

PATIENT

Mercury

PRESENTING CLINICAL SIGNS

Shot three times through the neck, down in the hind end now and hard time sitting up. No other history known, owner surrender to hospital since O had no funds for any treatment.

SPECIES

K9

COMPUTED TOMOGRAPHIC STUDY OF THE FULL BODY

Plain and post contrast studies available for review.

BREED

GSD

Patient has a history of gunshot injury in the neck area.

SEX

M

Extensive interfascial emphysema circumferential to the trachea is seen throughout the entire neck and blends into both moderate pneumomediastinum and pneumoretroperitoneum.

AGE

1 Year

A possible bullet trajectory is seen to the right of the cervical spine level with C3 and C4 (see image below). Both the C3 and C4 transverse processes present comminuted fractures. No vertebral displacement, no vertebral body, and no facet joint fracture is seen.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The interfascial gas can be traced up until the soft tissues caudoventral of the skull base and deep to the right scapula. No evidence of injury of the ribcage, thoracic spine, or lumbar spine is seen. There is no evidence of direct pulmonary injury.

The cardiovascular structures present within normal limits.

HOSPITAL NAME

Animal Emergency
Hospital Volusia

The abdominal structures present within the expected limits as well.

REFERRING VET

Diane Johnson

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided upper cervical tracheal injury after gunshot incident.
- Right transverse process fractures of the 3rd and 4th cervical vertebrae.
- Moderate interfascial emphysema in the neck.
- Moderate pneumoretroperitoneum.
- Mild to moderate pneumomediastinum.
- No evidence of pneumothorax.
- No evidence of pneumoperitoneum.

INVOICE

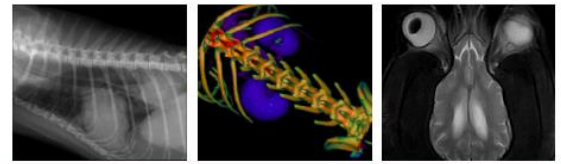
50236

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

2-11-22

The CT study reveals multiple soft tissue wounds in the neck with perforating tracheal injury of the upper cervical trachea which is left sided and level with the tracheal rings 5 and 6. There also are right transverse process fractures of the 3rd and 4th cervical vertebrae. Based on the trajectory of the bullet that injured the vertebrae, both peripheral nerve and spinal cord injury appear to be a potential level with the mid cervical spine.



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The pneumomediastinum and pneumoretroperitoneum can be explained by the tracheal injury as the fascial planes of the neck connect with the mediastinum and the mediastinum connects with the retroperitoneum.

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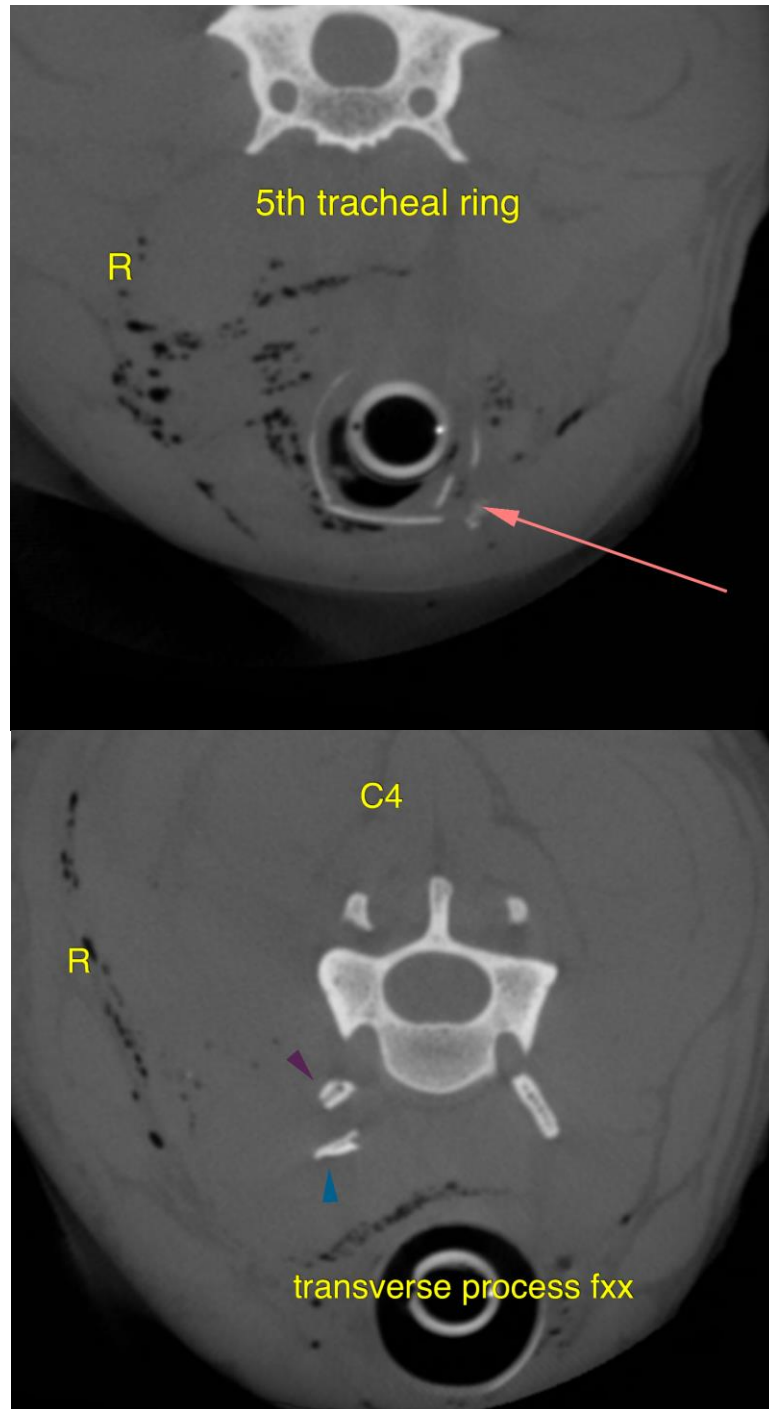
Diane Johnson

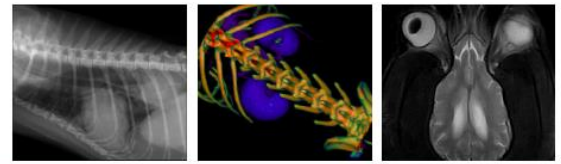
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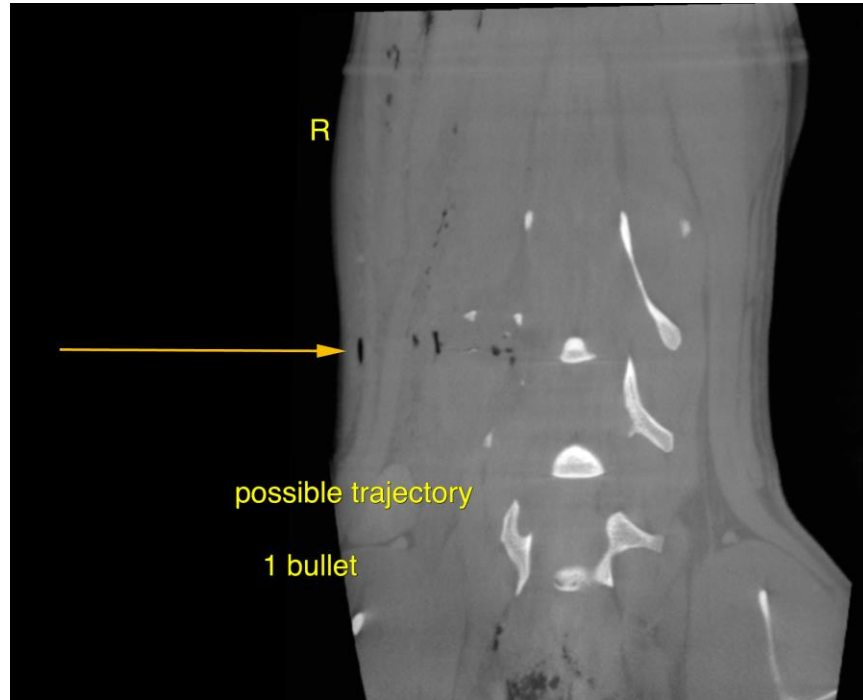
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

HOSPITAL NAME

Animal Emergency
Hospital Volusia

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com

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