



**PATIENT**

Lady Jones

**PRESENTING CLINICAL SIGNS**

here for referral ct scan mid September p/ was out hunting large lump on right hind near hip o/ thought it was abscess, took to vet, drained it, put in drain and put on abx has hx of grass ons took to a vet in MT, did ultrasound on the area, nothing obvious o/ gave p/ about 1 month break from hunting, gradually started doing 20 min hunting sessions lump came back reoped and flushed, infection had traveled into abdomen, opened up p/ was on abx for 10 days has not been hunting for about 1 month, abscess came back was very large over thanksgiving e/d: normal c/s/v/d: none meds: clavamox no other concerns am

**SPECIES**

Canine

**BREED**

English Setter

**COMPUTED TOMOGRAPHIC STUDY OF THE LUMBAR SPINE**

Plain study available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

FS

A fluid attenuating ovoid lesion with ill-defined margins and strong peripheral fat stranding of approximately 4.0 x 3.0 cm is seen in the right flank cranial and lateral of the right iliac wing level with the 5<sup>th</sup> and 6<sup>th</sup> lumbar vertebrae. Finger-like extensions of this structure can be traced into the sublumbar area level with the 3<sup>rd</sup> through 7<sup>th</sup> lumbar vertebrae. The right sublumbar muscles are increased in volume in the same area. Regional thickening of the abdominal wall muscle layers is seen. There is no visible foreign material. No osseous changes of the lumbar vertebrae are seen.

**AGE**

5 Years, 1 Month

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

- Presumably cavitory subcutaneous mass in the right flank with retroperitoneal and sublumbar extension as well as regional steatopathy, abdominal wall myopathy, and right sided sublumbar myopathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

State Avenue Vet  
Clinic

Limited study owing to the lack of a post-contrast sequence which is required in order to further characterize the etiology and extent of the soft tissue changes. Anyhow, migrating foreign material such as inhaled grass awns, which migrate through the sublumbar muscles with drainage tract formation in the right flank, are a major concern. Regional infection or injury cannot be ruled out entirely as a differential diagnosis. Theoretically, neoplasia such as soft tissue sarcoma cannot be ruled out as well. Consider further definition by means of sampling if not performed already. CT of the thorax and contrast enhanced CT of the abdomen/flank could be considered for further definition and to allow for more detailed navigation of potential surgery. However, surgical exploration appears to be required after ensuring this is a nonneoplastic inflammatory / infectious pathology.

**REFERRING VET**

Dr. Raul Casas-Dolz

**INVOICE**

48759

**DATE**

12-2-21



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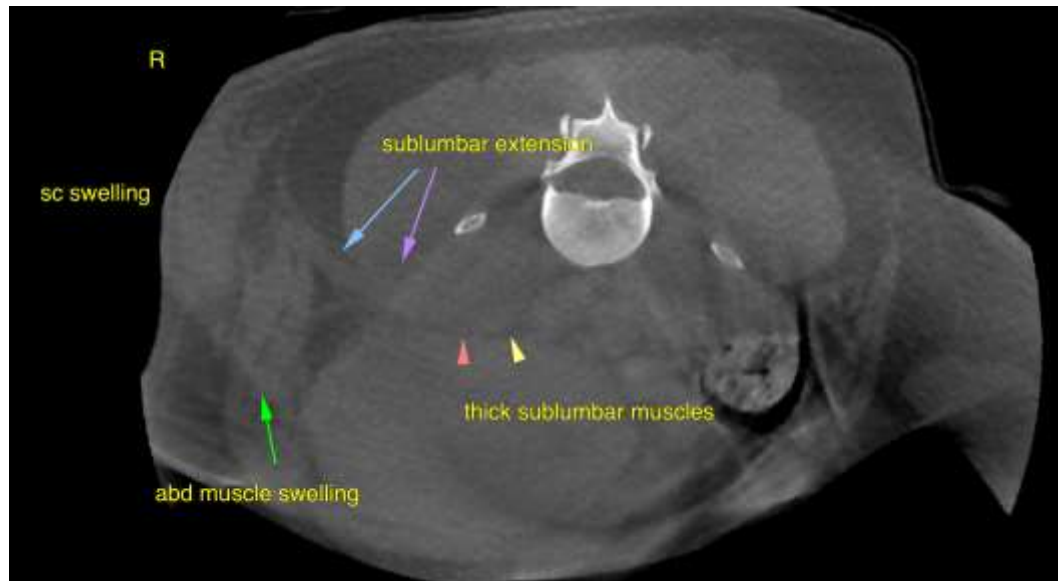
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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