



PATIENT

Ginger Quatela

PRESENTING CLINICAL SIGNS

HBC Nov 24 in the AM. Thoracic trauma: rib fractures (right 6 - 9, maybe more), lung contusion, SQ emphysema, pleural effusion, Abdominal trauma: hemoabdomen, markedly increased ALT - r/o hepatic trauma vs. muscle injury vs. other, hematuria - r/o bladder trauma/hemorrhage, unable to visualize complete diaphragm on AFAST - r/o diaphragmatic hernia vs. artifact, anemia, hypoproteinemia - r/o secondary to hemorrhage. PCV decreased to 18% overnight - received blood transfusion, PCV 27% this morning. Right coxofemoral luxation on x-ray

SPECIES

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COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

BREED

Pomeranian

A pre- and post-contrast CT study of the thorax and abdomen in a bone, lung and soft tissue reconstruction provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

SEX

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The 6th to 9th rib present a fracture in the proximal third with caudal and mild medial displacement of the distal fragment and small isolated osseous fragments. A moderate amount of free subcutaneous gas is seen along the right thoracic wall.

AGE

3 Years

In the pleural cavity, a moderate amount of gravity, dependent, non-contrast enhancing soft tissue attenuating material is present. Pleural fissure lines are appreciated. A small amount of free pleural gas is appreciated in the caudodorsal aspect of the pleural cavity bilaterally. The lung lobes are retracted from the thoracic wall and present a generalized decreased volume. The lung parenchyma presents multiple patchy regions with a ground glass attenuation pattern.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

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Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

The diaphragm is intact.

Abdomen

REFERRING VET

Dr. Judy Brown

The retroperitoneal space is swollen, and the retroperitoneal fat presents significant fat-stranding.

The right kidney is swollen, and the normal architecture is lost, presenting indistinct margins with multiple hypoattenuating non-contrast enhancing lesions breaching the renal capsule. The left kidney presents within normal limits for size, shape and organ architecture with a physiological nephro- and pyelogram.

INVOICE

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The urinary bladder is moderately dilated, and a small gas bubble is seen in the urinary bladder.

A small amount of gravity dependent fluid attenuating material is seen in the peritoneal cavity.

DATE

11-25-22

The caudate process of the caudate liver lobe and the right lateral liver lobe presents a mild heterogeneous pattern of the parenchyma with mild irregular margins.

In the gallbladder, a well-defined, ovoid shaped, mild hyperattenuating body is seen.



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The adrenal glands are within normal limits for size, shape and organ architecture.

Ginger Quatela

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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The left cranial ramus of the pubic bone presents with a short segmental fracture. The right femoral head is luxated dorsally from the acetabular groove. The subcutaneous fat along the laterodorsal aspect of the lumbar spine is swollen and presents moderate fat-stranding.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

Pomeranian

- Pleural effusion and mild pneumothorax bilaterally
- Pulmonary contusion
- Traumatic laceration of the right kidney and secondary retroperitoneal hemorrhage
- Serial costal fracture 6th to 9th right rib
- Emphysema right thoracic wall
- Traumatic dorsal coxofemoral luxation
- Focal traumatic laceration of the caudate process and right lateral liver lobe
- Mild peritoneal effusion
- Suspect subcutaneous hematoma along the lumbar spine
- Acute traumatic closed segmental fracture cranial ramus left pubic bone
- Small gas bubble in the urinary bladder – suspect preceding catheterization
- Suspect inspissation concrement in the gallbladder

SEX

FS

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The traumatic laceration of the right kidney and the right liver lobes are a plausible cause for the appreciated hemoabdomen and retroperitoneal hemorrhage and hematuria. The urinary bladder appears to be intact. No contrast leakage from the ureters or the right kidney is appreciated. Recommend monitoring the right kidney by ultrasound on a regular basis to check for normal healing and assess early stage of necrosis/abscessation due to necrotic tissue or urinoma formation.

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The pleural effusion is suggestive for hemorrhage and pulmonary contusion due to blunt thoracic trauma.

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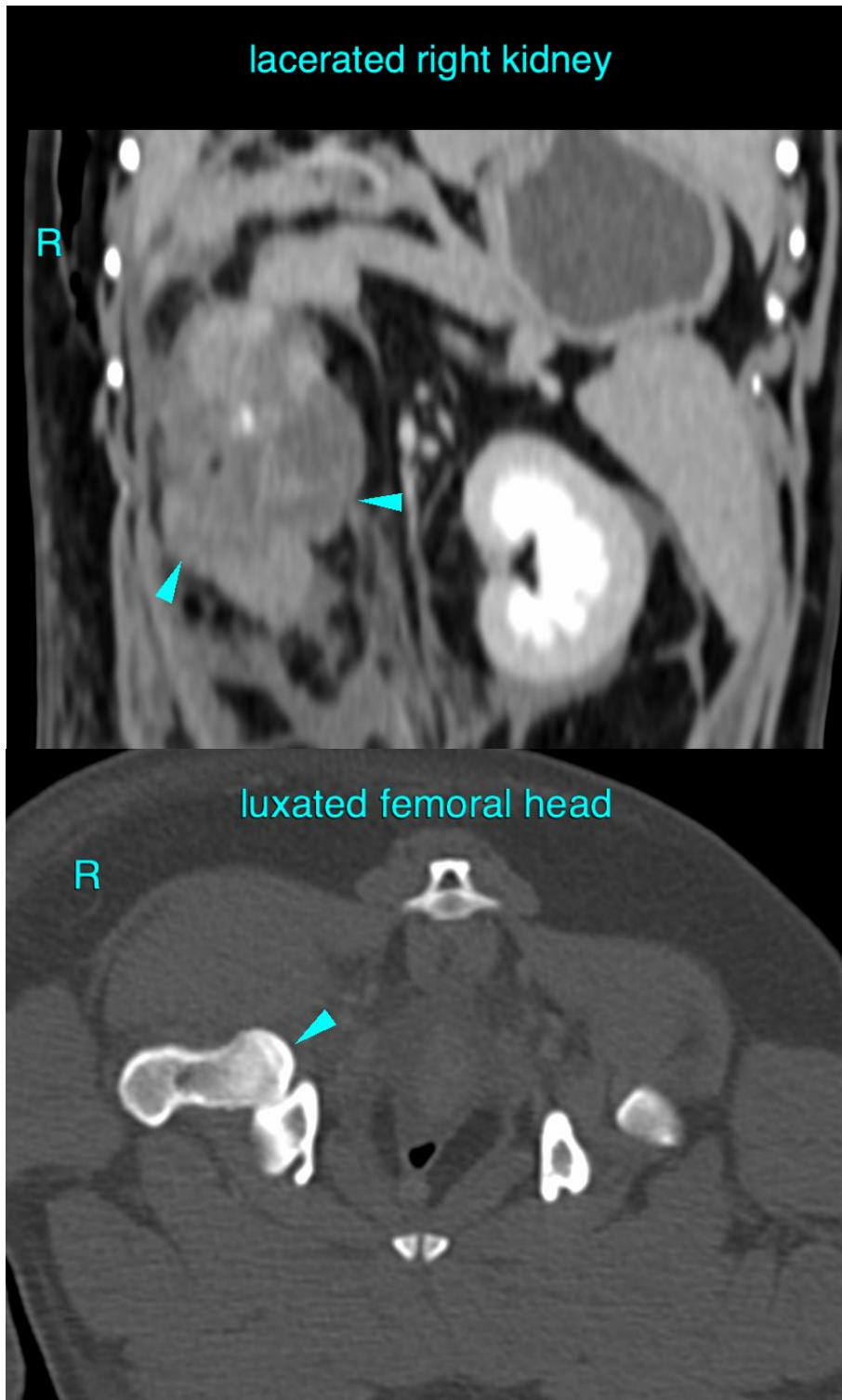
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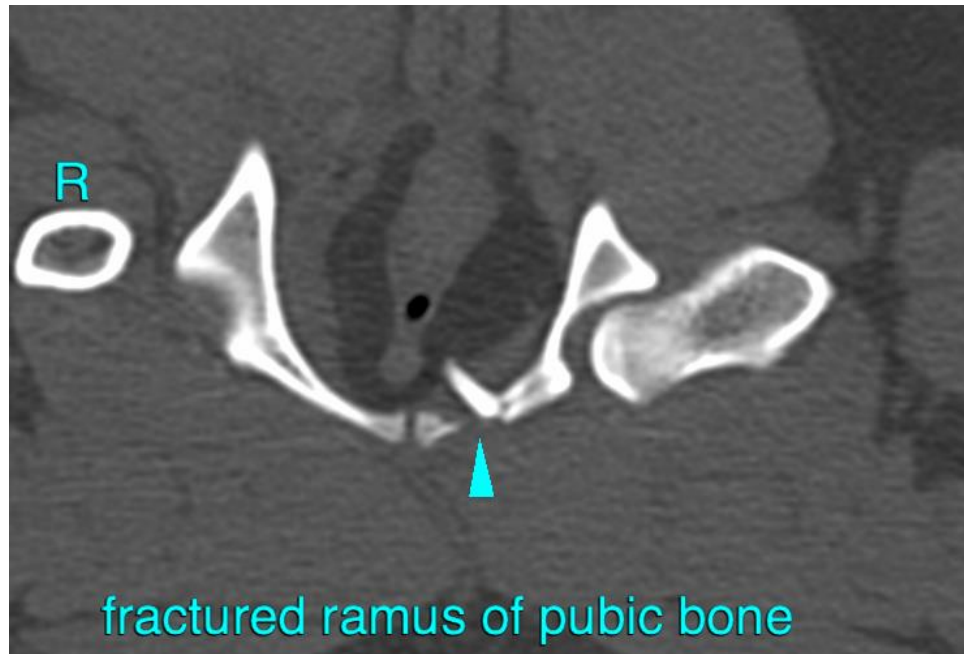
Dr. Judy Brown

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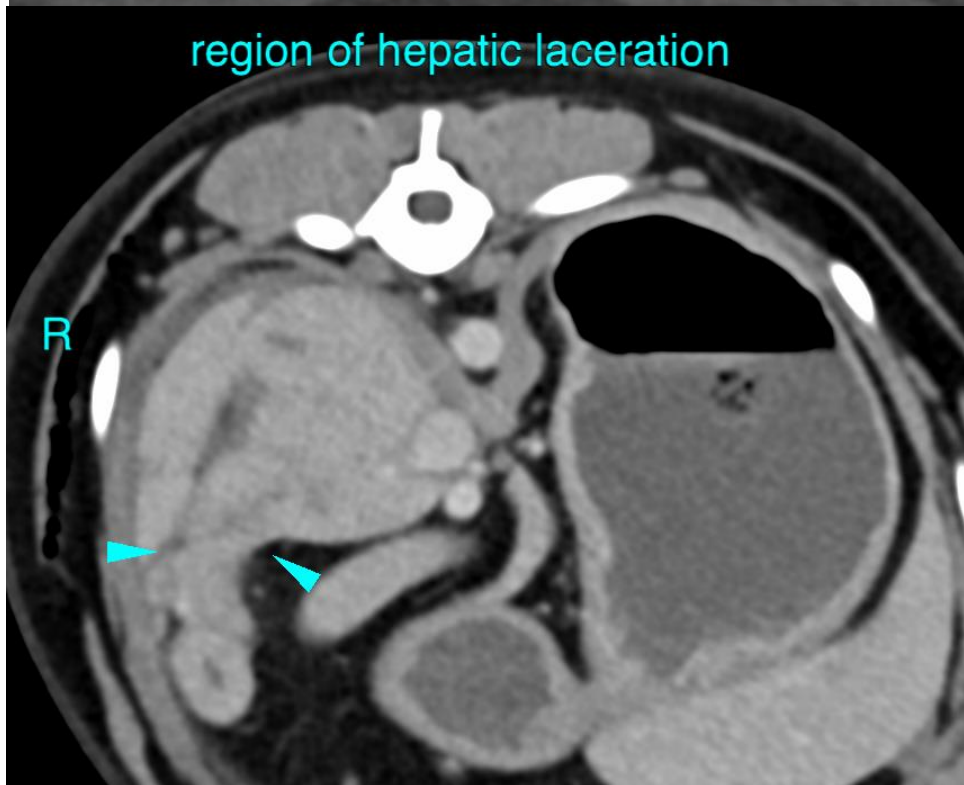
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fractured ramus of pubic bone



region of hepatic laceration



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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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