



PATIENT

Cedar Christensen

SPECIES

Canine

BREED

German Shorthair
Pointer

SEX

Female

AGE

1Y, 7M

WEIGHT

45lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Burge

HOSPITAL NAME

Wilson Veterinary
Hospital

REFERRING VET

Schultz Veterinary Clinic

INVOICE

74776

DATE

4-27-26

PRESENTING CLINICAL SIGNS

Pet presented for evaluation of abscess on the lumbar spine that has been present since 3/16/26 - developed shortly after receiving vaccines, an was initially very painful. Mass did not develop in the location of an administered vaccine. Aspirates for culture were sent out and pet was treated for Pasteurella. Repeated C+S came back negative in April, but the mass continues to wax and wane. On gabapentin 100 mg BID, prednisone 10 mg EOD, and clavamox 500 mg 1/2 BID

COMPUTED TOMOGRAPHIC STUDY OF THE LUMBAR SPINE

Plain and post IV contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A large, well-defined cavitory lesion is seen within the left sublumbar musculature measuring approximately 7 cm in length and 3.5 cm in diameter. The lesion contains uniformly fluid attenuating contrast negative material. A well formed peripheral capsule with peripheral contrast enhancement is seen. No internal radiopaque foreign material can be identified. The surrounding tissues show mild inflammatory change.

Unsharp ventral periosteal new bone formation is seen along the ventral contour of the lumbar vertebrae 1-3.

Vertebral alignment is maintained.

A second cavitory lesion is seen in the subcutaneous tissues caudolateral to the left 13th rib in the cranial abdomen measuring approximately 2.5 x 1.5 cm. Imaging characteristics are consistent with a smaller abscess cavity.

The thorax and diaphragmatic crura are not included in the imaged field of view.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, encapsulated abscess within the left sublumbar musculature.
- No radiopaque foreign material identified.
- Second smaller subcutaneous abscess in the left cranial abdominal wall.
- Mild signs of secondary spondylitis in the cranial lumbar spine from L1-L3.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging findings are most consistent with multifocal abscess formation involving the left sublumbar musculature and adjacent subcutaneous tissues in the left cranial abdominal wall. No definitive foreign body is identified. However, the multifocal distribution and chronic waxing and waning clinical course raise the possibility of chronic migrating infectious processes such as foreign bodies that are not visualized vs hematogenous or penetrating soft tissue infection. A sterile inflammatory abscessation such as an immune mediated disease is considered less likely. The periosteal new bone formation along L1-L3 supports the presence of reactive change and secondary spondylitis which increases the risk for spinal canal empyema and discospondylitis.

Surgical exploration and drainage of the sublumbar and abdominal abscess cavities is strongly recommended. Thorough search for occult foreign material should be performed as possible. Consider extended imaging of the thorax and cranial abdomen if migration is suspected since one of the most common pathways in inhalation of foreign material which then migrates through the lung into the



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diaphragmatic crura and subcutaneous soft tissues.

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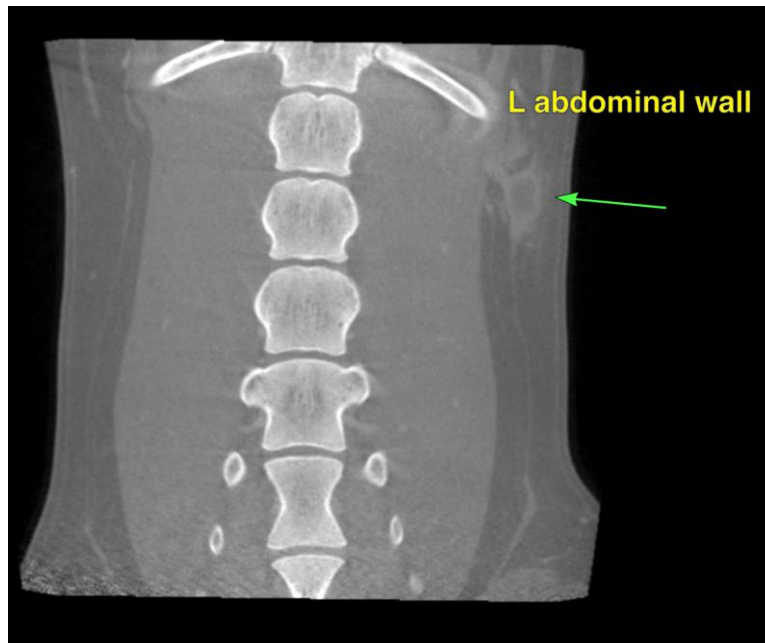
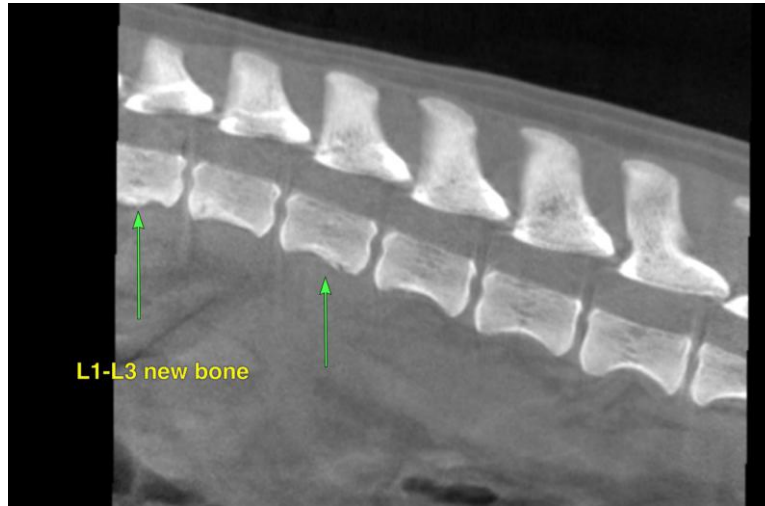
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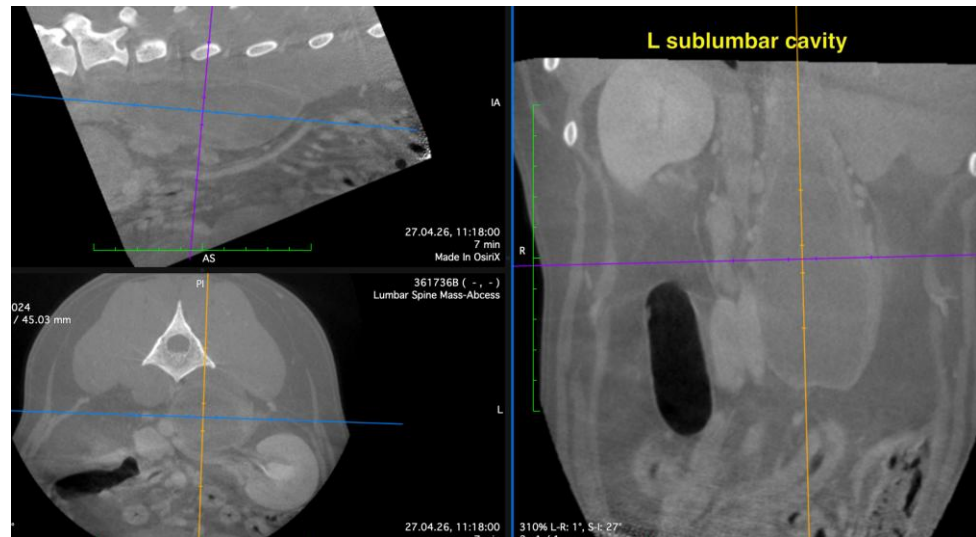
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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