



PATIENT

Balto Siopigou

PRESENTING CLINICAL SIGNS

Skewer ingestion on Sept 7. Hypoexia and lethargy since. On and off pyrexia. Now mild free fluid in caudal thorax and cranial to liver. Lump has developed on his side - suspect migrating skewer FB

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Mild nonregenerative anemia and elevated globulin. Mild dehydration. Abdominal pain. Painful firm mass on left side.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

BREED

Husky

Plain and post contrast studies in soft tissue and lung windows available for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Male Neutered

Abdomen

A 17.0 cm long linear hyperattenuating foreign body is seen within the stomach. One end of the foreign body appears to lodge within the wall of the pyloric antrum. The foreign body then crosses to the left side through the gastric body and perforates the lateral wall of the gastric fundus. Regional thickening and loss of wall layering of the gastric fundus wall with increased contrast enhancement, peripheral fat stranding, mild pneumoperitoneum, and regional effusion are seen. There is extensive thickening of the lateral abdominal wall. The foreign body perforates the abdominal wall between the 10th and 11th left rib within their mid third and the other tip of the foreign body ends within the adjacent cutaneous trunk muscle. Regional fat stranding, fluid accumulation, contrast enhancement and emphysema are noted.

AGE

3 Years

The remainder of the abdominal viscera present within normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Thorax

There is mild bilateral pneumothorax.

HOSPITAL NAME

Animal Health
Partners

Regional irregular thickening of the visceral and parietal pleura of the lateral aspect of the right caudal lung lobe are seen as well as mild regional fluid accumulation, regional increase in ground glass opacity, and superficial gas filled cavitory lesion within the left caudal lung lobe.

COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

Laura Tindal

- Perforating gastric foreign body with traumatic peritonitis, pneumoperitoneum, cranial abdominal wall injury, bilateral pneumothorax, regional lung injury, and bleb of the left caudal lung lobe.

INVOICE

47572

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric foreign body perforates the gastric wall. Traumatic septic peritonitis is likely. The findings furthermore suggest either traumatic or septic pleuritis as well as injury of the left caudal lung lobe. Surgical revision of both the abdominal and pleural cavities appears to be necessary.

DATE

9-29-21



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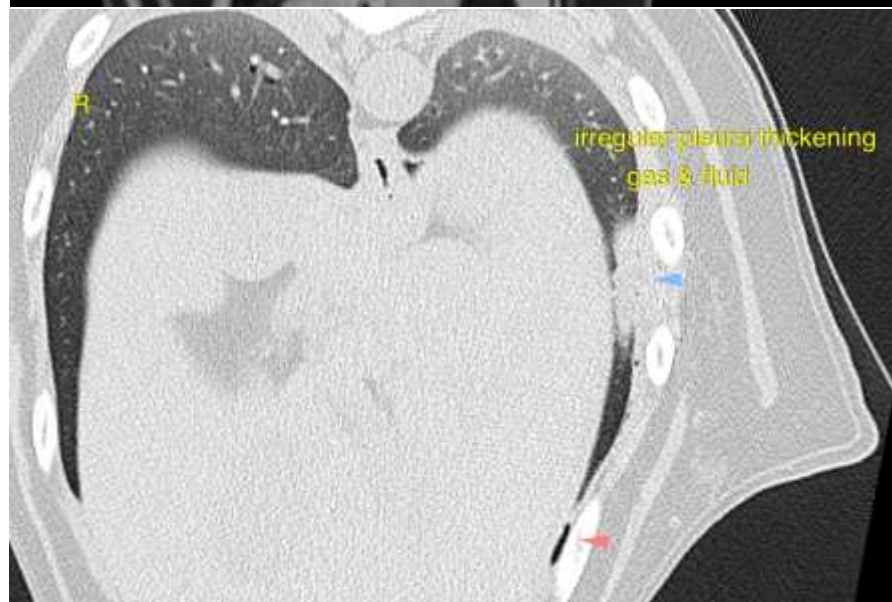
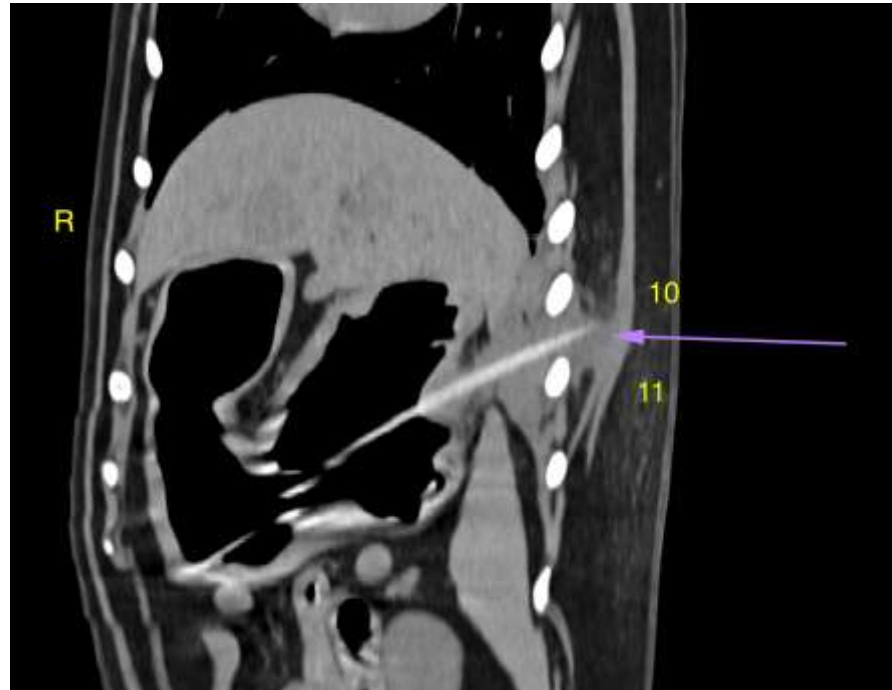
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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