SonoPath Teleradiology
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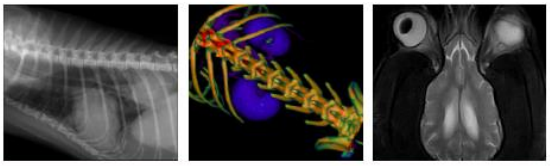


PATIENT

Lucy Rasmussen

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

3 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Gardner

INVOICE

53300

DATE

8-6-22

PRESENTING CLINICAL SIGNS

Brief History: P is being hospitalized after HBC. Multiple pelvic fractures +/- sacral fx with tail pull injury. Lucy is an indoor/outdoor cat and was outside all night. 8/5 morning owner found her laying against the house, not walking. when owner picked her up she cried out in pain. They suspect she was hit by a car.
Abnormal PE/Chem/CBC/UA Results: S/O:: Patient resting sternal. Left and R lung fields sound clear but patient became fractious briefly with stethoscope at R chest. She was able to shift from R sternal to L sternal with good voluntary motor of both forelimbs and hindlimbs. no murmur. gums pink. unable to palpate the abdomen at this time. QAR. pupils equal and normal PLR. A:: 1. HBC 2. Pelvic fracture 3. Luxated tail 2 view whole body rads/pevic rads FINDINGS: The cardiac silhouette is of normal size and shape. The pulmonary vessels, the caudal vena cava and the aorta are of normal size and shape. The impression of mild increased opacities in the caudal ventral thorax is most likely due pericardial fat. However, minimal pleural effusion cannot be totally excluded. No lesion is identified in the lungs. No mediastinal mass or lymphadenopathy is identified. The esophagus and the trachea are radiographically normal. In the gastro-intestinal tract, there are multiple small mineral opacities. These are compatible with dietary indiscretion and are too small to cause an obstruction. The colon is moderately redundant, which is a normal anatomical variation. Otherwise, the gastro-intestinal structures are considered normal postprandial. A questionable to increase it should this is in the region of the falciform fat. There are mineral opacities in the kidneys. No lesion is detected in the liver, the spleen, and the urinary bladder. The third sacral vertebra is incompletely fused, compatible with incidental transitional anatomy. Impression of slight asymmetry of the sacrum on the ventral dorsal view may be due to positional variations but minimally displaced fracture cannot be totally excluded. There is severe luxation along the caudal aspect of the tail. No consistent disc space narrowing is identified. No vertebral aggressive periosteal reaction or lysis is identified. There is luxation of the right sacroiliac joint. There are fractures in the pubis and ischia. There are mineralizations in the cranial aspect of the stifles joints bilaterally. This is compatible with bilateral meniscal ossicles. This is likely of limited current clinical significance given the reported history. No lesion is detected in the tarsi. CONCLUSIONS: There is severe luxation along the caudal aspect of the tail. The possibility of a sacral fracture could be considered but is not definitive. There are acute, traumatic fractures of the pubis and ischia and right sacroiliac luxation. The streaky increased soft tissue opacities in the falciform fat could be artifactually exaggerated to body wall lesion (bruise), but mild peritoneal lesion, for example hemorrhage, uro abdomen or penetrating wound cannot be totally excluded. The possibility of mild pleural effusion associated with hemorrhage or penetrating wound cannot be totally excluded either. The nephroliths/nephrocalcinosis could be associated with chronic nephropathy. The significance of this finding should be judged based on clinical and biochemical data associated with renal dysfunction. Tail feels cold to the touch. Blood supply may be compromised. P does have anal tone and can urinate on her own.

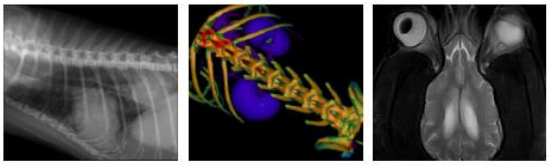
COMPUTED TOMOGRAPHIC STUDY OF THE PELVIS & SACRUM

Plain study available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The right sacroiliac joint presents lateral and cranial subluxation with a severely widened joint space. The left sacroiliac joint is in situ. No sacral fracture is seen. The iliac bones present no evidence of fracture.

There is a short transverse fracture within the right and left cranial pubic rim. An incomplete



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fracture is seen further medial in the right cranial pubic rim. Short transverse fractures are seen in the caudal pubic rims of the right and left hemipelvis and there is a moderately angled short oblique fracture of the right sciatic bone. The right hemipelvis presents moderate cranial displacement. Mild narrowing of the caudal pelvic canal is seen. There is no evidence of acetabular fractures.

The 3rd sacral vertebra is incompletely fused to the 2nd sacral vertebra with no obvious displacement.

Acute rightward angulation of the coccygeal vertebrae is seen with respect to the sacrum, however, there is no obvious evidence of luxation or fracture. The visible coccygeal vertebrae present no evidence of osseous injury.

Extensive regional fat stranding and soft tissue swelling are seen in the perineal area. Fat stranding is also seen bilaterally in the inguinal area.

The caudal portion of the rectus abdominus muscle is thickened.

Mild fat stranding is seen in the caudal abdomen in the region of the urinary bladder and pelvic urethra. The urinary bladder is severely distended.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple pelvic fractures after road traffic accident with bilateral cranial and caudal pubic rim fractures, right sciatic bone fracture, right iliosacral joint luxation, and cranial displacement of the right hemipelvis.
- Suspect soft tissue injury of the caudal rectus abdominus muscle.
- No evidence of sacral or coccygeal fracture.
- Suspicion of sacrococcygeal subluxation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Presence of bilateral cranial and caudal pubic rim fractures is noted as well as right sciatic bone fracture and right sacroiliac joint luxation.

Disruption or displacement of the osseous structures of the sacrum and coccygeal vertebrae is not seen. However, subluxation or prior luxation with spontaneous reduction of the coccygeal vertebrae with respect to the sacrum is suspected which may have traumatized the caudal pelvic nerves.

Thorough palpation of the rectus abdominus muscle for caudoventral defects of the abdominal wall is recommended.

Note the severe distended urinary bladder. (Based on the clinical history, spontaneous urination is not compromised.)

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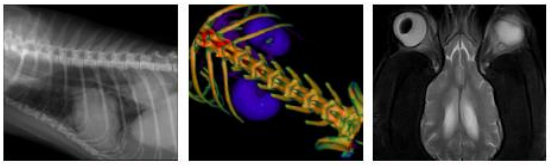

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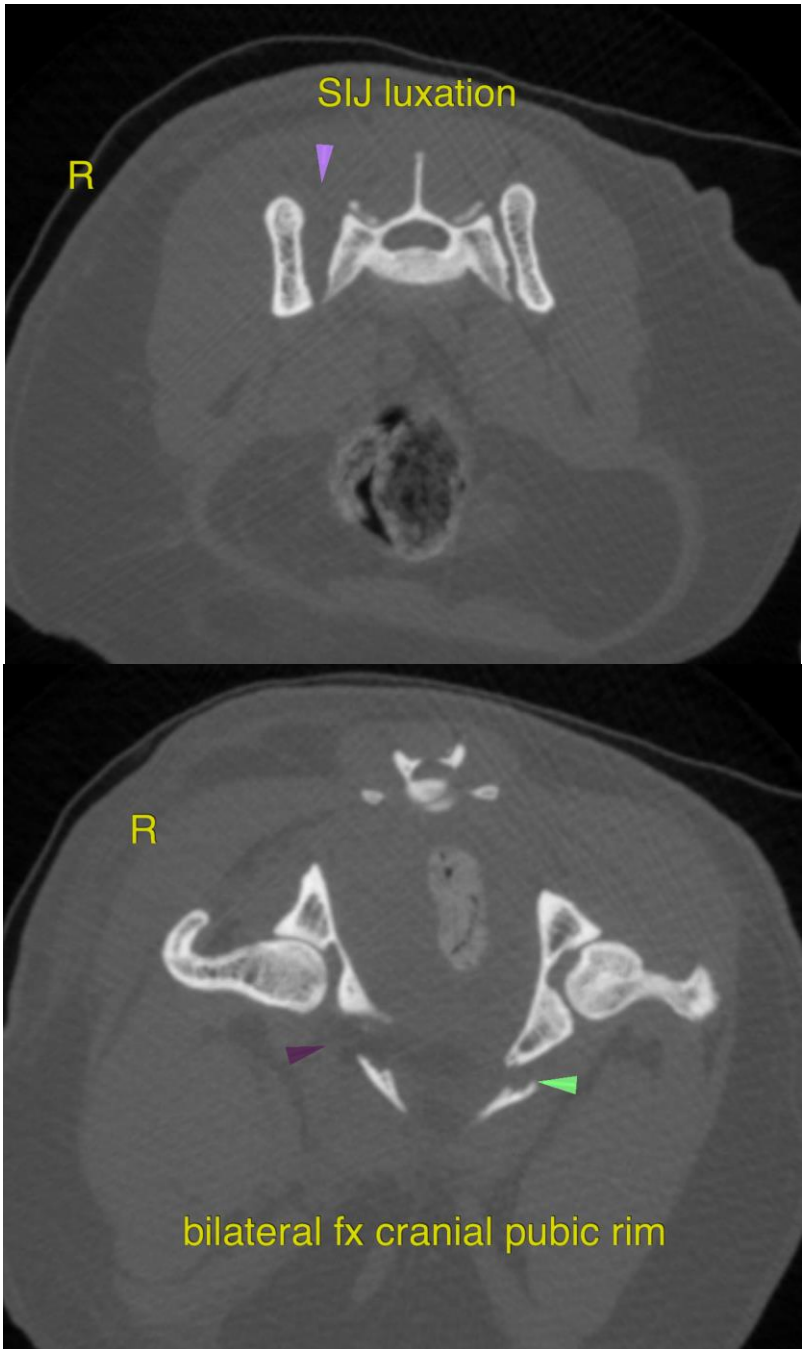

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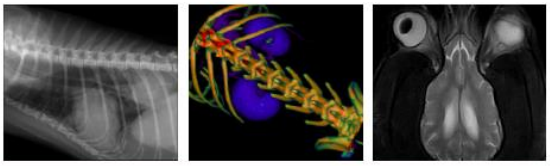

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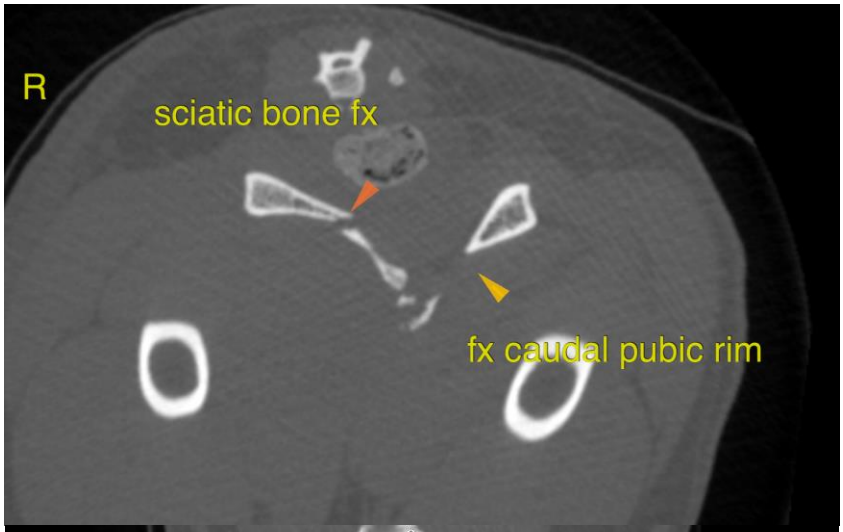

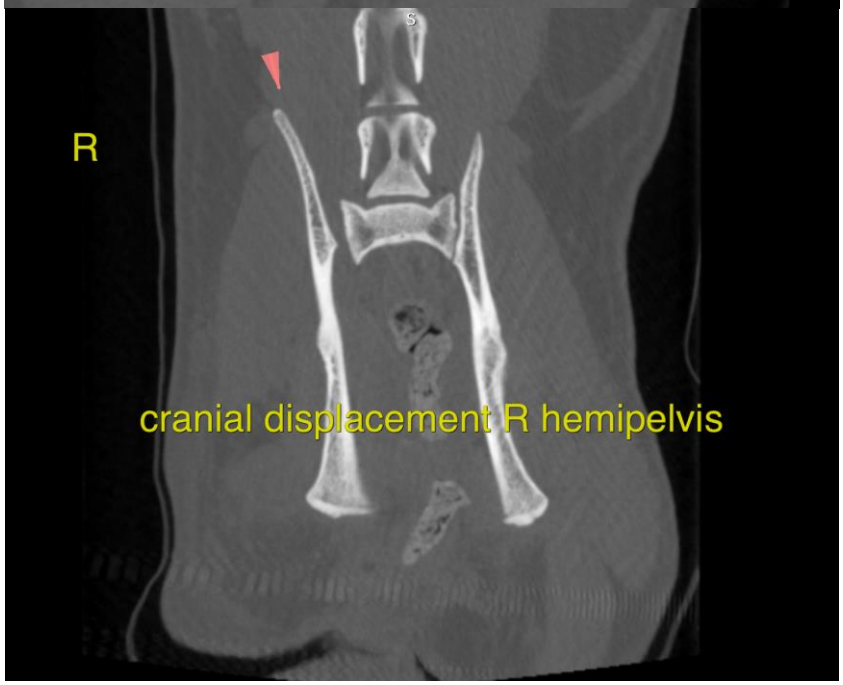

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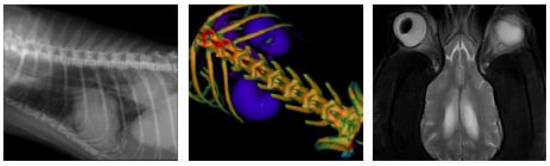

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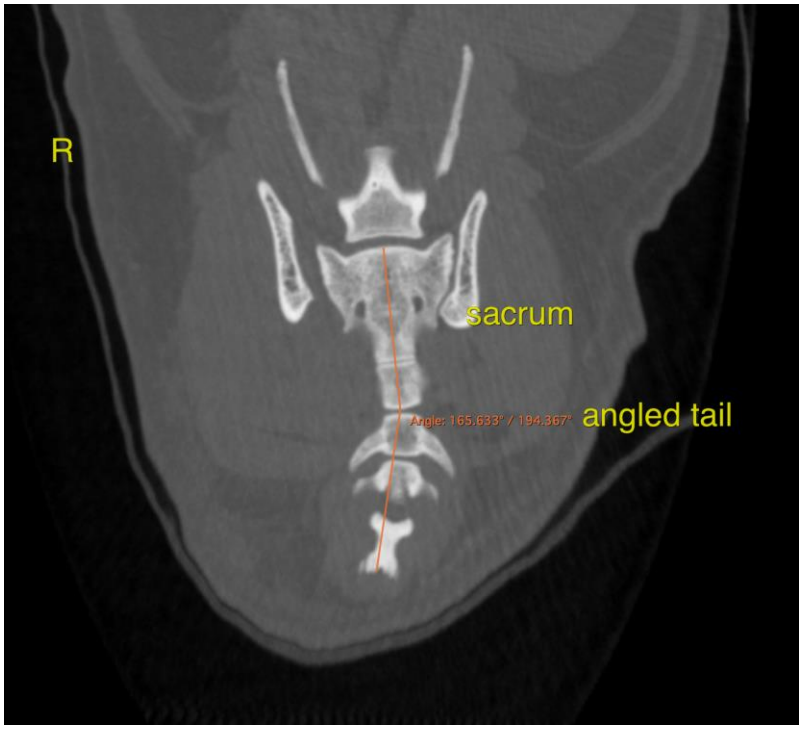

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
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