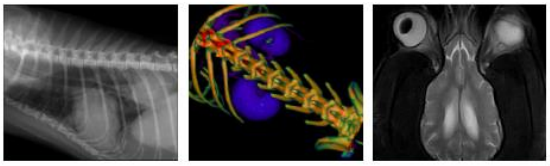

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1-800-838-4268 info@sonopath.com

PATIENT

Mali Roberts

SPECIES

Canine

BREED

Boxer

SEX

Female

AGE

5 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Trust - Ellesmere Port

REFERRING VET

Laura Hughes

INVOICE

53852

DATE

8-31-22

PRESENTING CLINICAL SIGNS

cranial discharging wound reoccurred with tightening depression of surrounding skin caudal left lateral abdomen , 4\" caudal to original, another open discharging wound 1cm diam with crepitus and localised fluid swelling, serous discharge both areas sensitive with surrounding s/c tissue thickening. chronic f body type abscess

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

In the post contrast series, the cranial part of the abdomen is cropped by the field of view.

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.

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.

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

Advanced bridging spondylosis formation is seen along the pictured parts of the lumbar spine. Moderate osteophyte formation of the facet joints along the lumbar spine is noted.

The hypaxial musculature level with T13 to L5 is significantly swollen and presents with a heterogeneous contrast enhancement pattern and hypoattenuating areas.

In the subcutaneous tissue along the entire left lateral abdominal wall, significant fat stranding and swelling of the subcutaneous fat is appreciated. Level with L3/L4, a stalk like connection is seen between the subcutaneous swelling and the left hypaxial musculature.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Advanced myositis with potential abscessation left hypaxial musculature with fistula formation into the subcutaneous tissue of the left abdominal wall and advanced subcutaneous septic steatitis along the left abdominal wall
- Serial spondylarthrosis lumbar spine.
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings of the CT study are compatible with sublumbar chronic abscess formation affecting the left hypaxial musculature and secondary fistula formation into the subcutaneous tissue of the left abdominal wall. Although no causative agent for the sublumbar abscess is appreciated in the current CT study, the odds for migrating – possibly previously inhaled – foreign body are high. Recommend evaluating the left hypaxial musculature by ultrasound to screen for potential foreign material. The greatest extend of the sublumbar swelling is level with L2 & L3.

Surgical management to drain the sublumbar abscess is the therapy of choice – a lateral approach

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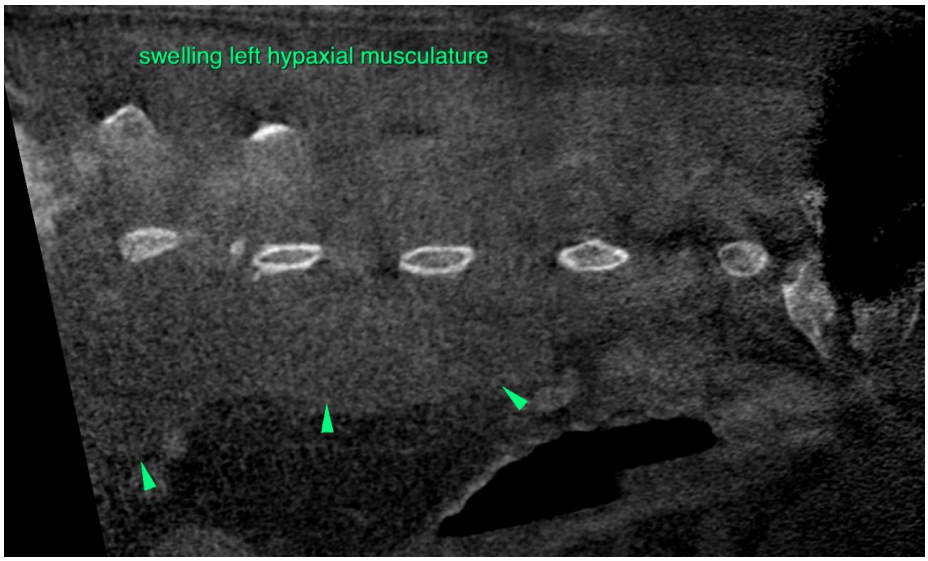
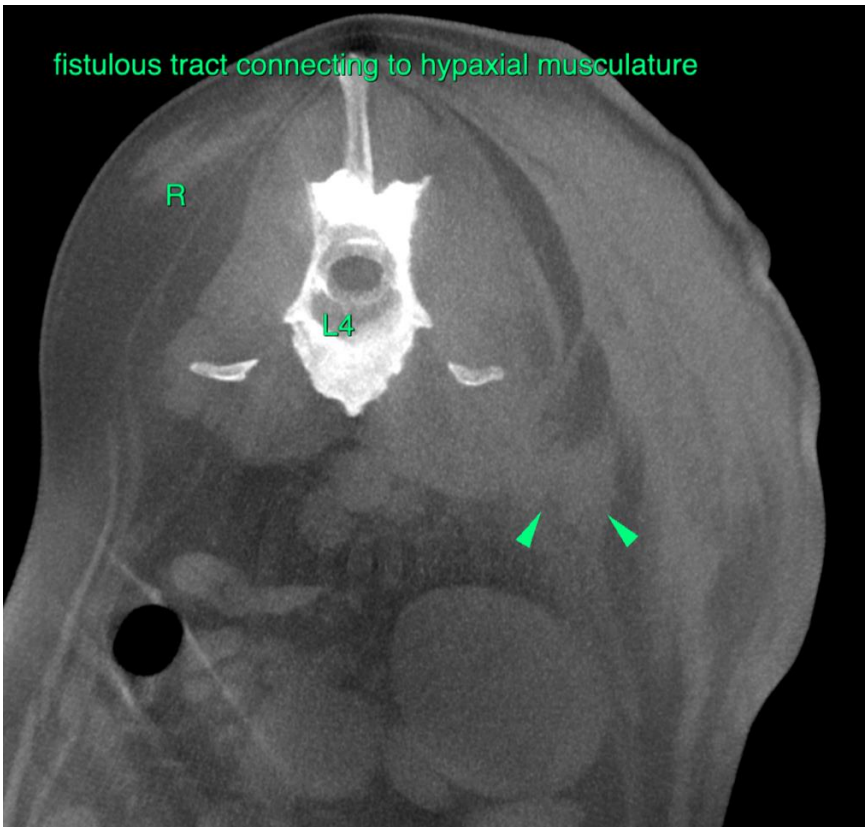
might be preferred over ventral abdominal approach.





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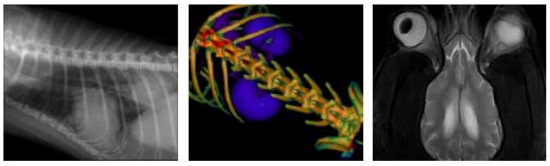

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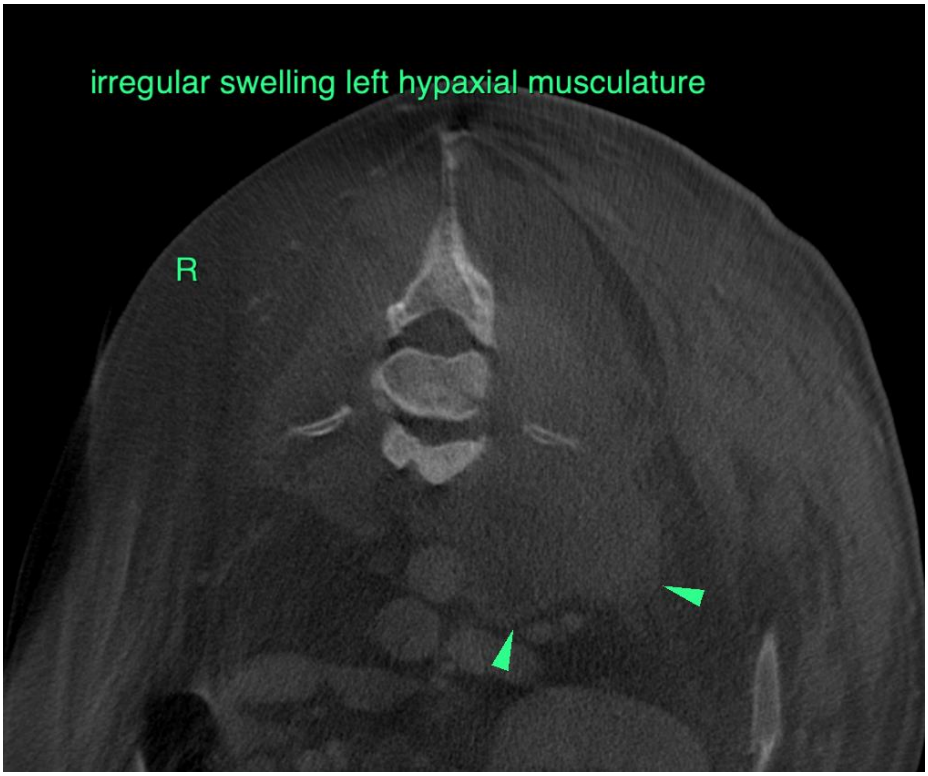

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com