SonoPath Teleradiology
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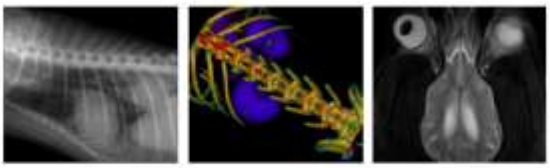


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Nova Knight

SPECIES

Canine

BREED

Bull Arab X

SEX

Female

AGE

3.5

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Advanced Veterinary Imaging

REFERRING VET

Eamon Ryan

INVOICE

49736

DATE

1-21-22

PRESENTING CLINICAL SIGNS

lameness and lethargy - reccurent bouts - retroperitoneal granulomatous change of u/s - exploratory surgery failing to identify foreign body
Abnormal PE/Chem/CBC/UA Results: cbc/chem wl

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies in soft tissue and lung windows available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

Right sided sublumbar hypaxial muscle swelling spanning the length from the 2nd through the 6th lumbar vertebra is seen. The swelling is most pronounced level with the 3rd lumbar vertebra which presents ventral periosteal new bone formation.

A 14mm long linear faintly mineral attenuating structure is situated within the right sublumbar musculature level with the 3rd lumbar vertebra within the medial aspect of the sublumbar muscles in a vertical fashion. (See images below.) Mild regional cavitation with peripheral enhancement and contrast sparing center is seen level with this linear mineral attenuating structure. There is mild regional retroperitoneal fat stranding and mild regional lymphadenomegaly of the parietal sublumbar aortic lymph nodes. No evidence of peritoneal involvement is seen.

The abdominal structures all present within the expected limits.

Both ovaries are seen and present within normal limits.

The uterus presents within normal limits.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

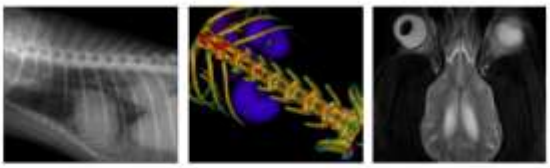
The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.



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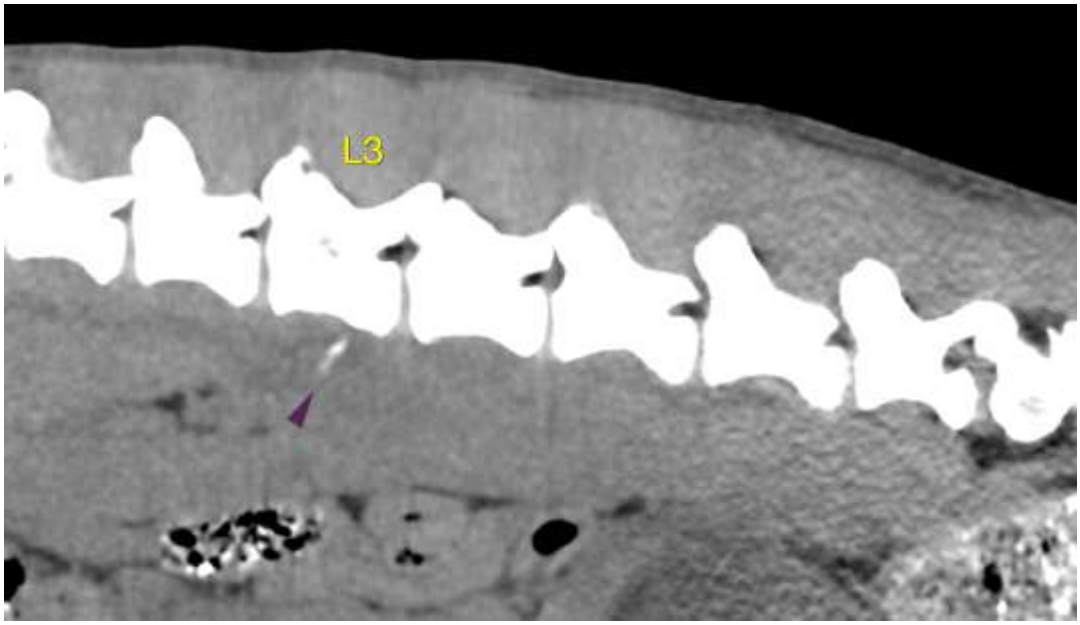
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Foreign body related sublumbar myositis with cavitation circumferential to a foreign body level with the 3rd lumbar vertebra.
- Spondylitis of the 3rd lumbar vertebra.
- Mild regional lymphadenitis.
- Structurally normal CT study of the lung.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Even though foreign body migration from the lung through the diaphragmatic crura and sublumbar musculature is the most likely origin of the foreign material, no evidence of pulmonary changes can be seen at this time (anymore). There appears to be a 15mm long linear nearly mineral attenuating foreign body ventral of the 3rd lumbar vertebra. Moreover, regional myositis with cavitation circumferential to the foreign body and spondylitis are seen. There also is evidence of mild regional lymphadenitis.



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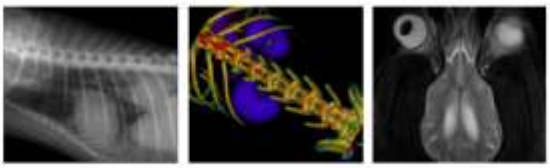

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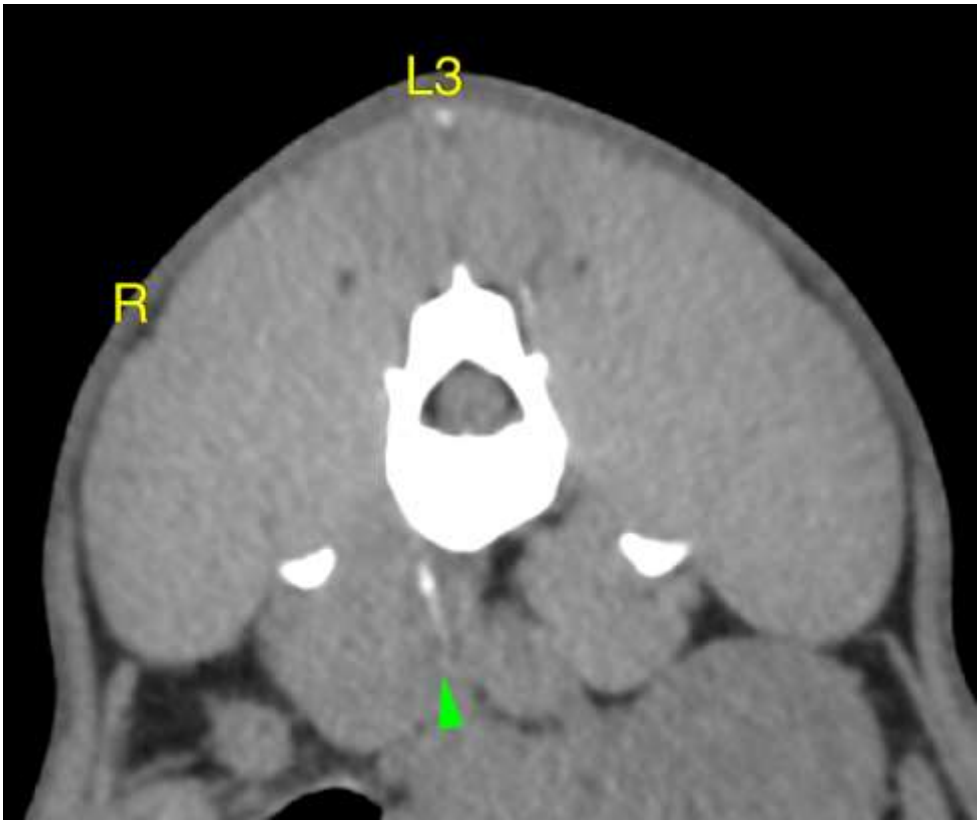

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com