

**PATIENT PRESENTING CLINICAL SIGNS**

Ned Kalk  
Pt originally presented to River's Edge 12-13 days ago after traumatic injury to the groin/inguinal region. Presented to WVH on 1/28 for complications. Long draining tract / abscess with plant material noted, flushed, explored and repaired. Represented 1/30 for dehiscence On presentation, suspect 1-2/6 L apical systolic murmur. Perianal region- previously repaired abscess on right caudodorsal thigh, ventrolateral to anal gland, now suture dehiscence with purulent discharge ventral to anus, drain secured right of anus, exiting ventrally, however ventral drain site missing  
Abnormal PE/Chem/CBC/UA Results: WNL culture pending from 1/28/22

**BREED COMPUTED TOMOGRAPHIC STUDY OF THE PELVIS**

Australian Shepherd  
Post-IV contrast study and fistulogram available for review.

**SEX COMPUTED TOMOGRAPHIC FINDINGS**

MN  
There is dermal thickening with cutaneous openings dorsal and ventral to the right of the anus. The dorsal and ventral opening both appear to connect with a fistulous tract that ends dorsal of the sciatic bone.

**AGE**  
2  
A second cavity with peripheral rim enhancement and fluid filled center of 1.0 cm diameter is seen immediately ventral of the right sciatic bone within the caudal thigh musculature. This cavity, however, does not appear to open into the drainage tract.

**INTERPRETED BY**  
Mild periosteal new bone formation is seen on the ventral surface of the sciatic bone.

Nele Eley, DVM  
Dr. med. Vet. DipECVDI  
A 10.0 cm long open tract with gas content can be traced from the right inguinal area along the right lateral abdominal wall. Only mild signs of peripheral inflammation are present. No evidence of foreign material is seen.

**HOSPITAL NAME**  
The right inguinal and right medial iliac lymph nodes are mildly enlarged.

Wilvet Salem  
The fistulous tract to the right of the anus is directly adjacent to the right anal gland. However, the anal gland wall appears to be intact.

**REFERRING VET COMPUTED TOMOGRAPHIC DIAGNOSIS**

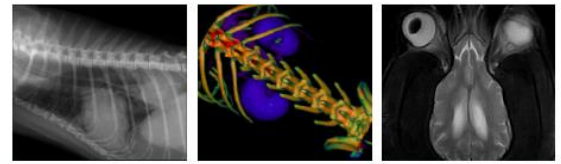
- Dr. Anna Weprich,  
DVM
- Dorsal and ventral drainage tract connected via a fistulous tract dorsal of the sciatic bone to the right of the anus.
  - Intermuscular abscess ventral of the right sciatic bone which does not appear to be connected to the aforementioned drainage tract.
  - Reactive periostitis of the ventral surface of the sciatic bone.
  - Right inguinal injury with emphysema and mild inflammation.
  - Right inguinal and medial iliac lymphadenomegaly.

**INVOICE**

49961

**DATE**

1-31-22



**PATIENT**

Ned Kalk

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No foreign material can be identified in the fistula to the right of the anus. The fistula is immediately adjacent to the right anal gland, however, does not appear to be connected directly.

**SPECIES**

Canine

The fistula dorsal of the right sciatic bone appears to connect to the dorsal and ventral drainage tracts to the right of the anus. However, the cavity lesion ventral of the sciatic bone appears to be sealed and not connected with any of the drainage tracts.

**BREED**

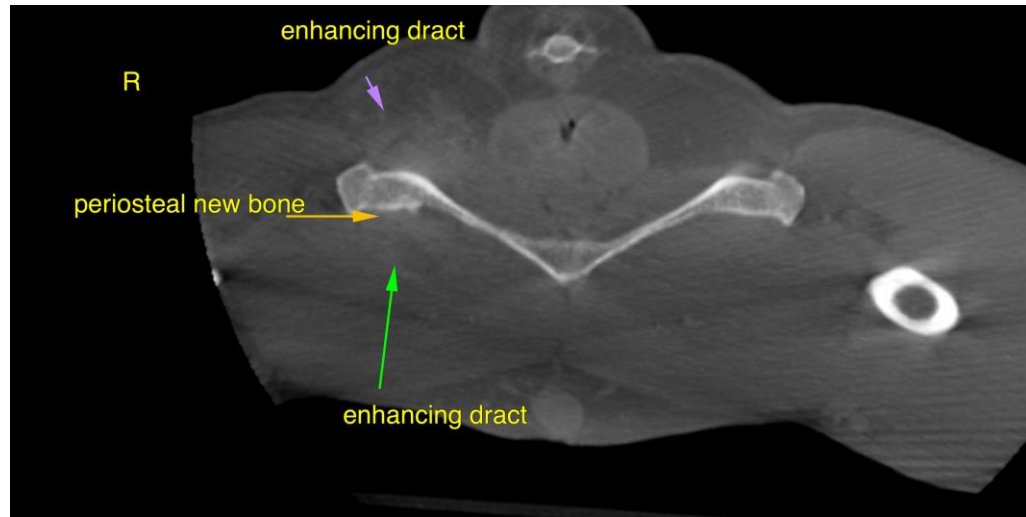
Australian Shepherd

**SEX**

MN

**AGE**

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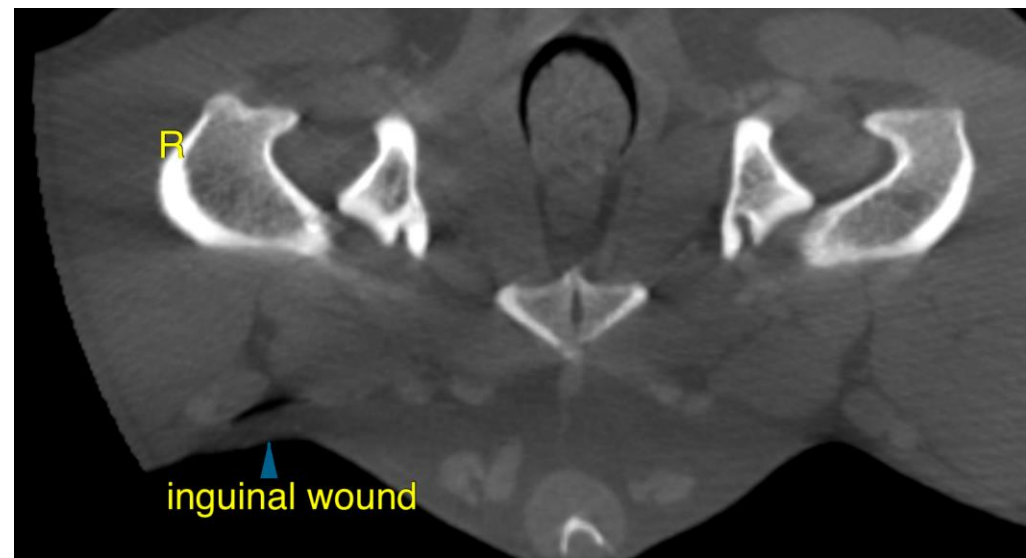


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Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Wilvet Salem



**REFERRING VET**

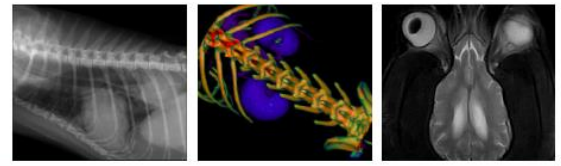
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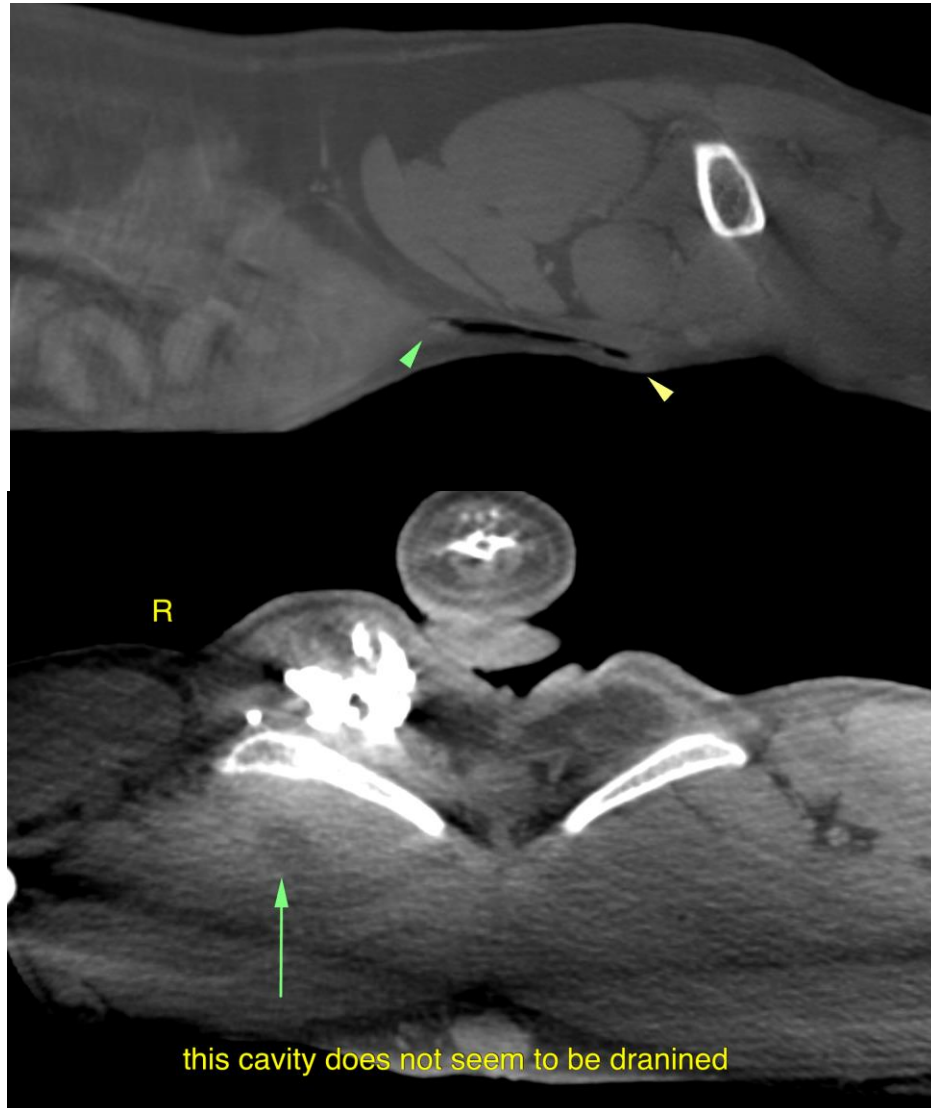
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**REFERRING VET**

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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