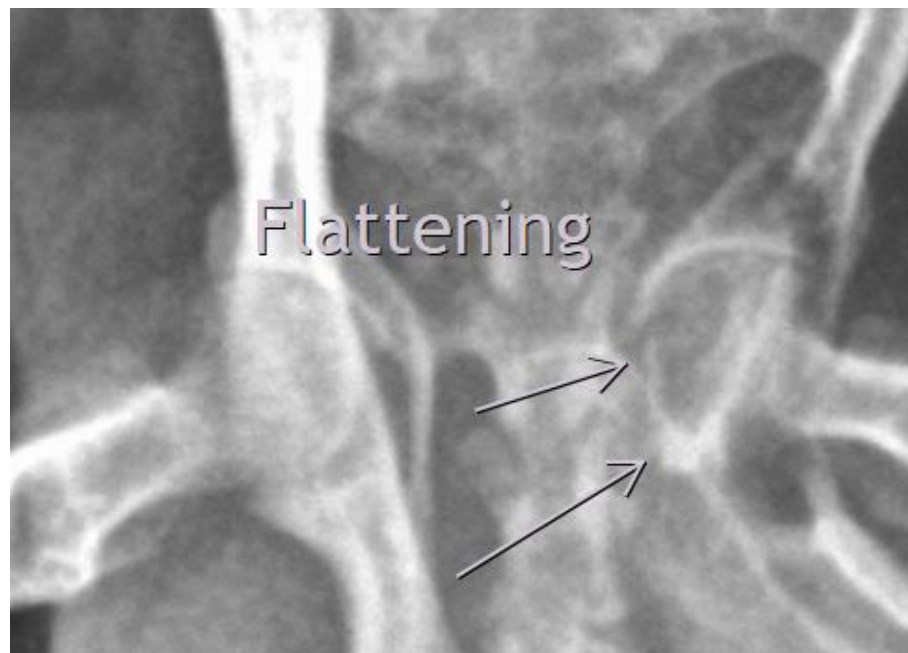
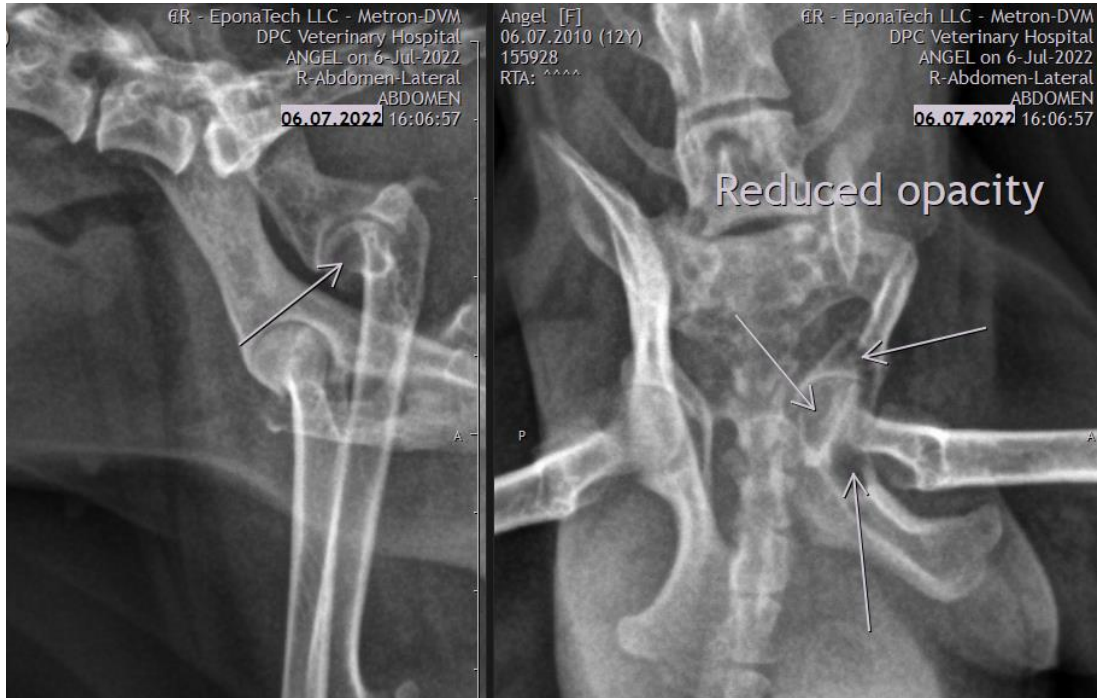
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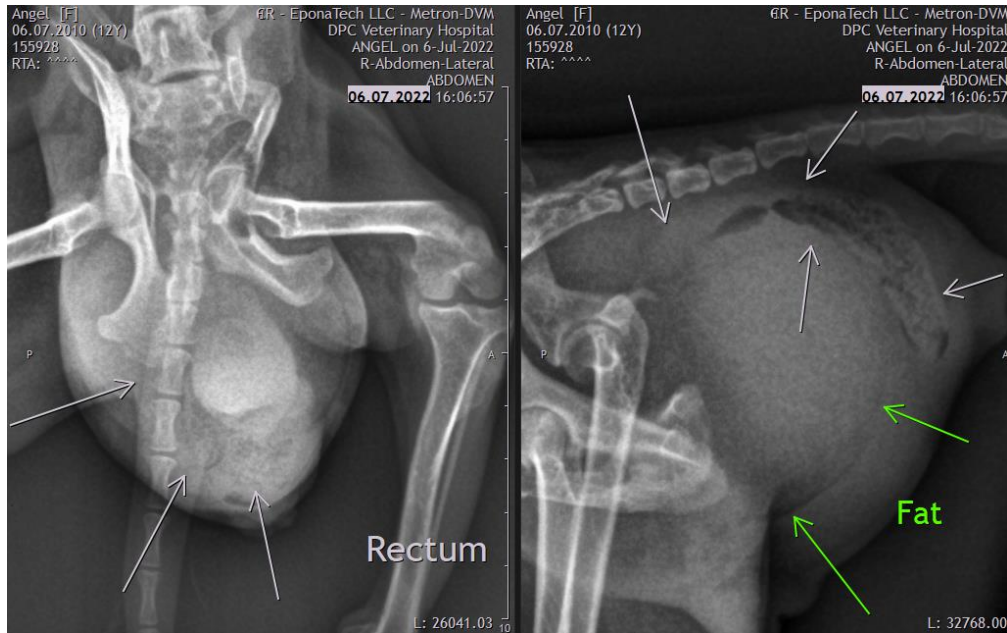
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Heike Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
Dr.H.Rudorf@gmail.com