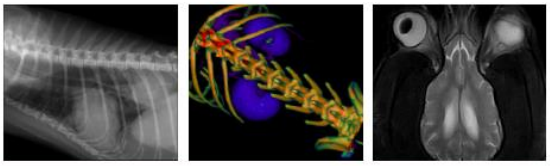


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ruby James

SPECIES

Canine

BREED

Potcake

SEX

FS

AGE

1 Year, 28 Days

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Lea Mehrkens

INVOICE

54098

DATE

9-16-22

PRESENTING CLINICAL SIGNS

Ruby, a 1 year old Female Spayed Potcake, presented to the Toronto Animal Health Partners Surgery Service for further evaluation of chronic recurrent abscessation of her hindlimbs. The owners first noticed swelling over her right inguinal region in early August 2022, where she was evaluated by her regular veterinarian where an abscess was observed and was lanced and drained. The swelling recurred and new lesions were observed on the contralateral (left hindlimb; hip and caudal thigh region which appeared to communicate). She has been treated with multiple courses of antibiotics (clavamox, clindamycin, baytril) with minimal improvement. Diagnostic tests: - Culture and sensitivity revealed no growth - Bloodwork August 5th, 2022: Moderate hypoglycemia (2.4) and mild monocytosis (1.6), otherwise unremarkable - Biopsies of site: pyogranulomatous cellulitis - Radiographs: report not attached Ruby has had a previous history of Ehrlichiosis (resolved) and Giardia and has been treated with metronidazole with resolution.

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax, abdomen and hind limbs in a bone, lung and soft tissue reconstruction are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Abdomen

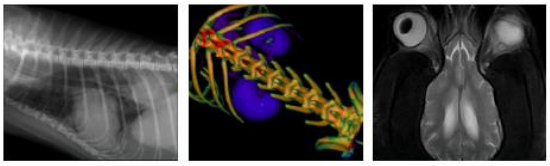
The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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.

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



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

The vertebral endplates L1/L2 present moderate spondylosis formation.

The hypogastric lymph nodes are prominent.

In the subcutaneous tissue at the caudal aspect of the left gluteal region, an amoeboid soft tissue swelling with peripheral contrast enhancement and fluid attenuating center is visible, connecting to the cutaneous surface. Extensions are emanating from the subcutaneous swelling extending up to the caudoproximal aspect of the left thigh, terminating in a small ill-defined soft tissue nodule, to the region of the left anal sac, caudal rim of the left tabula ossis ischii and one extending to the left coccygeus muscle.

A second subcutaneous plaque like swelling is noted in the right flank, with a stalk like extension to the ipsilateral tensor fasciae latae muscle.

The remainder of the osseous and soft tissue structures of the hind limbs are within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of fistulous tracts right flank and caudal aspect left gluteal region/caudoproximal aspect left thigh
- Mild lymphadenopathy hypogastric lymph nodes
- Spondylosis deformans L1/L2
- Normal thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are fitting the clinically appreciated fistulous tracts in the right flank and caudal aspect of the left gluteal region. Unfortunately, and underlying cause for the fistula formation – with migrating foreign material being most likely – is not appreciated. Consider complementing workup by ultrasonographic evaluation of the fistulous tracts to screen for isoattenuating foreign material not appreciated by CT.

A potential treatment option is surgical excision of the fistulous tissue – as far as applicable.

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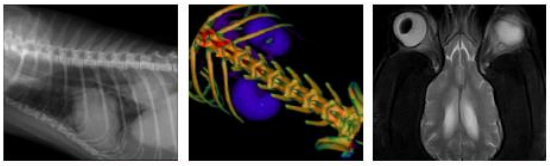

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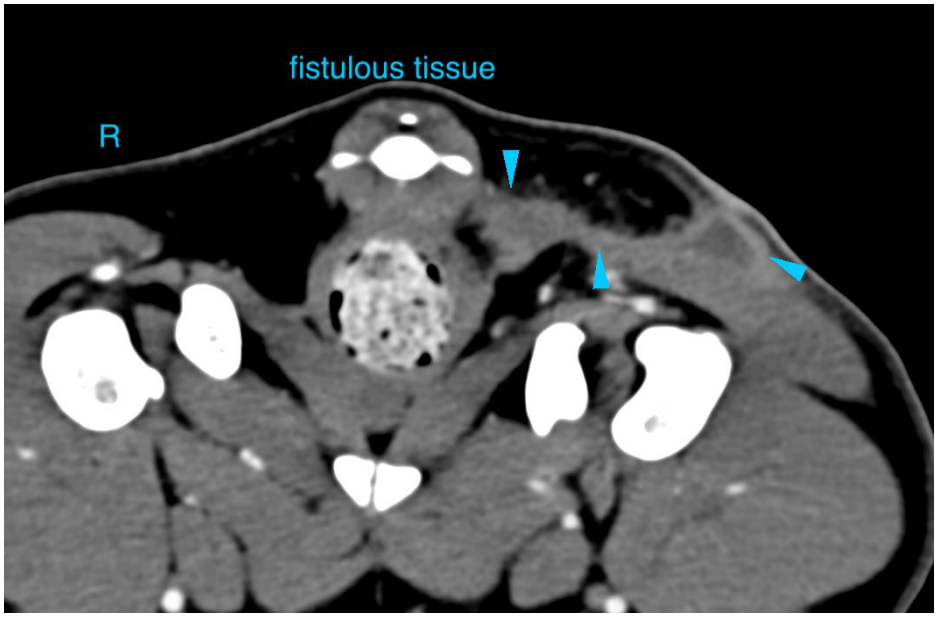

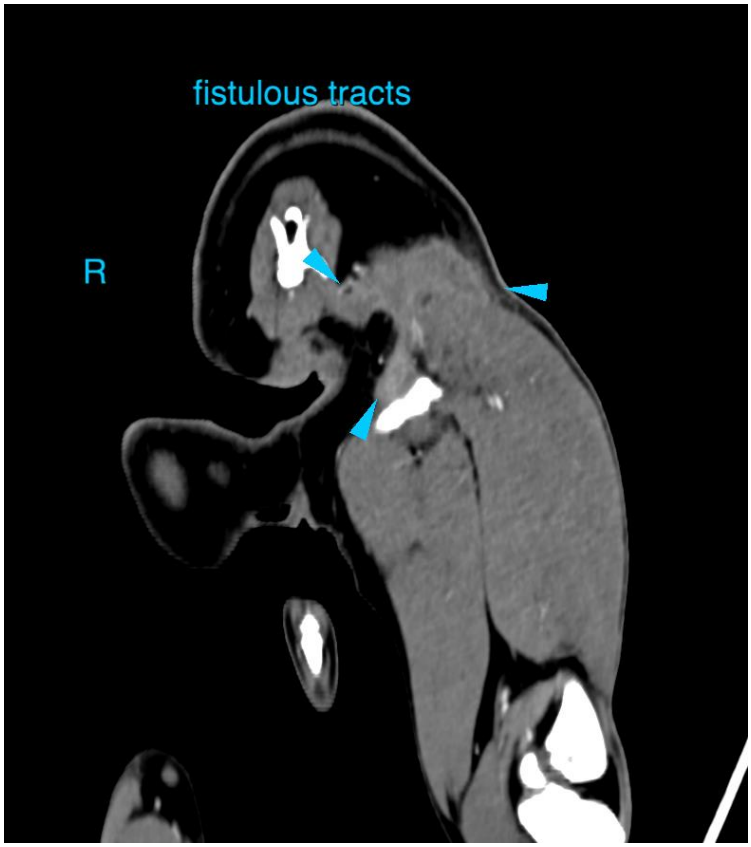

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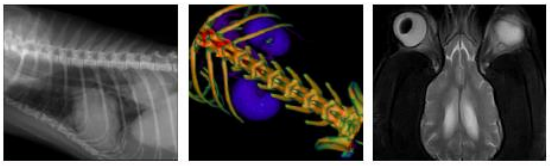

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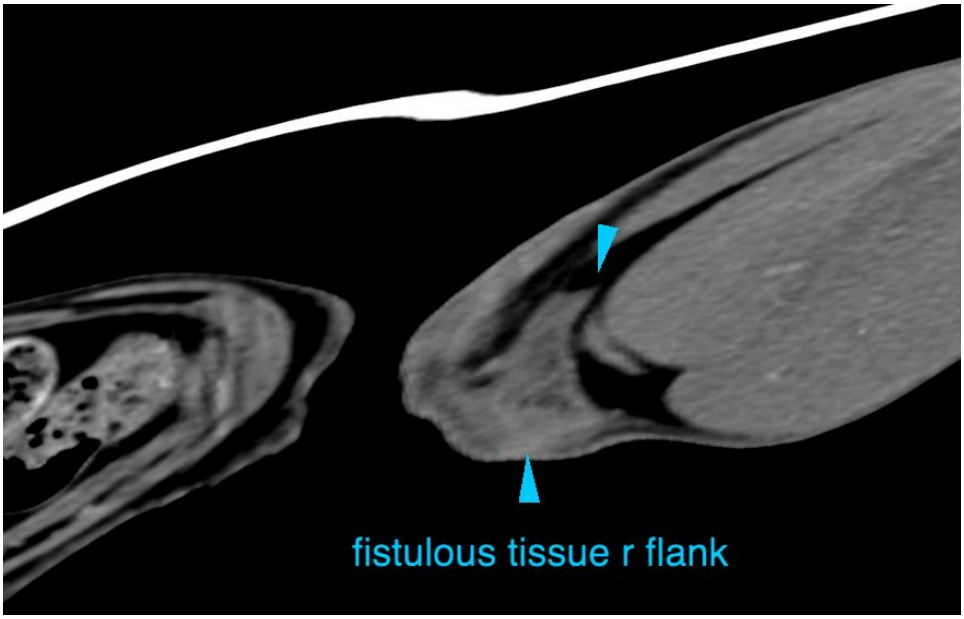

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com