



**PATIENT PRESENTING CLINICAL SIGNS**

Coco Dewhirst Surgical plan for pellet removal. Pellet lodged in the left hind limb is causing infection in the area with purulent discharge.  
Abnormal PE/Chem/CBC/UA Results: CBC --- LEU mild increased CHEM --- unremarkable

**SPECIES COMPUTED TOMOGRAPHY OF THE PELVIS AND HIND LIMBS**

Canine A high resolution pre- and post-contrast CT study of pelvis and hind limbs is provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**BREED**  
Pitbull Mix  
In the mid diaphysis of the right femur, a chronic oblique fracture is visible, completely bridged by smooth callus formation. The distal segment of the right femur is deviated cranially and mildly proximally. Multiple small (<3 mm) metal attenuating fragments of a bullet are seen surrounding the distal diaphysis of the right femur. A larger metal attenuating fragment is seen at the lateral aspect of the proximal aspect of the distal third of the right femoral diaphysis, measuring 7.3 mm in diameter.

**SEX**  
NM  
In the subcutaneous tissue of the right inguinal fold, a plaque like soft tissue swelling is appreciated, presenting a heterogeneous contrast enhancement pattern with a hypoattenuating center. The plaque like swelling presents a medial extension, coursing up to the caudal aspect of the iliopsoas muscle. The caudal segment of the right iliopsoas muscle is moderately swollen – starting level with the transverse process of L7 up to the level cranial to the minor trochanter of the right femur. Within the center of the swollen segment of the right iliopsoas muscle, a linear mild hyperattenuating body is appreciated, measuring 6.6 cm in length and 1.3 mm in diameter; post contrast administration the distal segment of the right iliopsoas muscle is hypoattenuating and surrounding by hyperattenuating material connecting to the extension of the plaque like subcutaneous swelling.

**AGE**  
8 Years

**INTERPRETED BY**  
Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI  
A metal attenuating pellet is seen lodged in the peritoneal cavity, at the left aspect of the descending colon, level L7/S1.

**HOSPITAL NAME COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Veterinary Image Center
- Linear foreign body within the caudal segment of the right iliopsoas muscle with secondary fistula formation extending into the subcutaneous tissue of the inguinal fold
  - History of traumatic oblique fracture of the right distal femoral diaphysis, the fracture is in the remodeling phase
  - Multiple bullet fragments and air gun pellets along the right distal femur and within the abdominal cavity

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**  
52810  
The main finding is a linear foreign body lodged within the caudal segment of the right iliopsoas muscle (e.g. porcupine quill, kebab skewer, stick) with secondary draining tract formation – manifesting as the fistulous tissue in the right inguinal fold. Surgical removal of the foreign body – including major parts of the fistulous tissue in the inguinal fold – is the therapy of choice. Intraoperative ultrasound will help to localize the foreign body during surgery.

**DATE**  
7-11-22  
The bullet fragments present without overt signs of infection/inflammation and are considered incidental at this point.



**PATIENT**

Coco Dewhirst

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Canine

**BREED**

Pitbull Mix

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NM

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**HOSPITAL NAME**

Veterinary Image  
Center

**REFERRING VET**

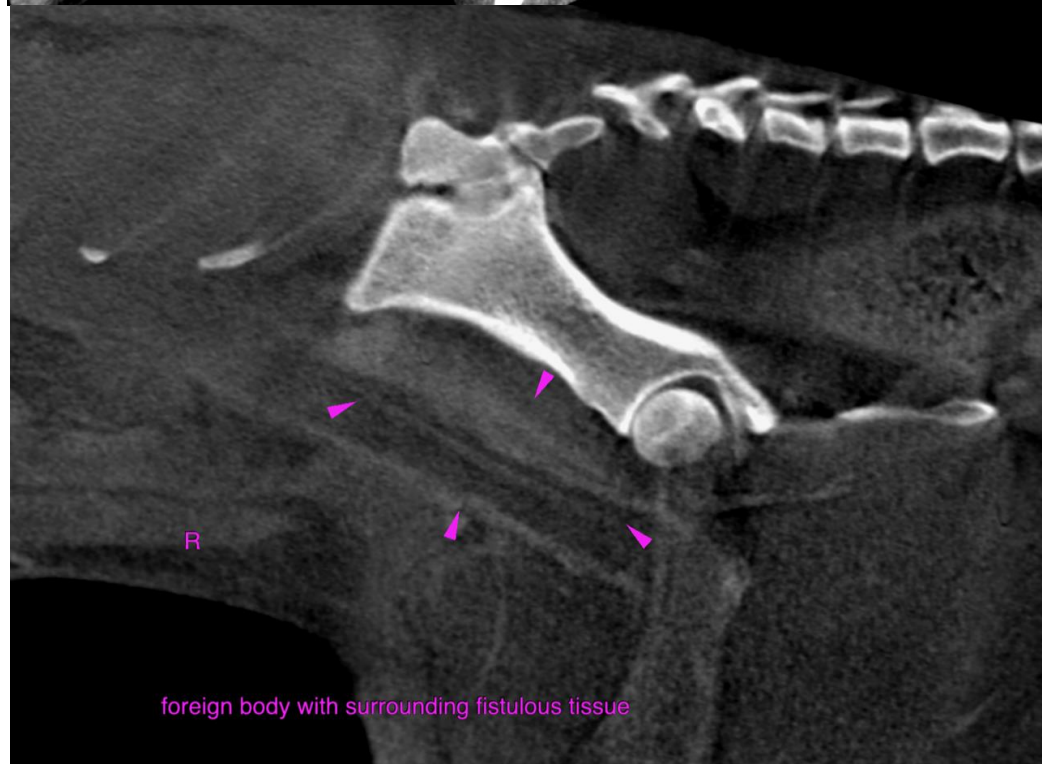
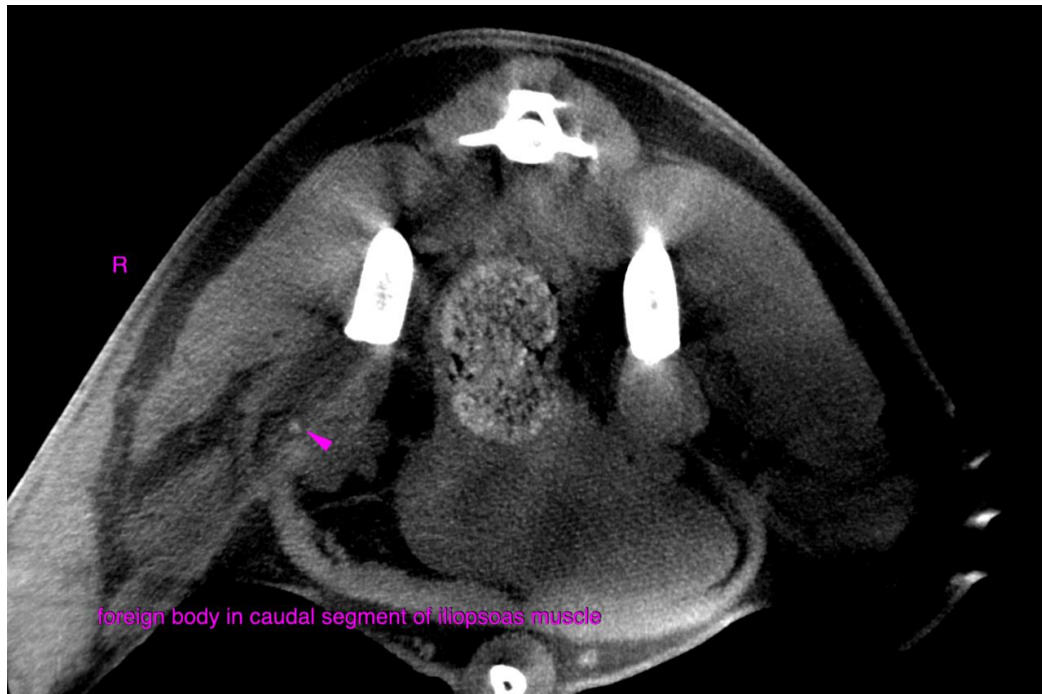
Dr. L. Ramos, DVM

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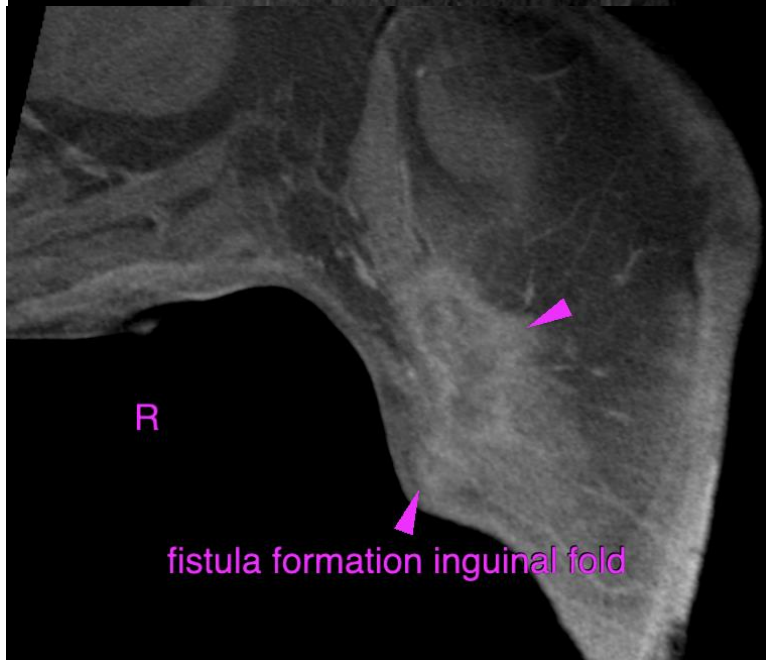
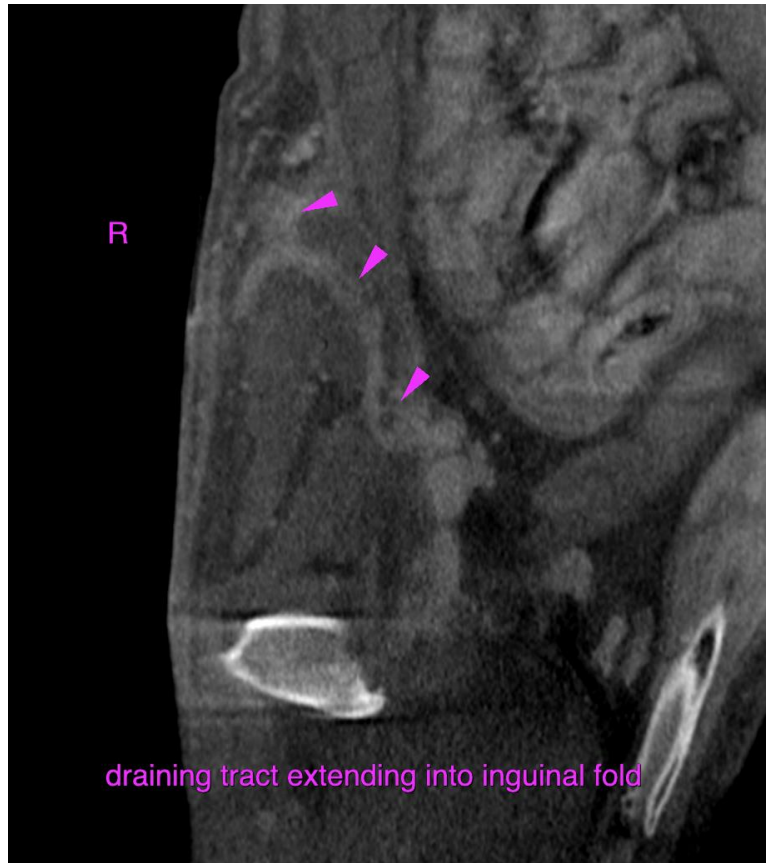
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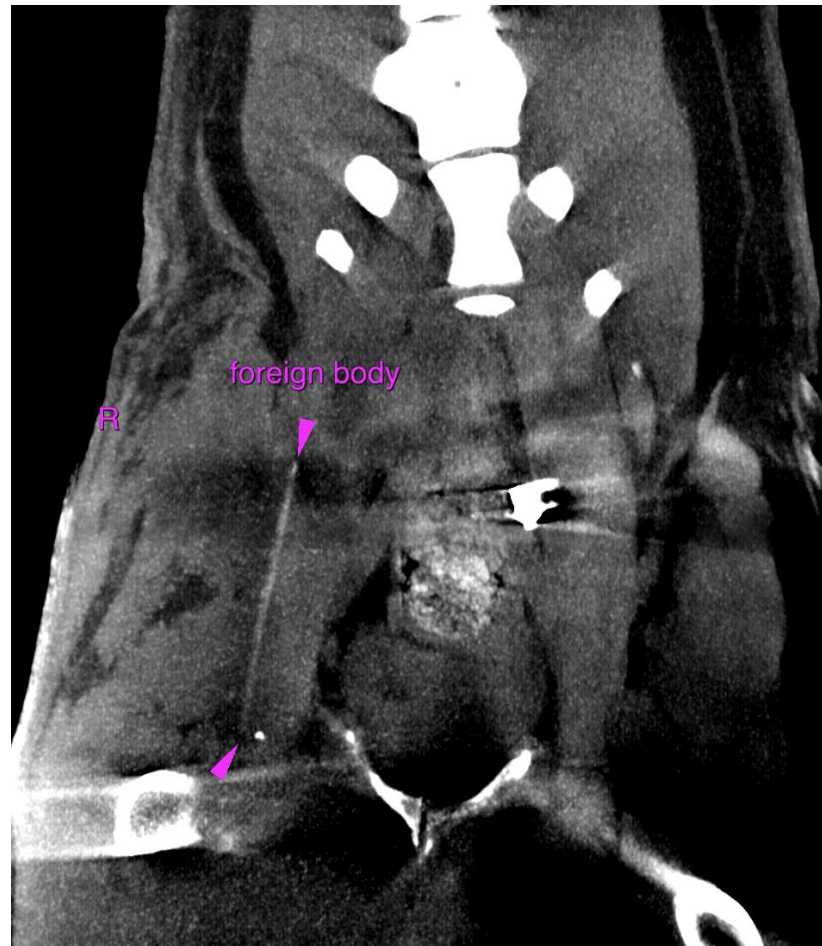
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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