

Objectives

Retroperitoneal space is often neglected

Often a change is very relevant for the health of the patient

Some normal structures can be mistaken for pathologies



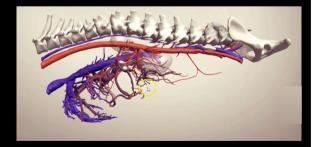
Retroperitoneal organs

Big vessels Iliac lymph nodes

Adrenal glands

Kidneys

Ureters



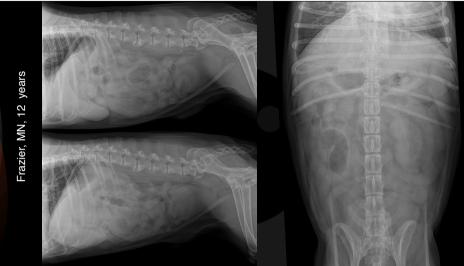
Frazier, Mongrel, MN, 12 years

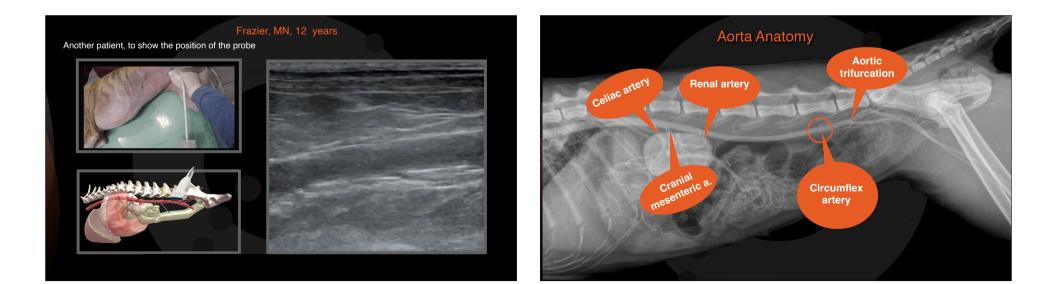
- Vomiting blood
- Abdominal pain
- History of cardiomegaly
- Medicines: gabapentin, furosemide, pimobendan

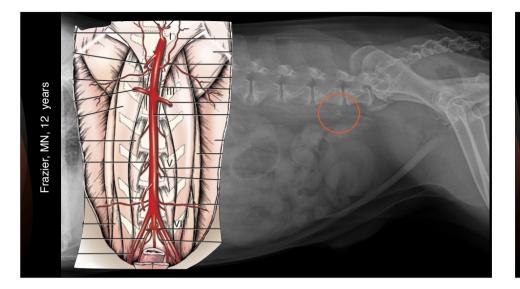












Pandy, Pomeranian, FS, 6 years

Visited by the referring veterinarian the day before for anxiety

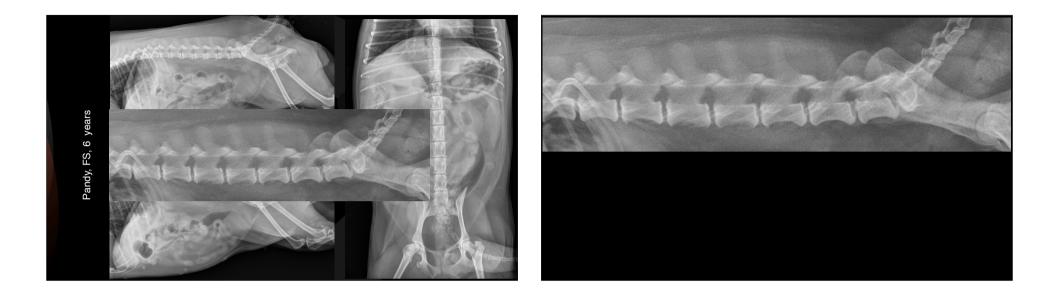
Now circling and whining

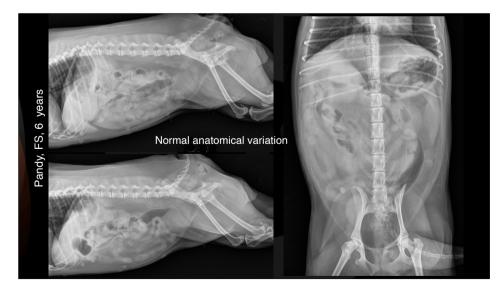
Eaten very little since yesterday







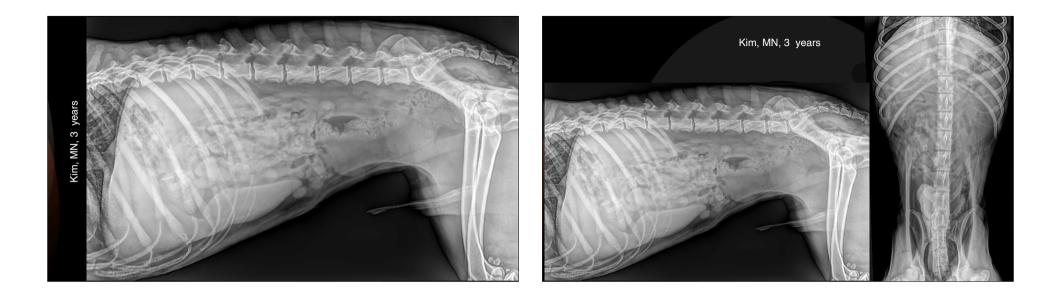




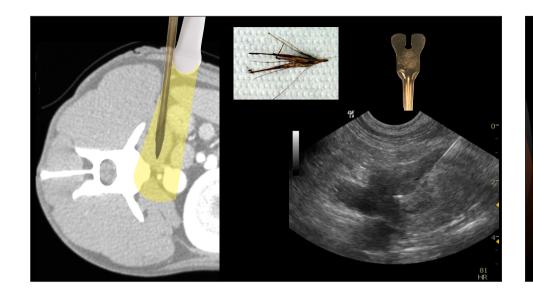
Kim, Breton, MI, 3 years

- Not jumping
- Seems sad
- He tries to bite when touched





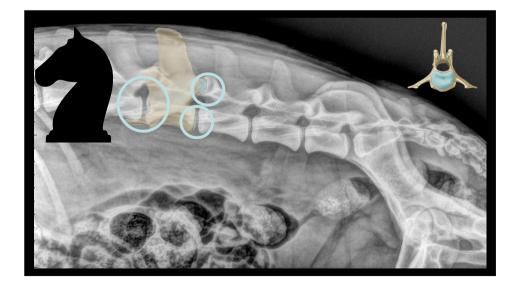


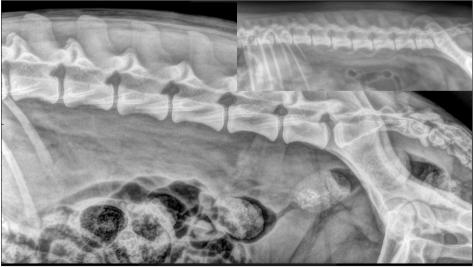


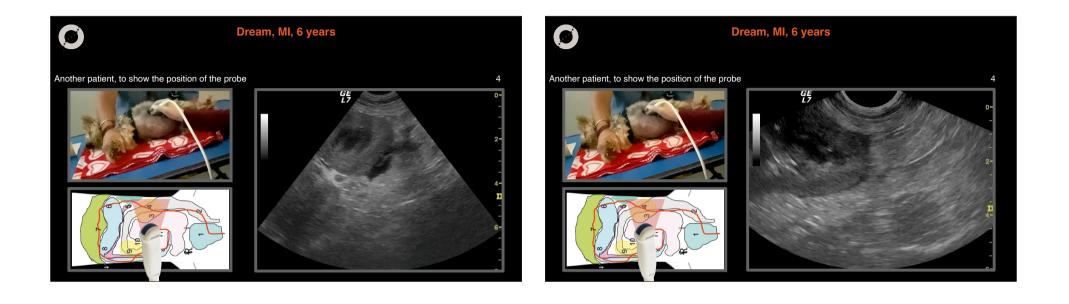
Dream, Golden Retriever, MI, 6 years

- Walking on egg shells
- Seems painful
- Stoic on palpation











Dream, Golden Retriever, MI, 6 years

Ultrasonographic diagnoses:

- Focal detachment of the left renal capsule
- Retroperitoneal effusion

Conclusions:

Possible left renal rupture

What next?

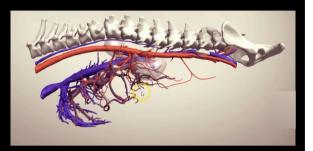


Systemic pressure measurement: 240/180

Differential diagnoses for retroperitoneal effusion



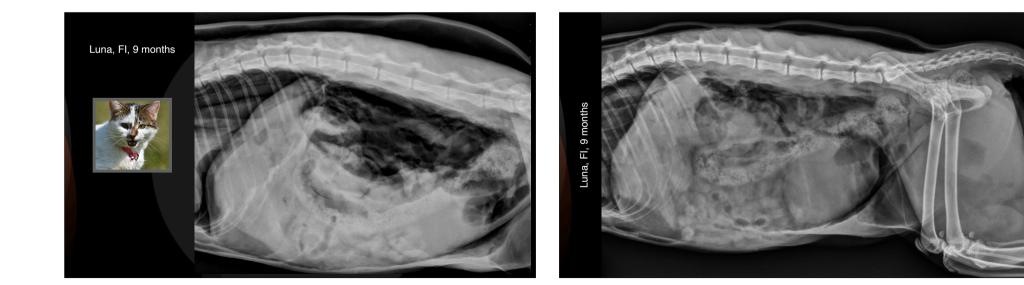
- Trauma
- Coagulation
- Ruptured ureter
- Ruptured kidney
- Ruptured adrenal mass
- Migrating FB
- Acute renal failure

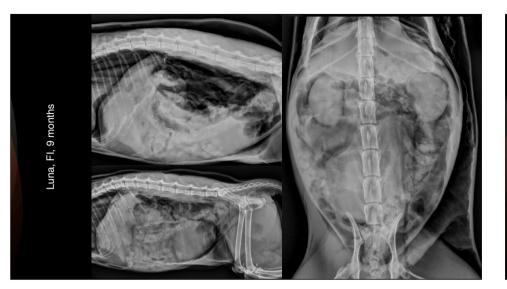


Luna, DSH, FI, 9 months

- Spaying scheduled
- Aborted due to unstable anestesia
- Check for post anaesthetic abdominal pain







Luna, DSH, FI, 9 months

Radiographic diagnoses:

- Pneumoretroperitoneum
- Pneumoderma
- Pneumothorax
- Pneumomediastinum
- Gas in the ventro-caudal aspect of the abdominal wall

Conclusions:

Suspected ruptured trachea

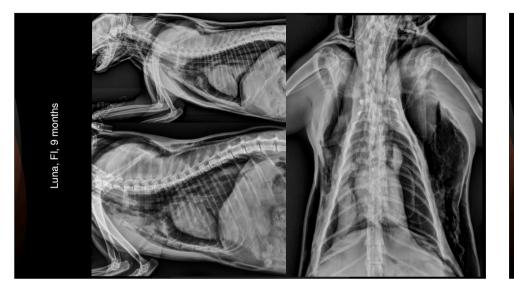
What next?

• Follow up







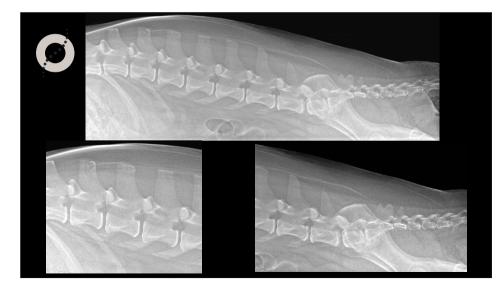


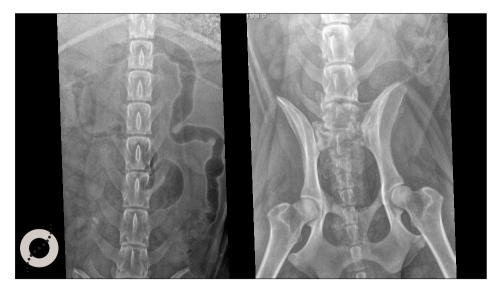
Dewdrop, Siberian Husky FS, 5 years

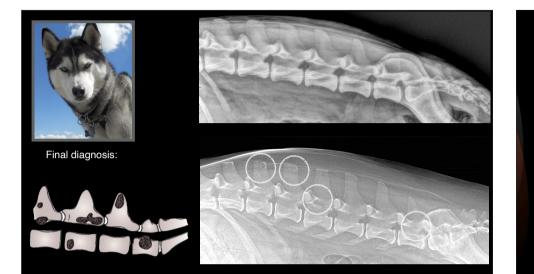
Acute paraparesis

- Under AB for the last week for a suspected pneumonia
- Yesterday She was fine









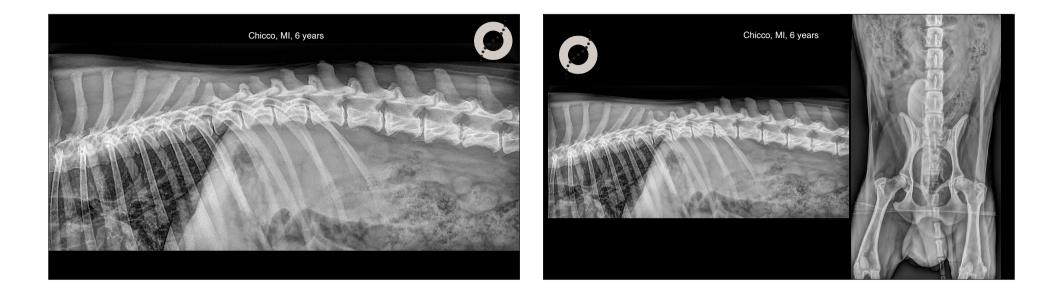
Chicco, Beagle, MI, 6 years

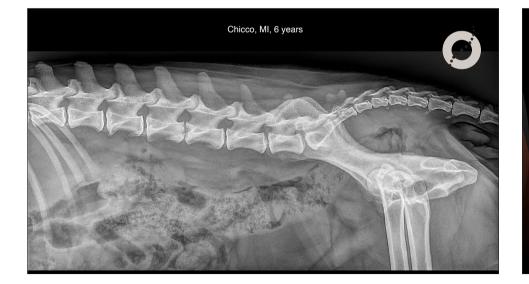
- Not jumping on the couch for one week
- Progressively anorexic
- Difficulty in standing this morning







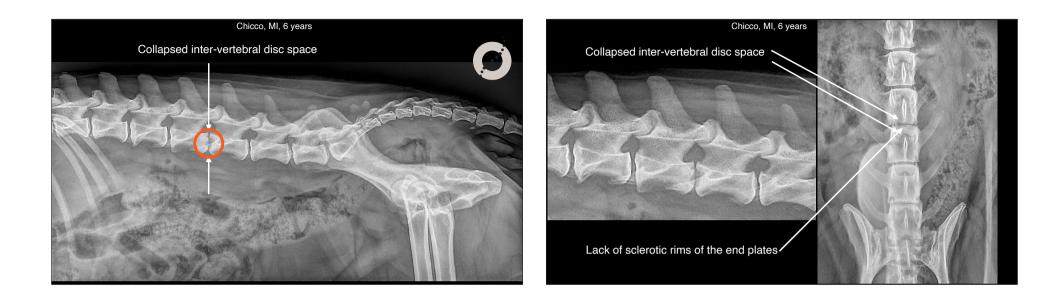




Your evaluation

- Is the spine of the patient radiographically within normal limits?
- Are there signs of disc herniation?
- Are there signs of neoplasia?







- How would you managed this patient?
- How often will you check this patient?
- When the patient will be healed?



Chicco, Beagle, MI, 6 years

 A healed discospondylitis will show uniformly opaque bone proliferations

No lytic changes

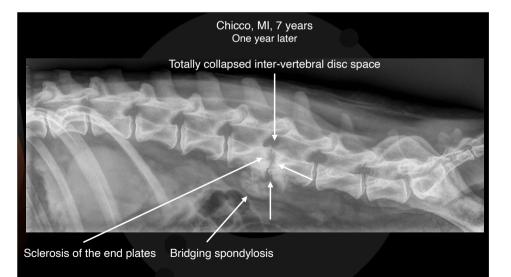


Chicco, Beagle, MI, 7 years

- The referring veterinarian treated Chicco for three months
- Now doing fine
- Recheck after one year









Key points

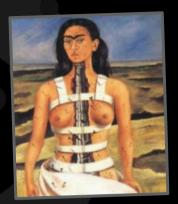
- Bridging spondylosis stabilizes the affected IVDS
- No lytic changes
- Chronic well-defined osseous margins
- · Sclerosis surrounding the affected end plates



Conclusions

The anatomy and peculiarity of the retroperitoneal space allow us to increased our diagnostic capacity

Basic knowledge of bone pathology will help our clinical skills



Frida Kahlo, spina bifida and fibromyalgia testimonial

Thank you



Quiz time!

Spondylosis A, B, C, D
Acute spondylitis B
Chronic discospondylitis A, C
Multiple lytic osseous lesions D
Acute discospondylitis o

