



PATIENT

Remi Smestad

PRESENTING CLINICAL SIGNS

Presenting Complaint: Remi presented with fluctuating swelling under groin area and over right flank When did you first notice the problem? October 2021, started with just the groin area Has Remi had any previous history of this? None Does the patient have any underlying conditions?? None reported Has Remi had any diagnostics or procedures Tested for lymphoma (negative) - culture sent out from SOVSC UC a couple week ago. How has Remi's appetite been? Great When did Remi last eat? This morning, got breakfast Have you noticed any vomiting, diarrhea, urinary concerns, coughing, or any other abnormal signs? None reported If so, when did you first notice these? None Are you currently giving Remi any medications or supplements? No current meds, but has done various courses of antibiotics (Cefpodoxime, Amoxicillin, and Cephalexin.).

SPECIES

Canine

BREED

German Shorthair Pointer

COMPUTED TOMOGRAPHY OF THE ABDOMEN

A high resolution plain and positive contrast fistulography CT study of the abdomen is provided for review.

SEX

FS

COMPUTED TOMOGRAPHIC FINDINGS

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

AGE

4 Years

Both kidneys present within normal limits for size, shape and organ architecture.

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

In the subcutaneous tissue along the right lateral aspect of the lumbar spine, a homogeneous soft tissue swelling is appreciated. The subcutaneous welling is extending form the craniolateral aspect of the right iliac wing cranially up to the level of L4. The surrounding subcutaneous fat presents mild to moderate fat-stranding. In the fistulography, contrast medial can be appreciated along the complete length of the subcutaneous welling and a thin fistulous tract is extending medially level L4/L5, connecting to the right hypaxial musculature.

The right hypaxial musculature is moderately swollen with a hypoattenuating center. Level with L5, an irregular marginated, hyperattenuating body is seen in the center of the right hypaxial musculature, measuring 2.1 x 2.4 x 1.5 mm in size.

REFERRING VET

Dr. Fugazzi

The right renal & medial iliac lymph node is prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

INVOICE

52751

- History of abscess formation with fistulous tract to the right hypaxial musculature and significant myositis with cavitation of the right hypaxial musculature with central foreign body (level with L5).
- Lymphadenopathy right renal & medial iliac lymph node

DATE

7-7-22



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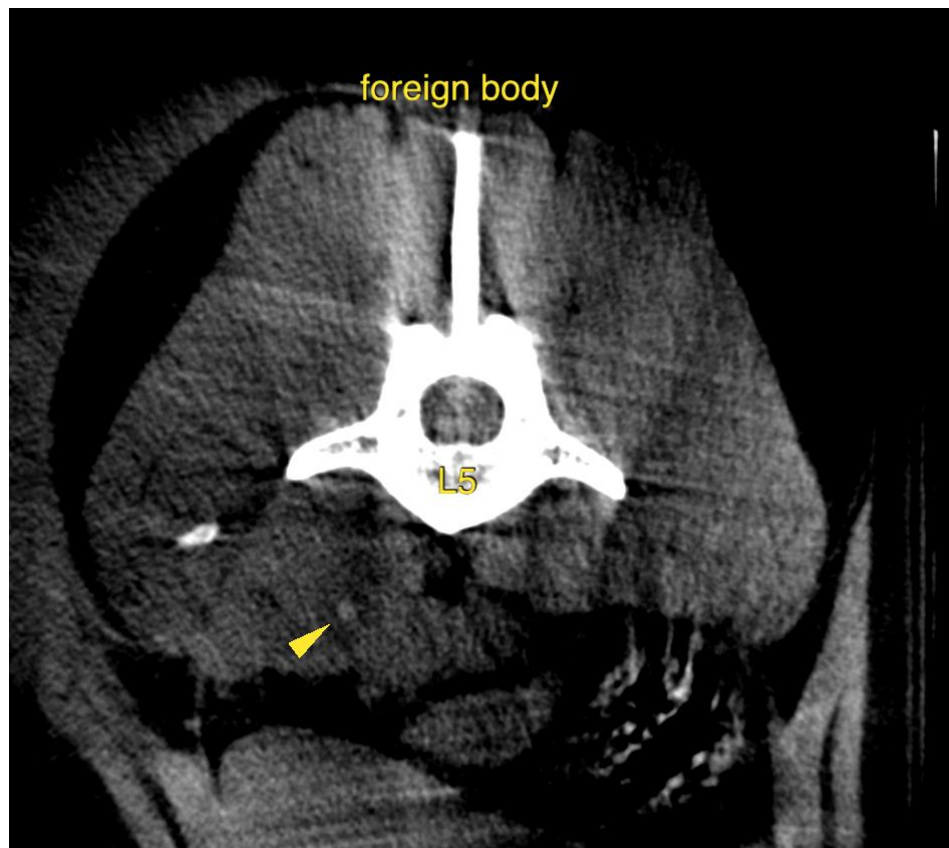
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with a migrating sublumbar foreign body with secondary abscessation of the hypaxial musculature and fistula formation into the subcutaneous tissue of the right flank. Surgical management is the therapy of choice. A ventral approach appears more promising to gain access to the hypaxial musculature and intraoperative ultrasound should be considered to localize the foreign material and check for isoattenuating foreign material.

Secondary reactive hyperplasia of the right renal and medial iliac lymph node.





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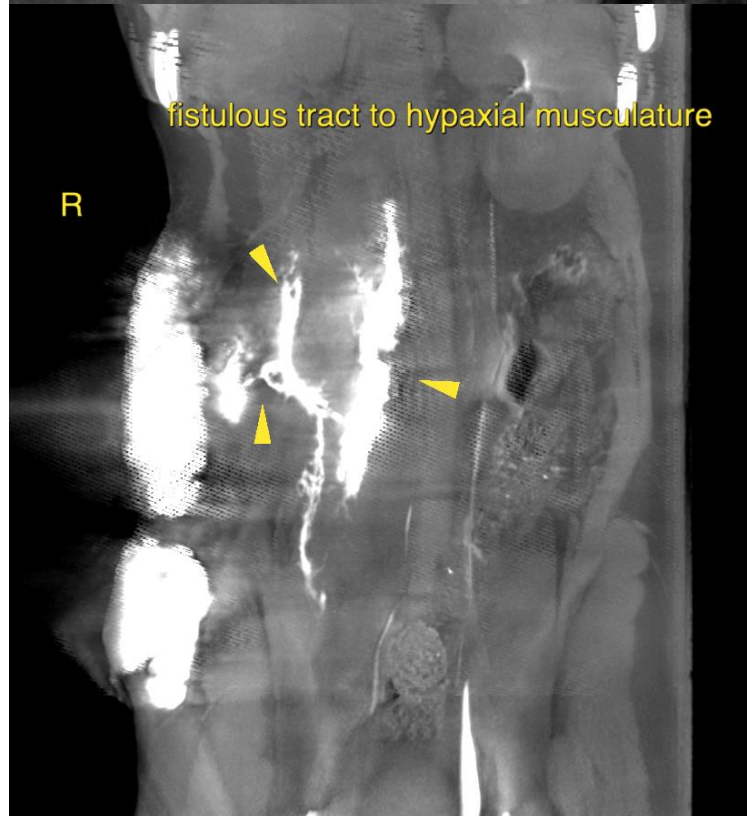
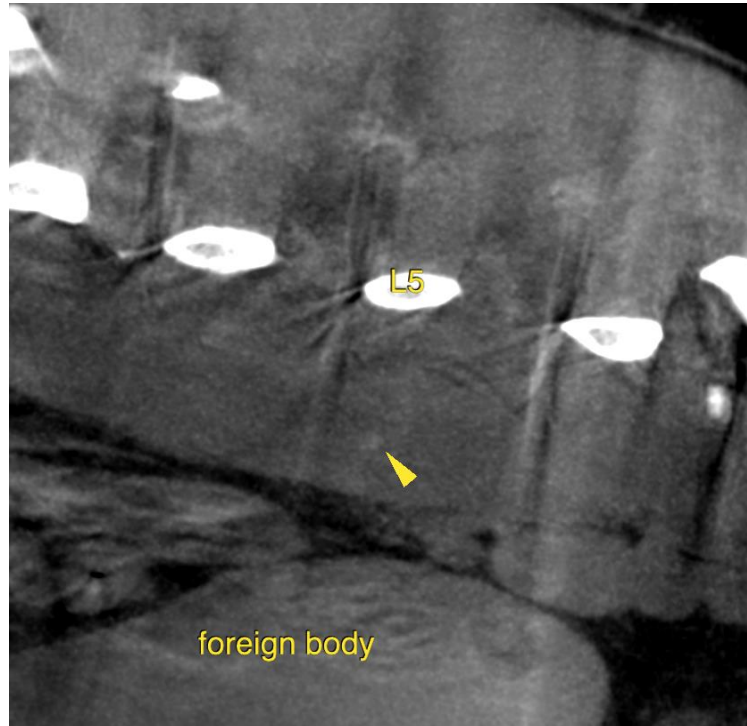
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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