Chyloabdomen due to a foreign body granuloma in a dog

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Introduction

clinical Chyloabdomen rare IS а often presentation secondary to obstruction/ rupture of the abdominal lymphatics, or congestive heart failure. The prognosis is related to the underlying pathology and is frequently poor.

Case history

A two-year old female neutered Springer Spaniel was presented with a one-week of progressive abdominal history distension. Fluid analysis was consistent with a chylous effusion.

Computed tomography (CT) revealed the presence of a metal object embedded in a soft tissue attenuating lesion, located ventral to the aorta and surrounding the roots of the celiac and cranial mesenteric arteries (Figure 1 and 2).

lymphangiography via the right CT metatarsal pad showed normal flow through the lumbar trunk and cisterna chyli to the thoracic duct, without extravasation of contrast (Figure 3).

The metallic object corresponded to an airpellet removed and was gun intraoperatively under fluoroscopic guidance.



Figure 1. Sagittal, post-contrast multiplanar reconstruction. An ovoid, homogeneous, soft-tissue attenuating lesion (yellow arrows) is seen ventral to the aorta, surrounding the celiac (green arrowhead) and cranial mesenteric artery (red arrowhead) roots.



Figure 2. 3D volume rendering reconstruction showing the granuloma and the anatomical landmarks.

The patient was discharged with a ten-day course of antimicrobial and non-steroidal anti-inflammatory therapy.







Figure 3. Sagittal and transverse multiplanar reconstruction of the mid abdomen post lymphangiography. The arrows indicate the contrast medium progressing within the lymphatic ducts and by-passing the area of the granuloma.

Six-weeks after the surgery, the abdominal distension resolved and the clinical exam was unremarkable.

Conclusion

This is the first case reported of a chyloabdomen due to a foreign body granuloma which shows that an excellent outcome can be achieved following removal of the foreign material.

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