

PATIENT PRESENTING CLINICAL SIGNS

Nietzsche Courteau

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

8 Years

INTERPRETED BY

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

Nietzsche initially presented to WestVet ER in Boise on 10/5/22 for evaluation of lethargy, inappetence, at least one episode of vomiting and ocular discharge. The lethargy and inappetence had been slowly progressive over about 2 weeks. A previous rattlesnake bite in July 2022 was also reported in the right front limb. Physical exam documented a lesion over the left dorsal metatarsus with swelling and a small draining tract. Aspirates and cytology of the lesion documented septic suppurative inflammation. An arthrocentesis was performed, documenting as follows: Right Carpus: Very mild neutrophilic inflammation and Left Carpus: mild neutrophilic inflammation and Left Tarsus: Marked neutrophilic inflammation. Culture of the aspirated wound is reported to be pending. Blood work performed at that time documented a non-regenerative anemia (27%), a hyperglobulinemia (5.1), and an inflammatory leukogram. An abdominal ultrasound was performed (see full report) documenting: a large regional splenic infarct, with an otherwise normal remaining abdomen. Nietzsche was hospitalized and treated with fluids, antibiotics (enrofloxacin, amoxicillin), clopidogrel (d/c after discharge), Tramadol, Gabapentin and appetite stimulants. The septic arthritis was suspected to be the cause of his clinical signs, with the noted splenic abnormalities suspected to be an incidental finding. Nietzsche presented to his rDVM for follow-up examination on 10/12. An increased temp of 104.1 was documented and the owner reported continued lethargy. Blood work documented a persistent anemia (28%) and a WBC 31,320. An abdominal ultrasound on 10/12 showed: Scant peritoneal fluid; Hyperechoic fat within the caudal and left abdomen; Abdominal lymphadenopathy - reactive vs other; Suspect splenic infarct. Abnormal PE/Chem/CBC/UA Results: Blood work is dated 10/12/22: CBC - PCV = 29%, WBC = 31,320, neutrophils = 25,390, lymphocytes = 2,380, monocytes = 3,020, platelets = 214,000. UA (10/6/22) - USG = 1.026, pH = 7.0, 2+ protein, 2+ bilirubin, 2+ blood, rare WBC's, numerous RBC present (21-50 /hpf). Urine culture negative for growth. Provided radiographs of the LH limb, abdomen and thorax appear unremarkable. Tick panel PCR (10/6/22) - negative. **Musculoskeletal:** Normal ambulation; hunched stance; guarding left hind limb area; sedated palpation reveals a swelling in the proximal caudolateral left thigh when compared to the right thigh

COMPUTED TOMOGRAPHIC STUDY OF THE PELVIS

Plain and post-contrast studies provided for review.

HOSPITAL NAME

VetMed Consultants

COMPUTED TOMOGRAPHIC FINDINGS

An approximately 5.0 cm sized cavitary lesion with fluid attenuating contrast negative center is seen in the proximal aspect of the left femoral biceps muscle. The contrast negative fluid attenuating center is surrounded by a thick rim of contrast enhancement. Regional soft tissue swelling is noted.

REFERRING VET

Dr. Tucker

The left popliteal lymph node and the left medial iliac lymph node are moderately enlarged.

Part of the abdomen is included. The caudal half of the splenic tail is contrast negative with heterogeneous peripheral capsular enhancement and maintained organ volume.

INVOICE

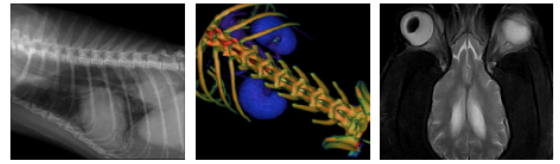
42114

Mild free peritoneal effusion is seen.

A 3.0 cm x 1.5 cm sized, wedge-shaped, contrast negative lesion is seen within the lateral aspect of the right kidney.

DATE

10/13/22



PATIENT COMPUTED TOMOGRAPHIC DIAGNOSIS

Nietzsche Courteau

- Cavitating lesion with peripheral enhancement in the left proximal femoral biceps muscle
- Left popliteal and medial iliac lymphadenomegaly
- Infarction of the splenic tail
- Right renal infarct
- Mild peritoneal effusion

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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Differential diagnosis for the cavitating lesion within the left femoral biceps includes hematoma such as due to systemic coagulopathy or spontaneous muscle rupture as well as neoplasia with central tumor necrosis, or abscess.

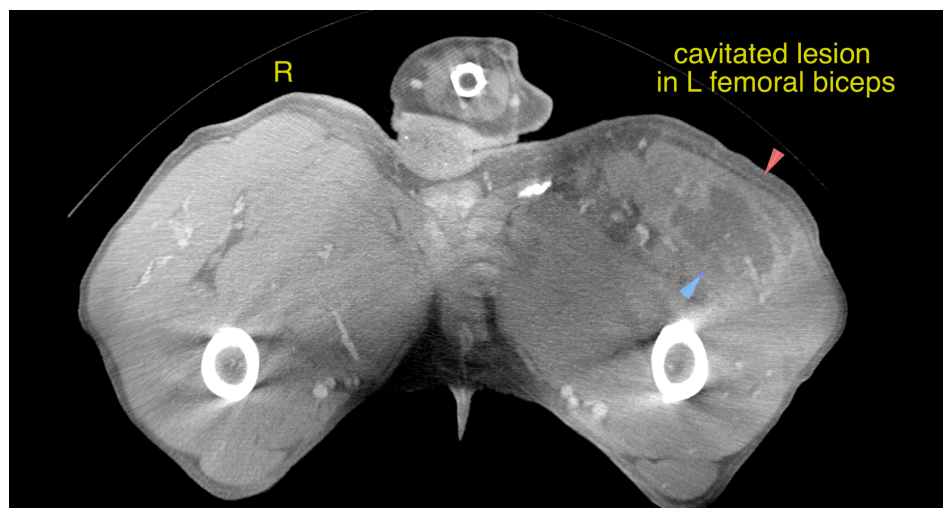
The lymph node changes are equivocal for reactive hyperplasia versus metastatic disease.

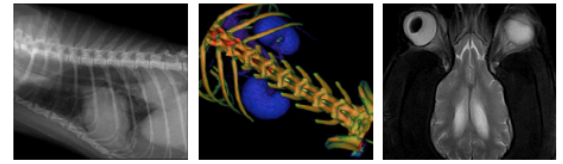
The findings of the spleen are highly suggestive for infarction such as hemorrhagic or septic, and less likely ischemic neoplasia with necrosis or infarction.

The findings of the kidney are suggestive for septic neoplastic ischemic or hemorrhagic infarction are potential differential diagnoses.

The fluid may represent ascites or hemorrhage.

Coagulation should be checked in this patient to ensure comprehensive sampling is possible for further definition and in order to rule out coagulopathy and multifocal hemorrhage/hemorrhagic infarction as underlying cause of the structural changes.





PATIENT

Nietzsche Courteau

SPECIES

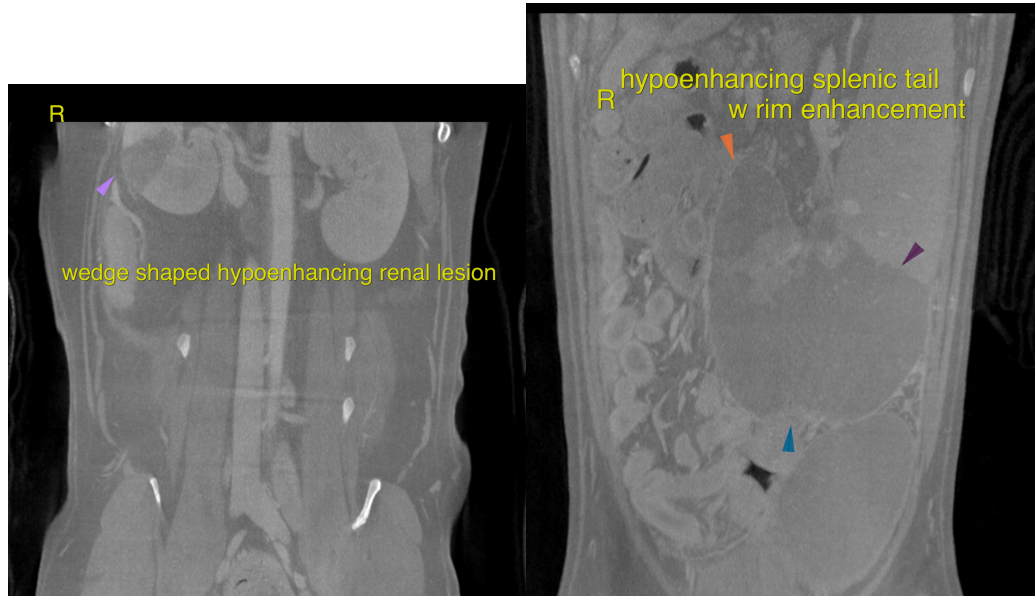
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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