



VETCT
CONSULTANTS IN TELEMEDICINE

IT'S YOUR CASE

Species: Canine Breed: Crossbreed, large Sex: Male Neutered Age: 2 yrs

Clinical History:

2 yo MN Mixed Breed Dog. At the dog park when he screamed and the owners found blood in the inguinal region.

Details of study and technical comments:

A radiographic study of the abdomen is presented for evaluation. The study consists of right and ventrodorsal views.

Diagnostic interpretation:

ABDOMEN: A foreign body of mixed opacity (ranging from fat to soft tissue opaque) is in the right inguinal region extending in a cranioventral to caudo-dorsal and axial direction (yellow arrowheads). The structure is columnar and measures 1.6 cm in diameter and 10.6 cm in length. It is surrounded by gas which tracks to the cranioventral skin surface (blue arrows). The caudal abdomen is unremarkable without evidence of intraperitoneal gas. The visible margins of the spleen, small intestine, descending colon and rectum, and urinary bladder are within normal limits. The retroperitoneal space is unremarkable.

The coxofemoral joints and pelvis are within normal limits. Can you see an incidental finding?

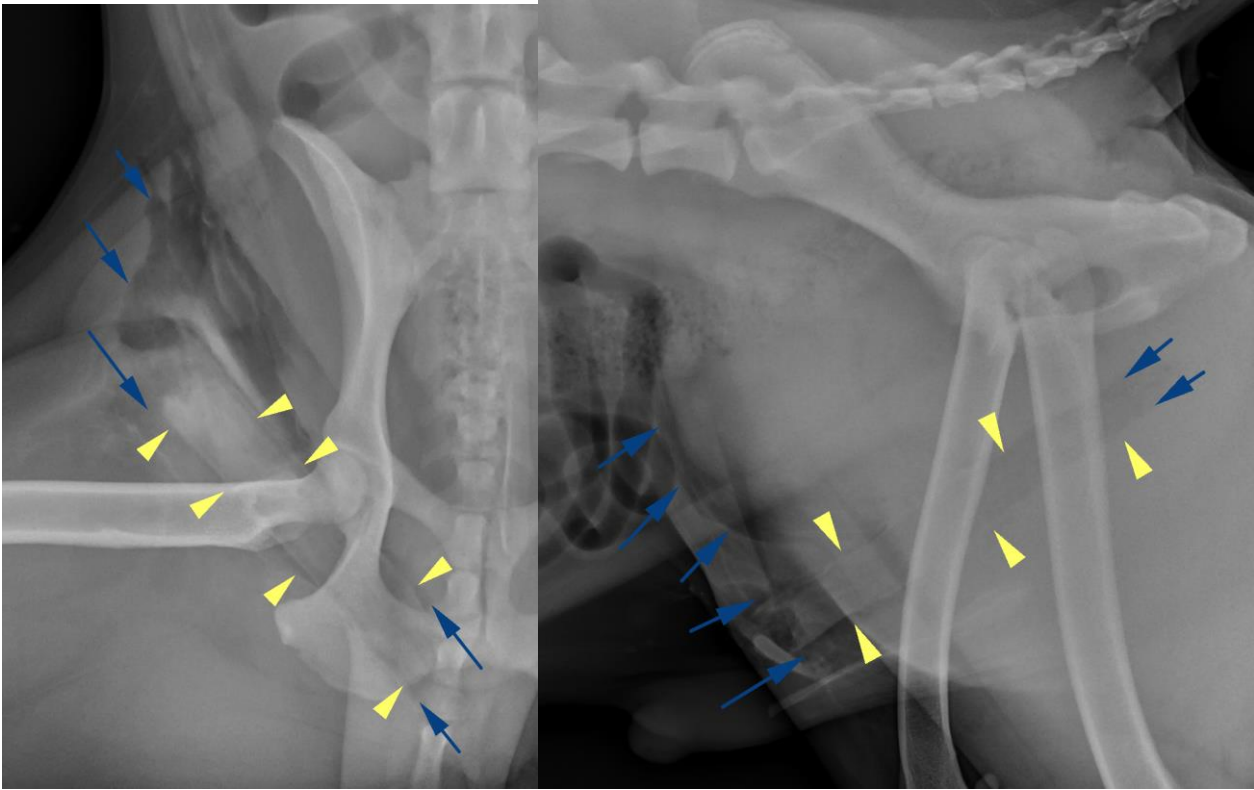


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This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It has been prepared specifically for interpretation by the currently licensed and registered veterinary surgeon responsible for the care of this patient.



Conclusions:

Right inguinal foreign body is consistent with described wood impalement.

Regional subcutaneous emphysema.

No evidence of intra-abdominal penetration.

Additional comments:

The geometric shape is consistent with an impaled wood segment that was described by the attending veterinarian. Although there is no penetration into the abdomen, the determination for involvement of peripheral nerves or vessels cannot be made based on the study. Further assessment of potential vascular involvement can be made with computed tomography or wound exploratory.

Trick of the Trade:

Identifying wood fibre material is particularly challenging with all radiographic modalities. Over time, the fibrous material imbibes fluid making it more difficult to recognize for two reasons: 1. it increases in density and blends with adjacent soft tissues; and 2. loses its stiffness, especially if it has a small calibre. In some instances, a wood foreign body may only be confirmed with exploration of the wound unless there is a draining tract through which iodinated contrast could be introduced.

Ober, C. P., Jones, J. C., Larson, M. M., Lanz, O. I., & Werre, S. R. (2008). Comparison of ultrasound, computed tomography, and magnetic resonance imaging in detection of acute wooden foreign bodies in the canine manus. *Veterinary radiology & ultrasound*, 49(5), 411-418.



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