



PATIENT

Luna Brandt

SPECIES

Canine

BREED

Rottweiler

SEX

FS

AGE

4 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Ravi Seshadri

INVOICE

56575

DATE

2-4-23

PRESENTING CLINICAL SIGNS

Ravi Seshadri DVM, DipACVECC Luna has a recurrent draining tract on her right thoracic wall that extends ventrally and slightly caudally towards her proximal abdominal wall. We are unsure whether this is from a migrating foreign body such as a foxtail, or whether it is a fistula from her GI tract from previous foreign body. This has been explored twice, and has had drains placed, and has had biopsies, none of which have led to complete resolution. A CT scan was completed today to get a better handle on the primary diagnosis. The goal is to consider a major surgery once the CT report is available. Her anesthesia and recovery were uneventful, she can go home and have food water normally this afternoon. We will call the owners as soon as the CT radiology report is available. She is a rock eater and incidentally has numerous rocks in her GI tract on today's study.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies available for review. The study is right/left flipped.

COMPUTED TOMOGRAPHIC FINDINGS

Extensive ill-defined soft tissue swelling with altered tissue attenuation is seen in the right cranial abdominal wall extending from the area superficial to the left 12th and 13th ribs up to the mid abdomen. The overall height of the soft tissue changes is 12 cm and length measures approximately 10 cm.

Two areas of consolidation are seen in the craniodorsal and caudoventral aspect of the soft tissue changes. Extensive peripheral fat stranding is seen. The areas of consolidation present cavitation, ill-defined soft tissue swelling, and heterogeneously increased enhancement. Feeding vessels can be traced from the periphery into the soft tissue swelling. No evidence of foreign material is seen. There is no significant peritoneal involvement noted.

The large and small intestinal loops can be seen in the abdominal cavity adjacent to the abdominal wall. The abdominal wall, peritoneum, and the intestinal loops themselves do not appear to be involved. There is no connection with the prior position of the ovary.

Multiple mineral attenuating structures are clustered within the large intestine. No evidence of ileus is seen.

The liver, gallbladder, spleen, kidneys, and adrenal glands present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Extensive cellulitis, scar tissue formation and cavitation in the right cranial abdominal wall with no evidence of peritoneal cavity involvement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The source of the extensive right abdominal wall soft tissue changes remains unclear. There appears to be no involvement of the peritoneal cavity. Migrating foreign material, especially small pieces of organic foreign material, remain a potential as these can be occult on CT. Note the presence of two areas of consolidation in the craniodorsal and caudoventral aspect of the soft tissue changes. The patient may benefit from en bloc resection of these. All findings are compatible with inflammatory/infectious cellulitis. However, soft tissue neoplasia such as



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sarcoma cannot be ruled out entirely based on the CT findings alone and culture and histology are recommended.

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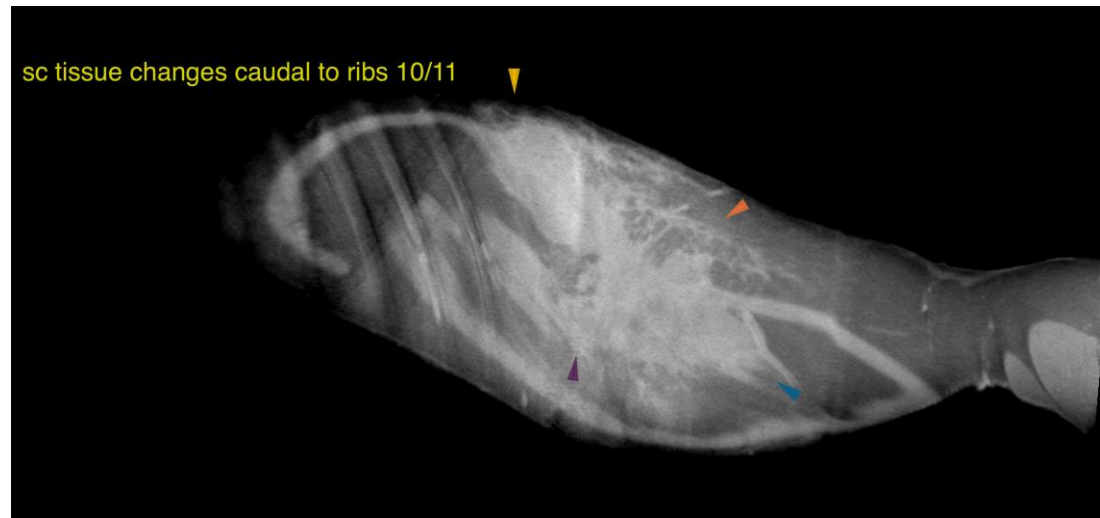
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

HOSPITAL NAME

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