



PATIENT

Maple Buckley

SPECIES

Canine

BREED

Corgie

SEX

FN

AGE

3

WEIGHT

16

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Eamon

INVOICE

73220

DATE

1-7-26

PRESENTING CLINICAL SIGNS

hard swelling acute onset left epaxial/lumbar region
Abnormal PE/Chem/CBC/UA Results: cbc/chem wl

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Extensive fat stranding and soft tissue swelling extending from L2 through L5 is seen along the left paraspinal region in the left lateral abdominal wall. The affected region demonstrates mild contrast enhancement. No cavitation or fluid pockets are observed. A discrete mass effect is not seen. Foreign material is not identified. Mild neovascularization is noted within the inflamed tissues. No direct communication with the vertebral column, paraspinal musculature, or intraabdominal cavity is evident.

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Subcutaneous left paraspinal fat stranding with increased contrast enhancement and neovascularization.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with left paraspinal soft tissue inflammation, likely cellulitis or post-traumatic/contusion related soft tissue reaction. Lack of cavitation or discrete mass, absence of foreign material, and normal adjacent structures suggest a localized inflammatory process rather than abscess, neoplasia, or penetrating injury, even though these cannot be completely excluded. No involvement of the spine or abdominal cavity is seen. Ultrasound guided FNA or biopsy for histology and culture could be considered. Empiric anti-inflammatory or anti-biotic therapy may be considered as clinically appropriate. Clinical follow up and follow up imaging may be considered in 1-2 weeks. Monitoring for systemic signs such as fever is recommended as well.



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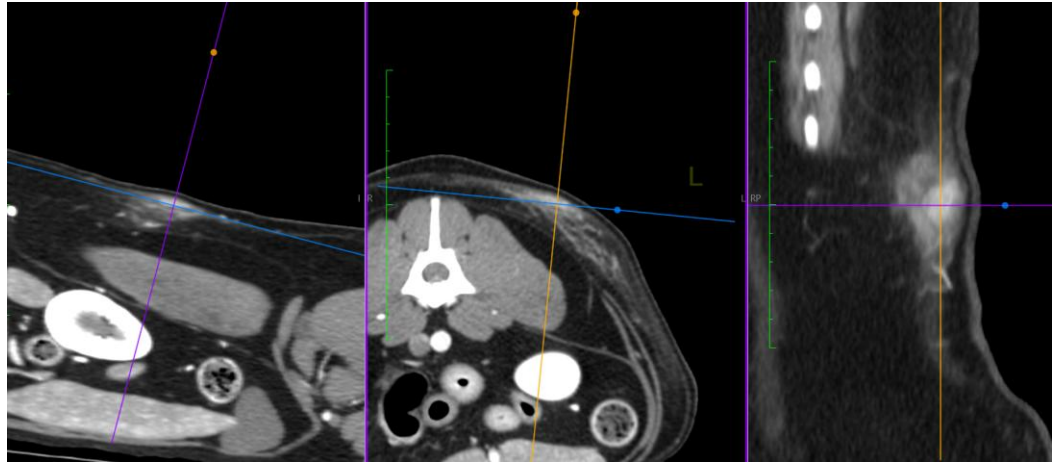
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (Ondreka), DVM, Dr. med. vet., DipECVDI
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