Oral presentations

Computed tomographic features and treatment of extensive intermuscular abscessation in a German shepherd dog with systemic lupus erythematosus

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OBJECTIVES

To describe the computed tomographic (CT) features, diagnosis, and treatment of a dog with systemic lupus erythematosus (SLE) that developed intermuscular abscessation following stifle arthrocentesis.

METHODS

A previously unreported complication of stifle arthrocentesis is described.

RESULTS

A 4-year-old, male, neutered German shepherd dog was presented for non-weight bearing right pelvic limb lameness, swelling, and pain. Three weeks prior, the dog was diagnosed with SLE based on the presence of fever, non-septic suppurative polyarthritis (via stifle joint synovial fluid analysis), and a positive antinuclear antibody titre. Pre- and post-contrast CT studies of the pelvis and pelvic limbs showed an extensive, ill-defined and non-contrast enhancing fluid-attenuating region in the fascial planes, dissecting between the musculature of the right caudal thigh and cranioproximal crus. The adjacent muscular margins were mildly contrast enhancing. There was marked increased synovial volume of the right stifle joint. Ultrasound-guided sampling of the intermuscular fluid and bilateral stifle arthrocentesis confirmed septic suppurative inflammation and yielded *Streptococcus canis* on aerobic culture. Amoxicillin/clavulanic acid was prescribed along with a physiotherapy regimen for a total of eight weeks. Clinical signs completely resolved 13 days after initiation of therapy. There was no recurrence of the pelvic limb abscessation.

STATEMENT (CONCLUSIONS)

Iatrogenic inoculation of bacteria into the stifle joints and right pelvic limb soft tissues likely occurred during prior arthrocentesis. A combination of CT, cytology and bacterial culture testing aided in successful diagnosis and treatment of the intermuscular abscessation.

Contrast Enhancement in Cervical Spinal Nerve Roots on Magnetic Resonance Imaging Independent of a Causative Lesion

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OBJECTIVES

To assess the prevalence of cervical spinal nerve root contrast enhancement on magnetic resonance imaging (MRI) with no corresponding underlying lesion.

METHODS

Retrospective review of image sequences in dogs undergoing cervical MRI from 2006–2019. T1 transverse pre- and post-contrast sequences were examined and individual nerve root contrast enhancement recorded by a board-certified radiologist. Clinical records were reviewed and diagnoses along with lesion location were correlated with nerve root contrast enhancement. Diagnoses were classified according to the VITAMIN-D mnemonic. The enhancement was subjectively classified as correlated to the diagnosed disease process or not by a board-certified neurologist.

RESULTS

58 dogs were included (31 breeds). Median age was 84 months (range 5–165). 68% of cases presented with neck pain and/or tetraparesis. 42% of diagnoses were classified as degenerative, with the next largest group being neoplastic (20%). At least one contrast enhancing nerve root was recorded in 96.6% (56/58) of cases. Of the cases with identified contrast enhancing nerve roots 46.4% (26/56) of those did not have a corresponding lesion.

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