



PATIENT

Hades Stabreva

PRESENTING CLINICAL SIGNS

Hades was originally evaluated at another ER on 12/31 for vomiting up a foreign object and developing SQ emphysema/swelling around his neck. Original radiographic findings supported pneumomediastinum and SQ emphysema, as well as possible remaining foreign material in the stomach. Referring veterinarian concerned possible perforation from ingesting or vomiting foreign object. Pet was transferred to our facility for further care and had endoscopy on January 2nd - no significant findings in the esophagus or stomach at that time. Pet was eupnic and eating and was discharged, but at the recheck on 1/8 the SQ emphysema is persistent and spreading into the lower forelimbs.

SPECIES

Canine

BREED

Pitbull X

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies available for review.

SEX

Male

COMPUTED TOMOGRAPHIC FINDINGS

Extensive soft tissue emphysema is seen within the thoracic wall as well as within the fascial planes of the neck, head, and front limbs.

AGE

11 Months

Moderate pneumomediastinum, pneumoretroperitoneum, and pneumoperitoneum is noted as well.

No foreign material is seen within the esophagus. Diffuse emphysema of the esophageal wall is seen with mild generalized thickening of the esophageal wall.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

There is no evidence of pneumothorax and no evidence of pulmonary blebs or bullae.

No structural lung changes are seen.

The mediastinal lymph nodes present within normal limits.

HOSPITAL NAME

Wilson Veterinary
Hospital

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Subcutaneous and interfascial emphysema of the cranial body half associated with pneumomediastinum, pneumoretroperitoneum, pneumoperitoneum, and esophageal emphysema.

REFERRING VET

Dr. Vitale

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals pneumomediastinum with subcutaneous and interfascial emphysema in the cranial body half. Concurrent pneumoretroperitoneum, pneumoperitoneum, and esophageal emphysema are seen. Pneumomediastinum can be traumatic in origin such as blunt trauma to the chest as well as perforating injuries of the esophagus or trachea. No evidence of perforating injuries of the esophagus, trachea, or larynx are seen in the available CT study. There is no evidence of foreign material. Spontaneous pneumomediastinum appears to be a high potential. Spontaneous pneumomediastinum can arise secondary to underlying lung disease, the most common one being asthma, or without underlying pulmonary pathology. Spontaneous pneumomediastinum is especially common in young adolescent dogs. The role of the esophageal emphysema is unclear here. It is however considered unlikely that the emphysema is the cause of the pneumomediastinum and subcutaneous and interfascial emphysema.

INVOICE

56092

DATE

1-9-23



PATIENT

Hades Stabreva

Pneumatosis of the gastrointestinal tract wall can occur spontaneously as well as secondary to inflammatory disease such as esophagitis, gastritis, or other.

SPECIES

Canine

BREED

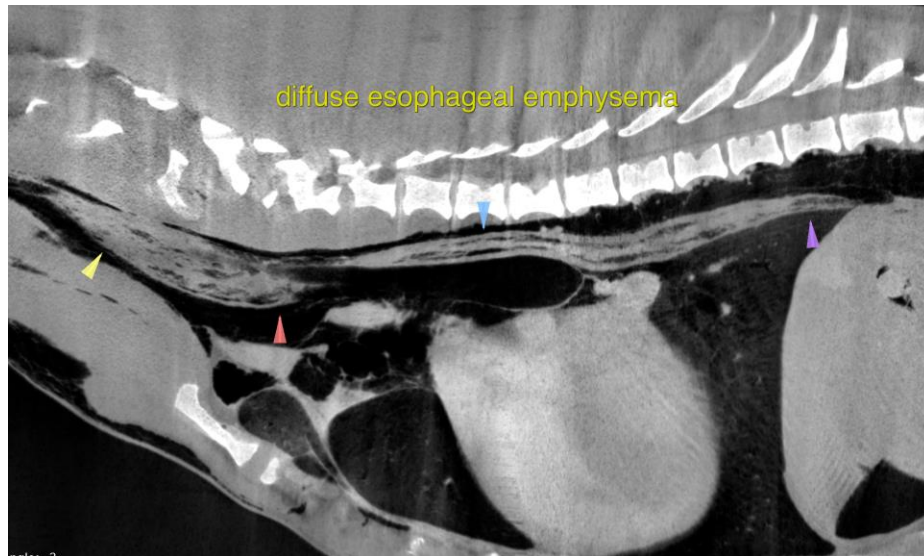
Pitbull X

SEX

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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.

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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.

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