



**PATIENT PRESENTING CLINICAL SIGNS**

Franki Johnson Presented for being impaled by a stick from lateral abdomen through & out of rectum. Dog underwent extensive surgery (see surgical notes) Increased swelling/edema 48 hours post surgery. CT performed to rule out any additional foreign material. Note - J drains still in & marker is on the right side of abd. Surgical notes: 1) Midventral celiotomy. Found the stick penetrating the dorso- lateral body wall and entering the pelvic canal after which it exited through the rectum. Large hematoma at the caudal ventral R pelvic canal. Suctioned off hematoma contents and removed the portion of the stick per rectum by gentle traction. Removed the other half of the stick from the lateral thoracic wall by creating a sharp skin incision followed by muscle and SQ dissection. Lavaged the abdomen copiously. Placed a 10 mms J-P drain in the abdomen and exited left body wall. Secured at exit site with a modified finger trap of 2-0 PDS. Linea opposed with 0 PDS SC. SQ/Subcuticular opposed with 0 PDS SC. Skin opposed with 2-0 Nylon SC. 2) Re-positioned patient and debrided both lateral body wall wounds one created by the stick entry wound and the other created when the stick was dissected out. Debrided both wounds of hair, pieces of stick and other debris, and closed with 2-0 PDS SC in fat and panniculus muscle. Placed a second 10mms J P drain and exited R ventral flank. Drain secured with 2-0 PDS modified finger trap. Skin wounds both sites closed with staples. 3) Placed in sternal recumbency and carefully assessed the colo-rectum. Found the ventral rectal wall penetrating injury, copious lavage and closed in 2 layers with 3-0 PDS SC. Placed a stockinette Slow smooth uneventful recovery. Owners updated Major post op concerns 1) Overwhelming infection 2) Leakage at rectal site causing systemic sepsis 3) Pieces of wood that could not be identified causing an abscess or fistula in the future

**SPECIES** Canine

**BREED** Lab Mix

**SEX** FS

**AGE** 5

**COMPUTED TOMOGRAPHIC STUDY OF THE CAUDAL ABDOMEN**

Plain and post contrast studies available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

Patient has a history of being impaled by a stick with perforation of the right lateral abdominal wall and rectum. Prior celiotomy has been performed and is associated with thickening and irregularity of the ventral abdominal midline.

Two drains are present in the abdomen.

There is post-procedural pneumoperitoneum and emphysema within the right caudal abdominal wall. The layers of the right lateral and caudal abdominal wall are thick with irregular outline and fluid accumulation as well as emphysema between the layers. Extensive subcutaneous fluid accumulation is seen as well and can be traced caudally and distally in the inguinal region and along the medial thigh.

Right inguinal and medial iliac lymphadenomegaly is seen.

There is an area of soft tissue swelling with peripheral fat stranding to the right of the rectum within the pelvic canal. An 8mm x 1mm sized linear mineral attenuating structure can be seen at the same level to the right of the rectum immediately cranial of the pubic rim.

The rectal wall presents moderate asymmetric swelling.

The colon contains a moderate amount of highly inspissated fecal matter.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Southern Oregon  
Veterinary Specialty  
Center

**REFERRING VET**

Ravi Seshadri

**INVOICE**

49254

**DATE**

12-27-21

**PATIENT**

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- History of perforating stick injury with rectal perforation and celiotomy.
- Post-procedural pneumoperitoneum.
- Regional soft tissue swelling with peripheral fat stranding in the pelvic canal to the right of the rectum with extension into the inguinal area.
- Layered soft tissue swelling of the right lateral caudal abdominal wall.
- Potential for foreign material in the pelvic canal to the right of the rectum.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study suggests potential for presence of residual foreign material in the pelvic canal cranial of the pubic rim to the right of the rectum. An 8mm x 1mm sized linear mineral attenuating structure is seen in this position and may reflect residuals of the wooden foreign material. Presence of additional smaller pieces of foreign material with similar or other attenuation properties cannot be ruled out entirely.

Based on the CT findings, perirectal and inguinal steatitis appear to be the most likely explanation for the CT changes. However, it has to be noted that hematoma, edema, and cellulitis all share similar imaging features.

Note the presence of residual fluid and emphysema between the layers of the right caudal and lateral abdominal wall muscles with marked peripheral subcutaneous soft tissue swelling.



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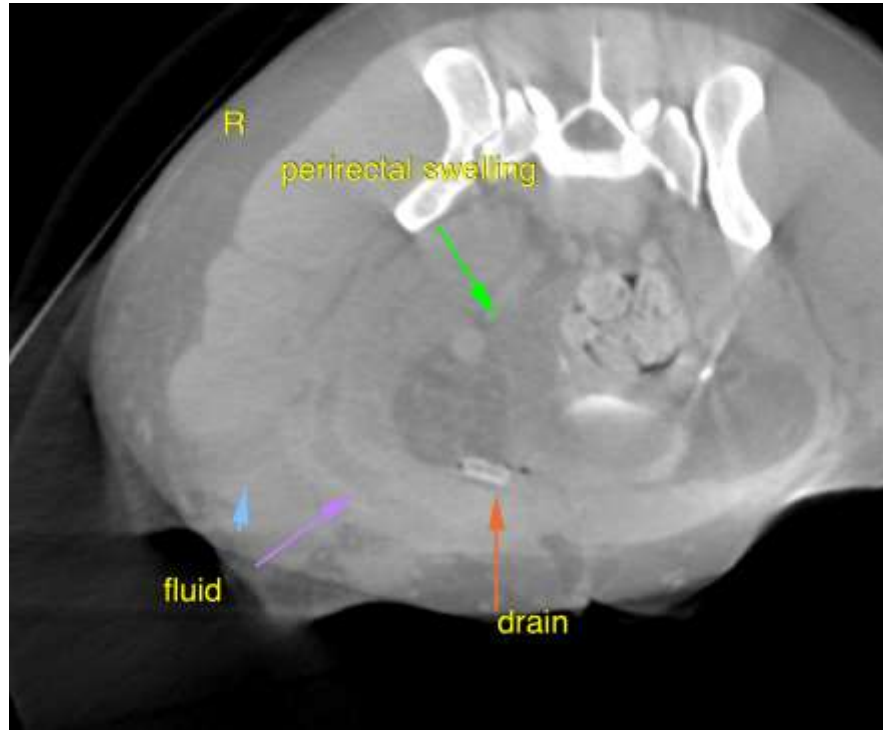
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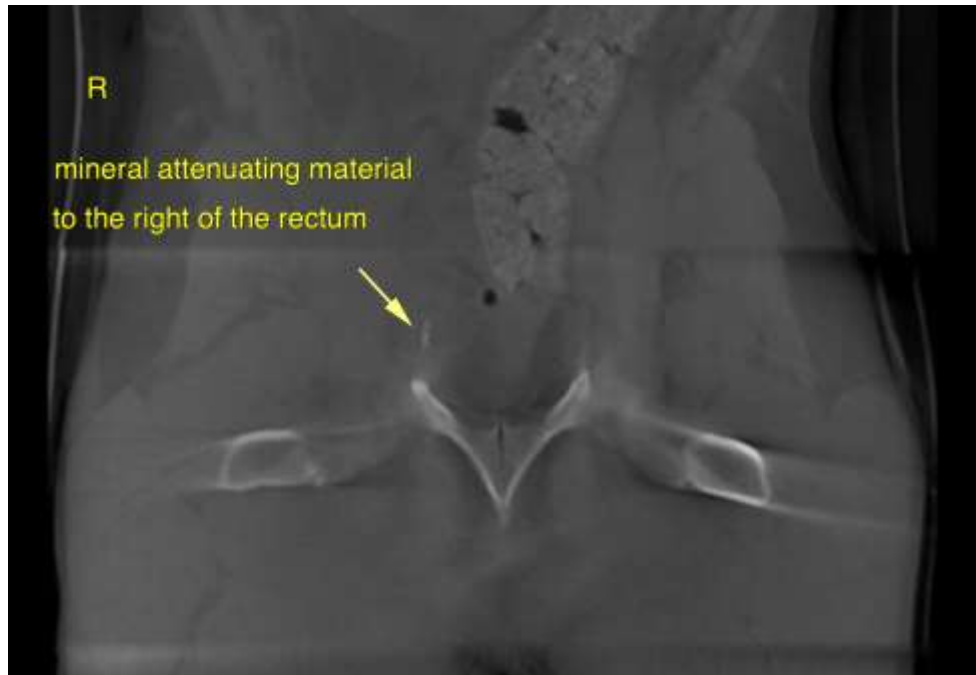
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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