

IT'S YOUR CASE

Species: Wildlife

Breed: Opossum

Sex: Female Entire

Age: 2 years

Clinical History:

Presented after being hit by a car. No palpable fractures.

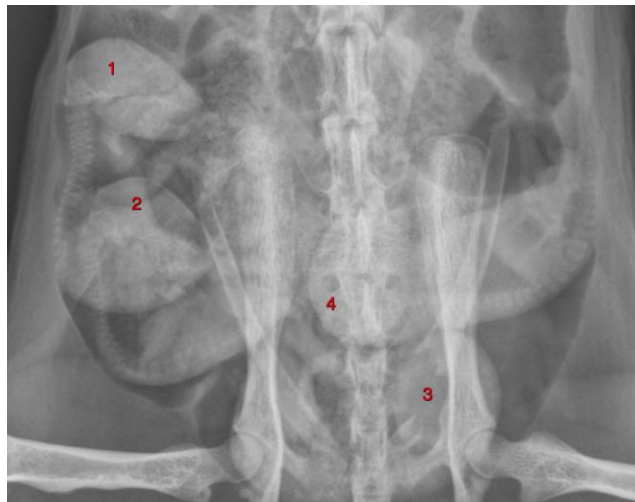
Anatomic regions: Thorax, Abdomen

Details of study and technical comments:

2 lateral and 1 VD projection of the whole body of an opossum.

Diagnostic interpretation:

There are 4 mineralised foetuses (enumerated) seen ventral to the caudal abdominal wall. The teeth of foetuses can already be seen. There is gas seen surrounding the foetuses.



There is a round smoothly margined mineral opacity seen superimposing the left clavicle on the VD projection (red arrow). Some more irregular shaped mineral opacity is seen caudal to the right clavicle on the VD projection and cranial to the scapula on the lateral projection (orange arrow). There is no clear associated soft tissue swelling seen.

Multiple healed rib fractures, including the 4th, 6th, 11th and 12th rib on the left side are seen (yellow arrows). Caudal sternal remodelling is evident.



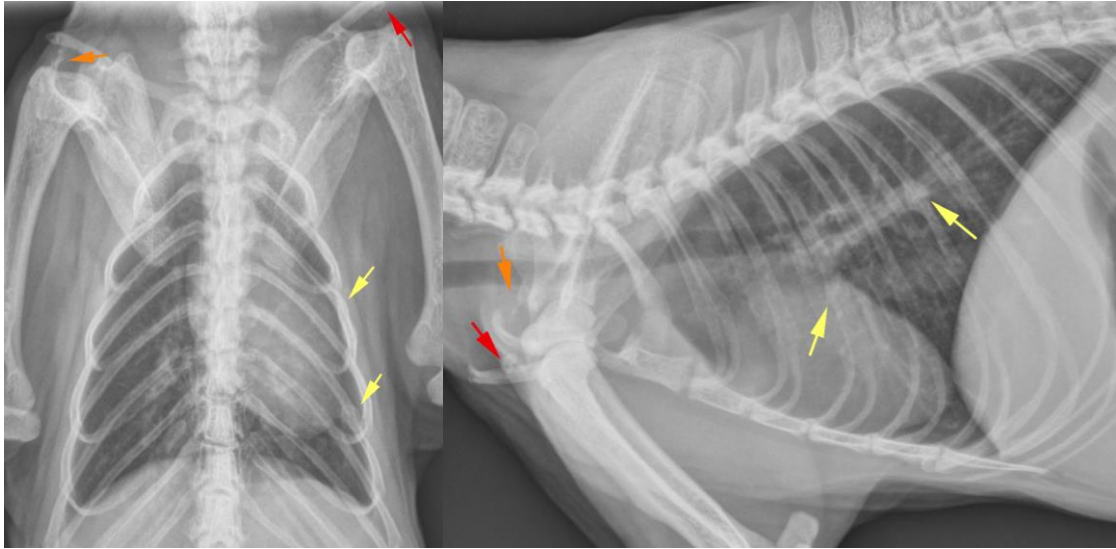
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This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It must therefore only be interpreted by a currently licensed and registered veterinary surgeon responsible for the care of this patient.

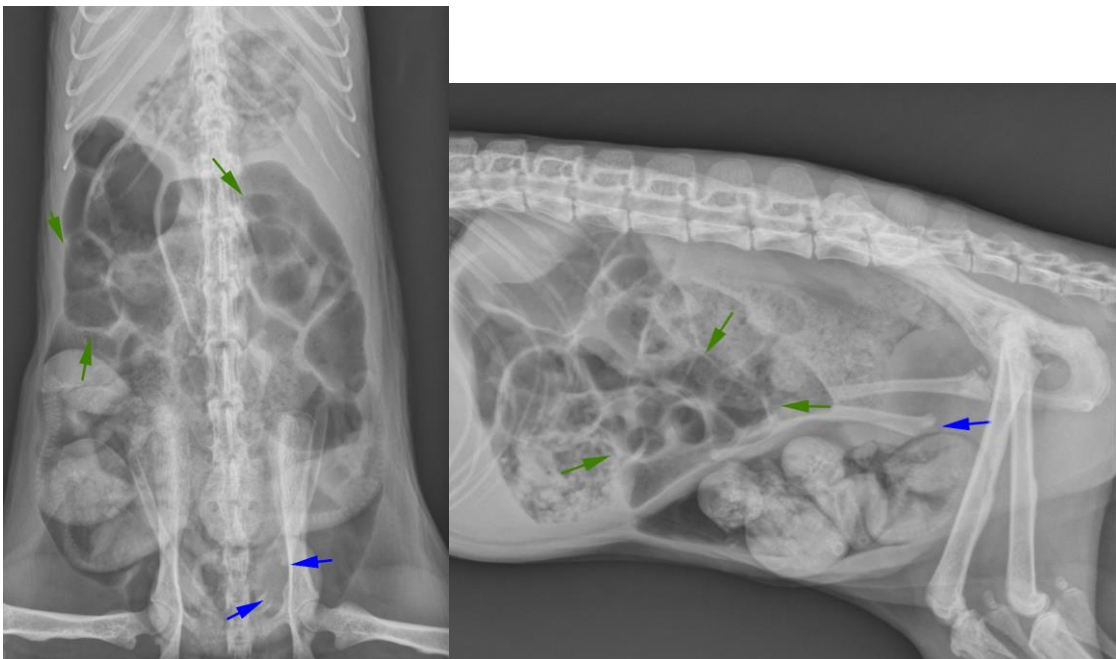


Additionally there is a discontinuity of the left epipubic bone, which is supporting the pouch. The caudal margin of the cranial fragment is displaced cranially and ventrally. The margins appear slightly irregular (blue arrows). The remaining pelvic bones are symmetric.

No other skeletal abnormalities are detected.

Thoracic structures are within normal limits.

The abdominal detail is decreased. Granular material is seen within the stomach, there are multiple moderately distended, gas filled loops seen occupying the abdomen (green arrows). Coarse faecal material is seen within the colon and rectum. Besides the liver, no other abdominal organs can be detected.



Conclusions:



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- Opossum carrying 4 juveniles/joey in its pouch.
- Loss of abdominal detail and moderate, generalised intestinal gas dilation. Consider anaesthesia induced ileus.
- Questionable avulsion fragment of the right scapula, small well-delineated and chronic mineral fragment left clavicle region.
- Healed chronic left rib fractures left
- Left acute epipubic bone fracture.

Additional comments:

Since the intestinal gas dilation is generalised, paralytic ileus has to be considered, possibly secondary to masked anaesthesia or related to shock and the traumatic event. Loss of abdominal contrast may be due to effusion or due to the thin body condition of the patient

Due to absence of soft tissue swelling and apparent radiographic signs of previous trauma, the right shoulder girdle fragment may also be from previous event.



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