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

II Convegno RNIV

XV Convegno S.I.C.V.

XIII Convegno S.I.R.A.

XI Convegno So-Fi.Vet

XII Convegno AIPVet

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

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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.