



PATIENT

New York Redhair

PRESENTING CLINICAL SIGNS

Owners found px 2 days ago in the yard, thought he was attacked by something. X-rays today showed penetrating BB / Pellet through the L skull just cranial to AS and traveling through and right and ventral. Is it surgically removable?

SPECIES

Feline

COMPUTED TOMOGRAPHY OF THE SKULL

A high resolution plain CT study of the skull is provided for review.

BREED

DSH

COMPUTED TOMOGRAPHIC FINDINGS

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

SEX

MN

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

AGE

3 Years

Multiple metal attenuating fragments of a bullet can be seen along a trajectory tract running in a left laterodorsal to right ventrolateral direction; extending from the caudal aspect of the right external ear canal, through the base of the left external ear canal/tympanic bulla, the dorsal retropharyngeal tissue up to the right lateral aspect of the larynx. The left tympanic bulla is filled with soft tissue attenuating material with interspersed fragments of bullet. The ventral wall of the left tympanic bulla is perforated.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Current state post gunshot wound with trajectory tract through the left tympanic bulla/base of left external ear canal and retropharyngeal tissue

HOSPITAL NAME

Scottsdale Veterinary
Clinic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are consistent with the history of gunshot wound with fragments of the bullet multifocal throughout the trajectory tract - running through the left tympanic bulla. It is possible that the left external ear canal is lacerated being a source for potential abscess formation. Surgical excision of the largest bullet fragment at the right lateral aspect of the larynx can be considered, but surgical excision of the smaller fragments is not feasible. I would recommend monitoring the region of the left external ear canal for signs of abscess formation or if clinical signs for otitis media develop warranting surgical treatment (e.g. total ear canal ablation).

REFERRING VET

Dr. Gans

INVOICE

48262

DATE

11-6-21



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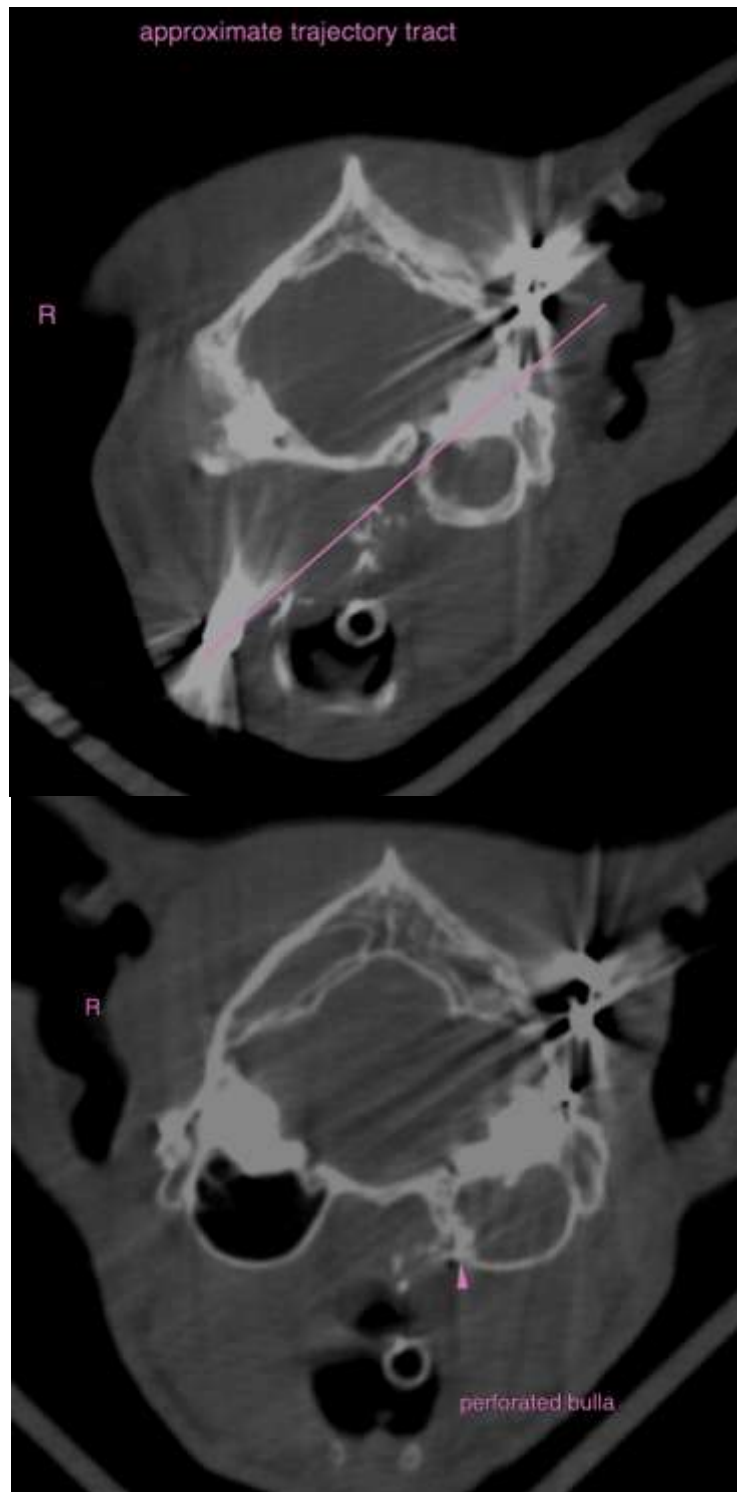
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com