



**PATIENT PRESENTING CLINICAL SIGNS**

Troy Orellana attacked by dog on 10/14/22, penetrating wound in right dorsal abdomen region and left lateral flank area. In sx a piece of kidney was found in between sub-q layer and muscle layer. Pt had a cholecystectomy in 2021.

**SPECIES COMPUTED TOMOGRAPHY OF THE ABDOMEN**

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

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

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

**SEX** Associated with the renal pelvis of the left kidney, a mild amount of mineral attenuating material is appreciated. Post contrast administration, the caudal pole of the left kidney presents with a heterogenous contrast enhancement pattern, with a post contrast mild hypoattenuating irregular zone. The left kidney presents impaired contrast enhancement and delayed excretion of contrast in comparison to the right kidney.

Neutered Male

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

**AGE** The left abdominal wall is detached from its fascial plane dorsally along L1 to L6/L7. The spleen, parts of the small intestinal tract including the left kidney are displaced into the subcutaneous tissue along the left abdominal wall.

12

**INTERPRETED BY** Multiple small gas inclusions are seen along the subcutaneous tissue of the abdominal wall bilaterally, L>R. The subcutaneous fat along the abdominal wall bilaterally presents moderate fat-stranding.

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

In the left epaxial musculature, level L4 and L5 fragments of the fractured left transverse processes of the respective vertebra are appreciated.

**HOSPITAL NAME**

Aloha Pet & Bird Hospital

The gallbladder is not appreciated – history of cholecystectomy.

Level with the intervertebral disc spaces T12/T13, L1/L2 and L2/L3 mineralized disc material is protruding into the vertebral canal, occupying up to 15% of the cross-sectional area of the vertebral canal at the same level.

**REFERRING VET COMPUTED TOMOGRAPHIC DIAGNOSIS**

- History of bite injury abdomen
- Secondary laceration of the left abdominal wall with prolapse of the abdominal organs – including the spleen, left kidney and the small intestinal tract
- Mild subcutaneous emphysema along the abdominal wall
- Traumatic fracture left transverse process L4 and L5 with displacement of the fragments into the epaxial musculature
- Traumatic laceration of the left kidney with impaired renal function
- Left sided mild nephrolithiasis
- Intervertebral disc protrusion T12/T13, L1/L2 and L2/L3 with possible dynamic myelocompression
- History of cholecystectomy

**INVOICE**

54660

**DATE**

10-17-22



**PATIENT**

Troy Orellana

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

Neutered Male

**AGE**

12

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Aloha Pet & Bird  
Hospital

**REFERRING VET**

Dr. Pepen

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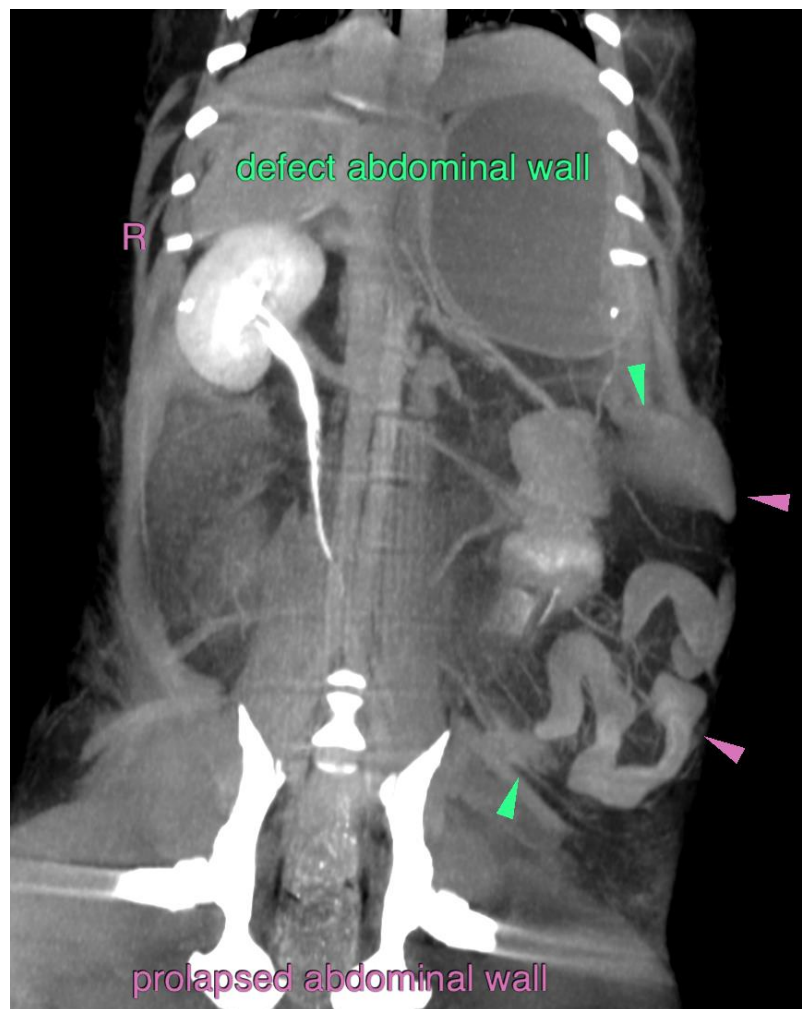
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The main finding is the laceration of the left abdominal wall with prolapse of multiple abdominal organs into the subcutaneous tissue. Given the subcutaneous emphysema and bite injury, the abdomen has to be considered potentially septic. Surgical management is the advised – check the entire mesentery for possible laceration (risk for incarceration) and vitality of the intestinal tract.

The impaired function of the left kidney might be temporary, the blood supply appears to be intact.





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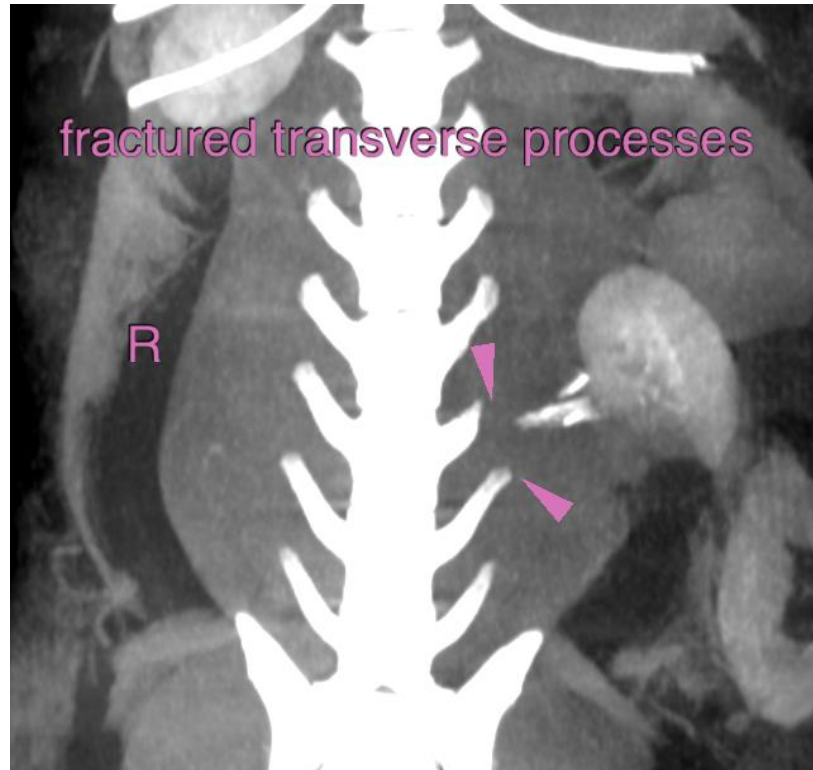
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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