



PATIENT

Cooper (Meathead)
Rhodes Ritchie

SPECIES

Canine

BREED

Mastiff X

SEX

M

AGE

11 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health
Partners

REFERRING VET

Dr. Debbie Reynolds

INVOICE

47387

DATE

9-16-21

PRESENTING CLINICAL SIGNS

Current history: Weekend late Fri night reluctant to move Normally follows O around the house but was not interested in doing this No c/s/v/d, appetite has been normal Monday - went to referring veterinarian for reluctance to move Noticed the RH was swollen at that time Did BW and x-rays - unremarkable Sampled fluid late Monday-early Tuesday Early Tuesday soaked the limb in Epsom salt - took off after 12 mins Soaked with warm towels for a few minutes after Noticed spot on the outside of the leg near his ankle - started to leak fluid and felt tacky Notified the referring veterinarian overnight Mon-Tues Replied saying infection was coming out At this time testicles appeared normal Tues AM went to the referring veterinarian - examined the spot - kept in hospital to get more diagnostics done Got 2-3c fluid out of the wound Overnight Ties-Wednesday continued to get discharge coming out Wednesday - testicles appeared red and swollen and noticed discharge oozing Wounds continued to ooze overnight into today Appetite stable throughout all of this

COMPUTED TOMOGRAPHIC STUDY OF THE RIGHT HIND LIMB

Plain and post-contrast studies in soft tissue and bone algorithms available for review.

COMPUTED TOMOGRAPHIC FINDINGS

There is extensive subcutaneous and interfascial edema with increased attenuation from the tarsus throughout the entire proximal right hind limb. Extensive subcutaneous emphysema is seen. There is no foreign material visible within the soft tissues of the right hind limb.

There is no evidence of thrombi in the visible vasculature of the right hind limb.

Severe bilateral hip dysplasia with severe subluxation and coxofemoral osteoarthritis as well as demineralization of the femur is seen bilaterally.

There is severe degenerative lumbosacral stenosis with spondylosis, vertebral end plate sclerosis, and severe intervertebral disc protrusion.

The left patella is laterally luxated. The left stifle presents moderate osteoarthritic changes.

The muscle volume is symmetric but low in both hind limbs.

Sublumbar lymphadenomegaly is seen on the right side in the hypogastrum as far as included with increased contrast enhancement and accumulation of small gas bubbles in the right hypogastric lymph node.

The prostate presents moderate symmetric enlargement and measures 4.0 x 2.9 cm. Mild nonuniform contrast enhancement is seen throughout the prostatic parenchyma.

The urinary bladder presents within normal limits.

The testicles present no structural abnormality other than subcutaneous soft tissue swelling.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Unspecific emphysema and edema of the right hind limb.
- Emphysematous hyperplasia of the right hypogastric lymph node.
- Presumed benign prostatic hyperplasia.
- No structural abnormality of the testicles.
- Severe canine hip dysplasia with severe secondary coxofemoral osteoarthritis and subluxation.
- Severe degenerative lumbosacral stenosis with presumed cauda equina compression.
- Lateral patella luxation and moderate osteoarthritis of the left stifle.
- Muscle wasting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A structural cause of the edematous swelling of the right hind limb is not seen in the CT study. Unspecific edema and emphysema are noted. The emphysema may well be ascending from the wound in the tarsal region. Infection with gas forming bacteria should, however, be considered a potential differential diagnosis. Tissue/fluid sampling as well as fine needle aspiration of the sublumbar lymph node could be considered for further definition.

The prostatic findings are highly suggestive for uncomplicated benign prostatic hyperplasia; however, prostatitis and cystitis should be ruled out by means of urinalysis. No structural abnormality of the testicles could be identified other than the soft tissue swelling and edema. Orchitis and epididymitis cannot be ruled out entirely. There was no structural evidence of vascular pathology even though the assessment is limited to the included anatomy.

Severe orthopedic and neurologic disease is seen in the lumbosacral region and coxofemoral joints which, however, is not necessarily associated with the current clinical presentation.



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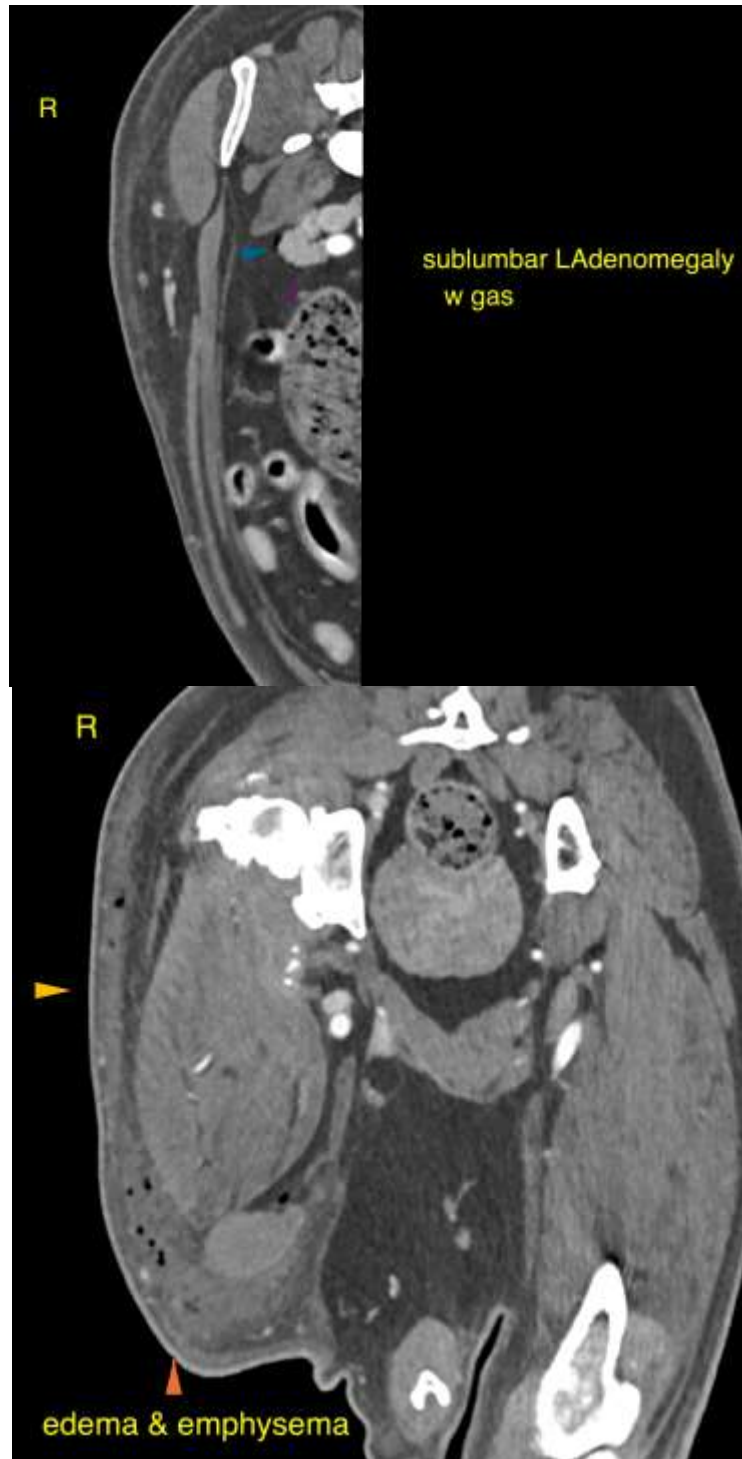
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

Canine

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