



PATIENT

Tessa Pritchard

SPECIES

Canine

BREED

Golden Retriever

SEX

Female

AGE

1

WEIGHT

22

INTERPRETED BY

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

IMAGING PERFORMED BY

Olivia Jarvis RVN

HOSPITAL NAME

Animal Trust -
Ellesmere Port

REFERRING VET

Dee Valley vets

INVOICE

72885

DATE

12-8-25

PRESENTING CLINICAL SIGNS

Initially presented in July 2025 after a dog attack causing a secondary infection where she was pyrexia and off food. Since this, she has had a recurring abscess on the right hand side, cranial to her hip, she has had several flushing out surgeries and drains placed with many courses of antibiotics following the culture and sensitivity but the abscess is still seeming to recur. Presented today BAR temp 39.2, will 10x10cm firm abscess again. We are at the point where we would like to refer for more sensitive imaging, CT, to check the infection in the surrounding tissue/bone and see if a more effective/curative surgery can be offered.

COMPUTED TOMOGRAPHIC STUDY OF THE PELVIS

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

There is an 8 x 6 x 2 cm sized subcutaneous and cutaneous soft tissue lesion located in the right flank cranial to the right hip. The lesion shows increased attenuation and ill-defined margins with peripheral fat stranding. No evidence of cavitation or discrete mass effect are seen. There is deep fascial plane involvement and involvement of the superficial layers of the abdominal wall muscles. However, the peritoneal space remains intact. No foreign material is identified within the lesion. Focal surface retraction of the overlying skin is noted. The lesion is situated level with the deep circumflex artery and vein. No osseous involvement is identified.

The right medial iliac lymph node is mildly enlarged.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Regional cellulitis and scar tissue formation in the right flank with involvement of the deep fascial planes and superficial layers of the abdominal wall muscles. No evidence of foreign material or intra-abdominal extension. No evidence of osseous involvement.
- Mild reactive regional lymphadenopathy.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are consistent with a chronic recurrent abscess and scar tissue formation extending into the deep fascial planes. There appears to be involvement of the superficial layers of the abdominal wall muscles and overlying skin with surface retraction suggesting potential fibrotic changes. The lesion proximity to the deep circumflex vessels highlights the need for careful surgical planning. Surgical excision should consider the extent of fascial and muscular involvement. Evidence of osseous involvement is not seen. Complete removal may require reconstructive techniques.



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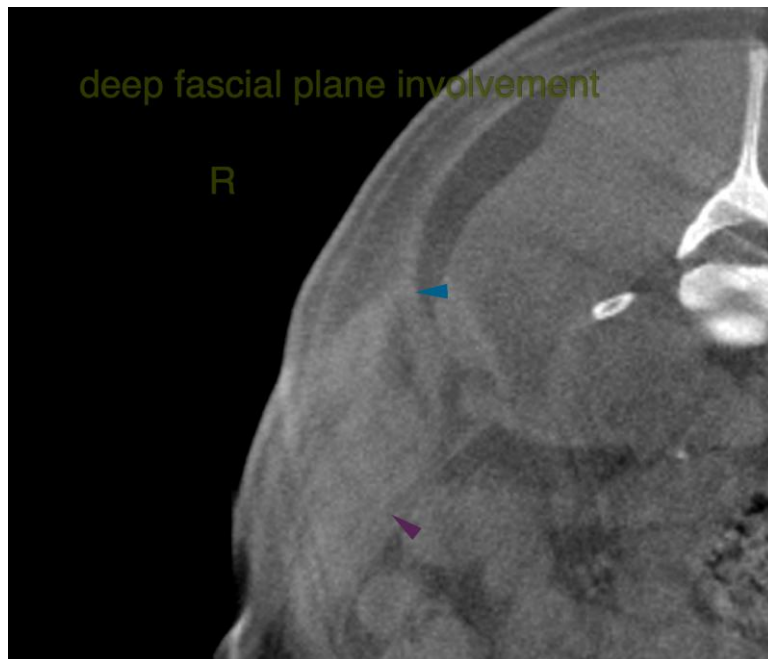
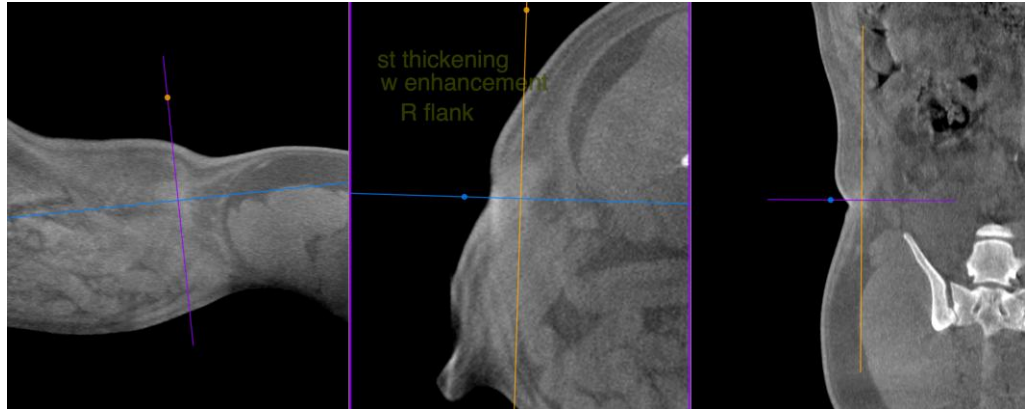
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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