



PATIENT

Thor Thompson

PRESENTING CLINICAL SIGNS

Owner HX: Acute onset (18 hr)audible breathing, acting scared, lethargy, drooling. Did eat breakfast very slowly this AM. Has history of eating non-food objects.
Abnormal PE/Chem/CBC/UA Results: Rads--possible esophageal foreign body, Cranioventral parenchymal pattern.

SPECIES

Canine

RADIOGRAPH OF THORAX AND NECK

1x lat. neck, L and RLR thorax, 2x VD thorax, 1x VD centered on diaphragm, 1x lat. abdomen

BREED

Lab

RADIOGRAPHIC FINDINGS

Neck

No compressive lesions or structural alterations are evident along the C- spine.

SEX

M

Air is present in the entire neck region, resulting in alternating streaks of air lucency and soft tissue opacity. This appearance extends cranially to and apparently past the edge of the image; caudally it narrows down level with C5 to run along the trachea into the cranial mediastinum. Air also outlines the soft tissues along the scapula and ventrally along the brisket. Tubulo-linear calcified opacities extend from caudal to the thyroid cartilage along the dorsal trachea to the level of C4 and a roundish gas lucency with a thin, caudal rim of mineral opacity is located caudal to the cricopharyngeal sphincter.

AGE

1.3 Years

INTERPRETED BY

Heike Rudolf, DVM,
Dr. med. Vet.,
DipECVDDI DVR

Thorax

Gas tracks along the rib cage on both sides.

The bony structures appear physiological.

HOSPITAL NAME

Cornelius Veterinary
Clinic

Main vessels, trachea and esophagus are outlined by air.

The lungs are in contact with the thoracic boundaries. The lobar vessels are clearly visible to the tertiary branches. The bronchial tree is thin walled

REFERRING VET

Jeff Schutz DVM

The cardiac silhouette occupies 65% of the chest height and 2 intercostal spaces (VHS 10.5). Depending on the centring the aortic arch appears more or less prominent.

The gas extends along the aorta to the level of L3.

INVOICE

50541

RADIOGRAPHIC DIAGNOSIS

- S.c. emphysema
- Air in the fascial plains of the neck, centered on the larynx
- Air along the rib cage
- Pneumomediastinum

DATE

2-24-22



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely reason for the changes is a penetrating foreign body (e.g. wood), part of which may still be present in the soft tissues of the neck. The largest accumulation of the air is in the pharyngeal and laryngeal region which suggests that the penetration may have taken place there. Currently I can see no signs of aspiration pneumonia or mediastinitis.

SPECIES

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Careful visual inspection of pharynx, larynx and esophagus under G.A. is essential. Further imaging can be performed with ultrasound to identify fluid pockets which may contain foreign material. The air will cause artefacts but in a standing animal the air will rise and the fluid sink. Thus, it may be possible to reduce the amount of artefacts in the region of interest.

BREED

Lab

The calcified opacities dorsal to the trachea most likely represent calcified tracheal rings and the impression of the circular lucency is most likely the result of superimpositioning and rotation. Esophageal inspection is needed for confirmation.

SEX

M

TECHNICAL COMMENTS

Rotated C-spine

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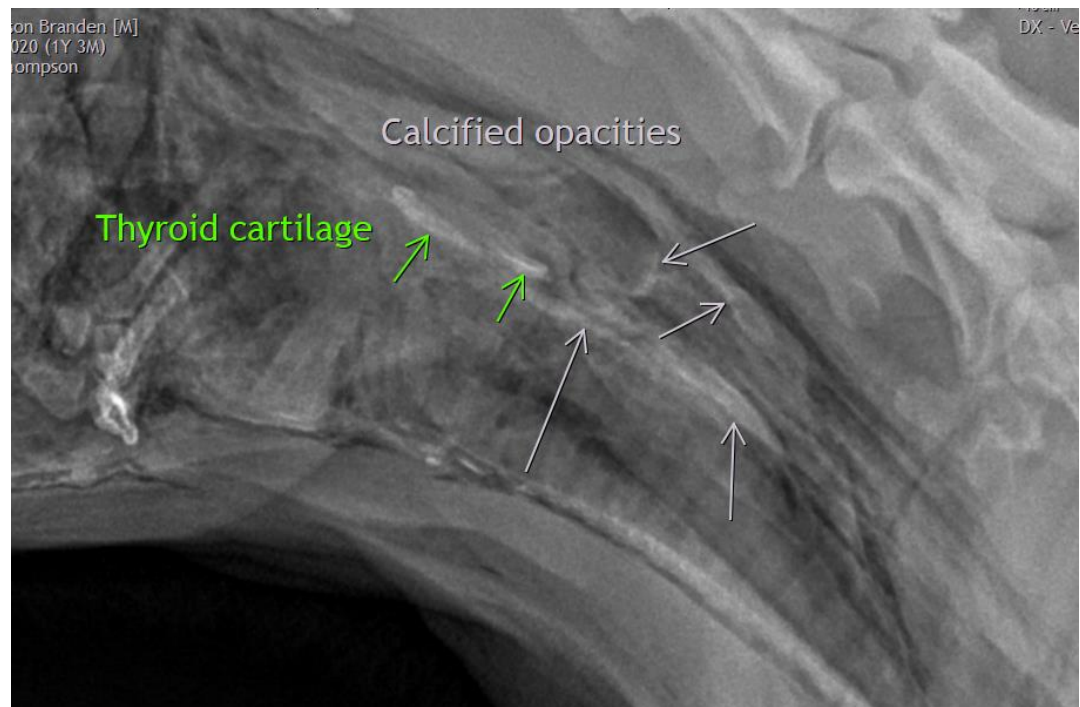
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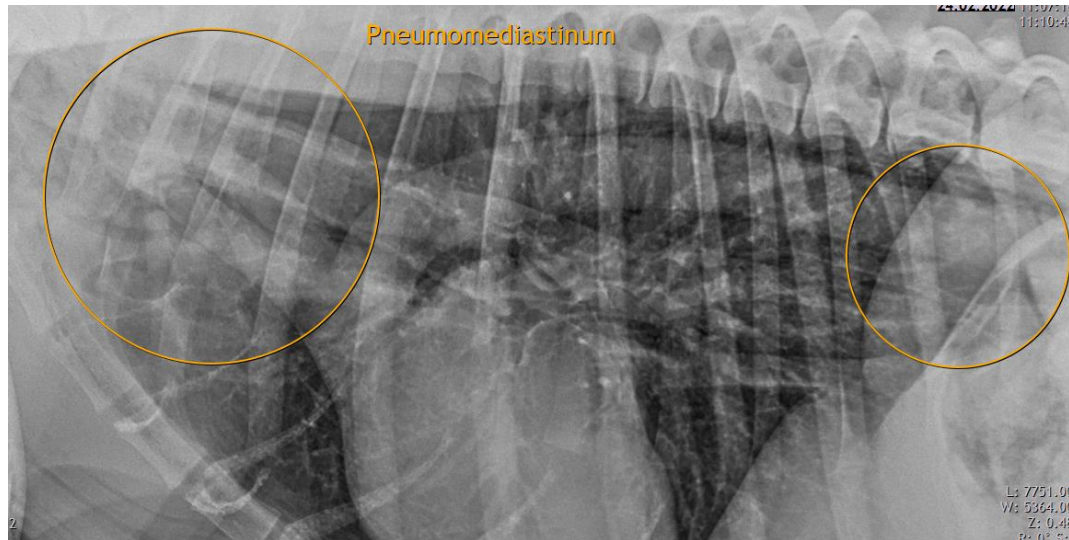
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Heike Rudolf, DVM, Dr. med. vet., DipECVDDI, DVR
Dr.H.Rudorf@gmail.com