



## PATIENT

Bodhi Baehr

## SPECIES

Canine

## BREED

English Springer  
Spaniel

## SEX

Neutered Male

## AGE

7 Years 9 Months

## WEIGHT

57.7 Pounds

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Aly/Ally

## HOSPITAL NAME

Animal Clinic  
Northview

## REFERRING VET

Derek Howell, DVM

## INVOICE

35635

## DATE

1/30/26

## PRESENTING CLINICAL SIGNS

Abscess on the left flank present for ~3 months. Has been treated with multiple rounds of antibiotics and referring vet explored area for foreign body but did not see anything. Repeatedly swells up to bursting and then drains purulent discharge. Recently ruptured 4 days ago so flat on PE today. CT performed to look for deeper draining tract or underlying etiology of recurrent abscess. 3 studies performed - plain CT, post-contrast instilled directly into abscess, and then lastly post IV contrast.

## COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. Caudal to the left kidney, a roundish, soft tissue attenuating nodule (approximately 1.6 cm in diameter) with mild feathered margins is appreciated. In the center of the nodular lesion caudal to the left kidney, a lancet shaped hyperattenuating structure is seen, measuring 2.5 mm in length. Extending from the nodular lesion caudal to the left kidney dorsally up to the transverse abdominal muscle, a thin ill-defined stalk like structure is seen.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

In the subcutaneous tissue along the left aspect of L3 to L5, an ill-defined soft tissue swelling along with fat-stranding of the subcutaneous fat is seen – the subcutaneous swelling is extending along the ventral aspect of the left epaxial musculature up to the level of the left transverse abdominal muscle. Level with L4, a small hyperattenuating body is seen in the ill-defined swelling ventral to the left epaxial muscles.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided flank abscess with hyperattenuating body level with L4
- Soft tissue nodule caudal to left kidney with central hyperattenuating structure

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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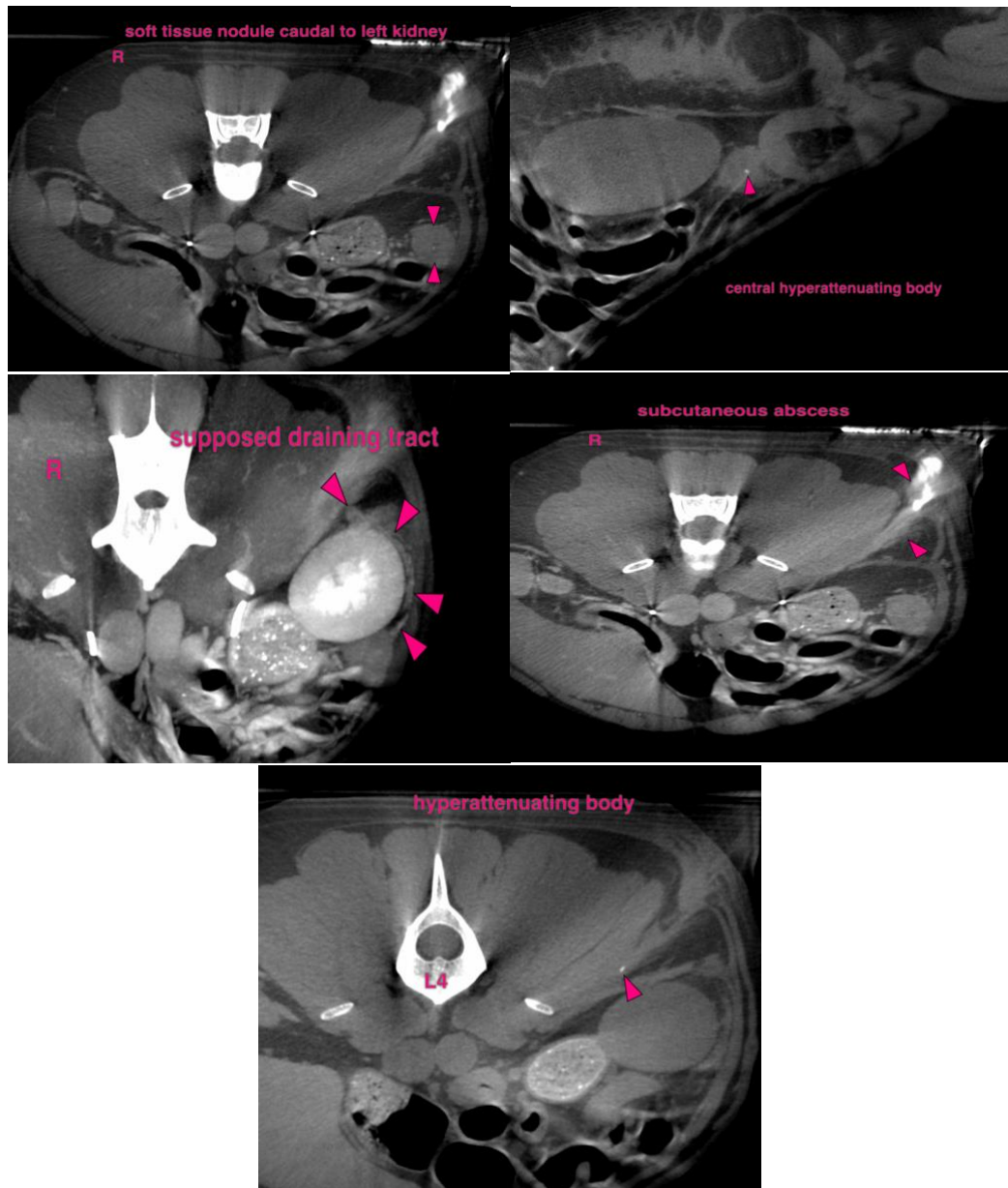
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The abscess in the left flank can be triggered by the soft tissue structure caudal to the left kidney – that is highly suggestive for granuloma formation and possible central foreign body versus dystrophic mineralization. Surgical management is advised. The hyperattenuating body in the fistulous tract ventral to the left epaxial musculature can present foreign material versus dystrophic mineralization – (intraoperative) ultrasound may help to localize the respective structure.



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.



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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.

**Sebastian Schaub**, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)