



# SOCIETÀ ITALIANA DELLE SCIENZE VETERinarie

*In collaborazione con:*



Università  
degli Studi  
di Perugia



Dipartimento di  
Medicina Veterinaria di  
Perugia



IZS  
dell'Umbria e  
delle Marche



## ATTI DEL LXIX CONVEGNO SISVET



**Perugia, 15-17 Giugno 2015**  
Università degli Studi di Perugia  
Dipartimento di Medicina Veterinaria  
Via S. Costanzo, 4 - 06126 Perugia



**SOCIETÀ ITALIANA DELLE SCIENZE VETERINARIE**  
**Joint meeting**

**LXIX Convegno S.I.S.Vet**  
**XV Convegno S.I.C.V.**  
**XIII Convegno S.I.R.A.**  
**XII Convegno A.I.P.Vet**  
**XI Convegno So.Fi.Vet.**  
**II Convegno R.N.I.V.**

PERUGIA 15-17 GIUGNO 2015

*Dipartimento di Medicina Veterinaria*  
*Via S. Costanzo, 4 - 06126 Perugia*

**ATTI 2015**

I contributi presenti negli Atti del Convegno potranno essere citati utilizzando il codice **ISBN** 978-88-909002-0-7

**Segreteria  
Organizzativa**



Largo Braccini 2  
Grugliasco (TO) 10095  
[direzione@safefood.it](mailto:direzione@safefood.it)  
[www.safefood.it](http://www.safefood.it)

## **ABDOMINAL FOREIGN BODY MIMICKING AN ASYMPTOMATIC ABDOMINAL MASS IN A DOG**

Franziska Eberhardt<sup>1</sup>, Matteo Cerquetella<sup>2</sup>, Giacomo Rossi<sup>2</sup>, Andrea Spaterna<sup>2</sup>, and  
Ingmar Kiefer<sup>1</sup>

<sup>1</sup>University of Leipzig

<sup>2</sup>University of Camerino

Clinical case discussion: A female, neutered, 8 years old Whippet dog was referred to the Department of Small Animals, Leipzig University, cause presenting acute para-paresis of the hind limbs. Radiographs of the lumbar spine showed a possibly narrowed intervertebral disc space (Th13/L1); magnetic resonance investigation resulted normal. Abdominal ultrasonography revealed the presence of a not vascularized structure with two rounded, inhomogeneous, main portions. It was occupying the middle abdomen cranially to the bladder, and measured 2,6 x 2,6 and 3 x 3 cm; the distal abdominal aorta was significantly compressed. Computed tomography (CT), suggested that this dumbbell-shaped structure could be possibly related to a neoplasm or an abscess. An organ allocation was not possible. It was finally decided for a laparotomy that allowed the resection of the structure that was firmly adherent to the large omentum. A diagnosis of a surgical gauze left in previous surgery, incorporated in a very reactive omentum, was made. The structure removed underwent bacterial culture, resulted negative, and histopathology that confirmed the absence of neoplastic tissue, and confirmed the foreign body with surrounding hemorrhage and necrosis, inflammation and fibrosis. Even if the diagnostic plan included a second level diagnostic imaging (CT), the diagnosis of foreign body was not achieved until surgery was performed, showing that the retrieval of a surgical swab could be a difficult diagnosis. It is also peculiar how the foreign body behaved, because in literature similar cases are frequently (not always), reported as symptomatic (nonspecific symptoms, bacterial infections, granulomas, neoplastic transformation, transmural migration, enterocutaneous fistula, etc.) [1-13], while in the present case it was an accidental finding.

1) Day JL et al. (2012) Migration of a retained surgical swab into the jejunum in a dog. *J Small Anim Pract*, 53:705-708.

2) Forster K et al. (2011) Retained surgical swabs in 13 dogs. *Vet Rec*, 169:337.

3) Haddad JL et al. (2010) Fibrosarcoma arising at the site of a retained surgical sponge in a cat. *Vet Clin Path*, 39:241-246.

4) Mai W et al. (2001) Ultrasonographic appearance of intra-abdominal granuloma secondary to retained surgical sponge. *Vet Radiol Ultrasoun*, 42:157-160.

5) Merlo M et al. (2000) Radiographic and ultrasonographic features of retained surgical sponge in eight dogs. *Vet Radiol Ultrasoun*, 41:279-283.

6) Miller MA et al. (2006) Extraskeletal osteosarcoma associated with retained surgical sponge in a dog. *J Vet Diagn Invest*, 18:224-228.

7) Papazoglou LG et al. (2001) What is your diagnosis? *J Small Anim Pract*, 42:325 and 363.

8) Pardo AD et al. (1990) Primary jejunal osteosarcoma associated with a surgical sponge in a dog. *J Am Vet Med Assoc*, 196:935-938.

9) Putwain S et al. (2009) What is your diagnosis? Intra-abdominal mass aspirate from a spayed dog with abdominal pain. *Vet Clin Path*, 38:253-256.

- 10) Rayner EL et al. (2010) Abdominal Fibrosarcoma Associated with a Retained Surgical Swab in a Dog. *J Comp Pathol*, 143:81-85.
- 11) Terrier F et al. (1985) MRI of a retained sponge in a dog. *Magn Reson Imaging*, 3:283-286.
- 12) Teague HD et al. (1978) Two cases of foreign-body osteomyelitis secondary to retained surgical sponges. *Vet Med Small Anim Clin*, 73:1279-1286.
- 13) Frank JD et al. (2009) Enterocutaneous Fistula in a Dog Secondary to an Intraperitoneal Gauze Foreign Body. *J Am Anim Hosp Assoc*, 45:84-88.