



## PATIENT

Nash Stuart-Franks

## SPECIES

Canine

## BREED

Australian Cattle Dog

## SEX

Male Neutered

## AGE

3Y

## WEIGHT

28kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

LAN

## HOSPITAL NAME

Southern Oregon  
Veterinary Specialty  
Center

## REFERRING VET

Dr. Emily Riddle

## INVOICE

73777

## DATE

2-17-26

## PRESENTING CLINICAL SIGNS

- Nash presented to the ER Service last night for possible stick ingestion. He was playing fetch and then began repeatedly retching and hard swallowing. He presented to the ER for evaluation and thoracic radiographs were performed that showed subcutaneous emphysema. No distinct foreign material was noted. A CT was recommended for further evaluation.
- Recent Diagnostics:
- SOVSC ER
- 2/16/26
- Thoracic Radiographs - Pronounced tracking subcutaneous emphysema from the level of the pharynx caudally. This is highly consistent with a penetrating stick like foreign body such as that reported. There is no evidence of a distinct foreign structure at this time, though small fragments of wood can easily superimpose/hide within the visible spectral/heterogenous subcutaneous emphysema. Therefore at this stage, foreign material which remains possible, both the soft tissues dorsal to the larynx/pharynx, or less likely within the oesophagus. There is distinct foreign material in the stomach of unknown significance.

## COMPUTED TOMOGRAPHY OF THE NECK AND THORAX

A high resolution pre- and post-contrast CT study of the neck and thorax is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Neck

Extending from the level of the cranial esophageal sphincter caudally – along the esophagus – up into the mediastinum, multiple gas inclusions are appreciated. Extending from the dorsal margin of the upper esophageal sphincter caudally, dorsal to the cranial esophageal segment, a linear semicircular, structured hypoaattenuating body is seen, measuring approximately 14 x 8 x 58 mm.

The medial retropharyngeal lymph nodes are prominent.

### Thorax

The bony and surrounding soft tissue structures are within normal limits.

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.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

A hyperattenuating triangular shaped body is appreciated in the dorsal aspect of the stomach, measuring 2.3 x 1.6 x 3.6 cm.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Stick injury with remaining wooden foreign body dorsal to the most cranial segment of the esophagus
- Secondary emphysema along the neck – accentuated along the esophagus – and pneumomediastinum



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- Mild lymphadenopathy medial retropharyngeal lymph node
- Gastric foreign body without mechanical obstruction
- No evidence of perforating thoracic injury

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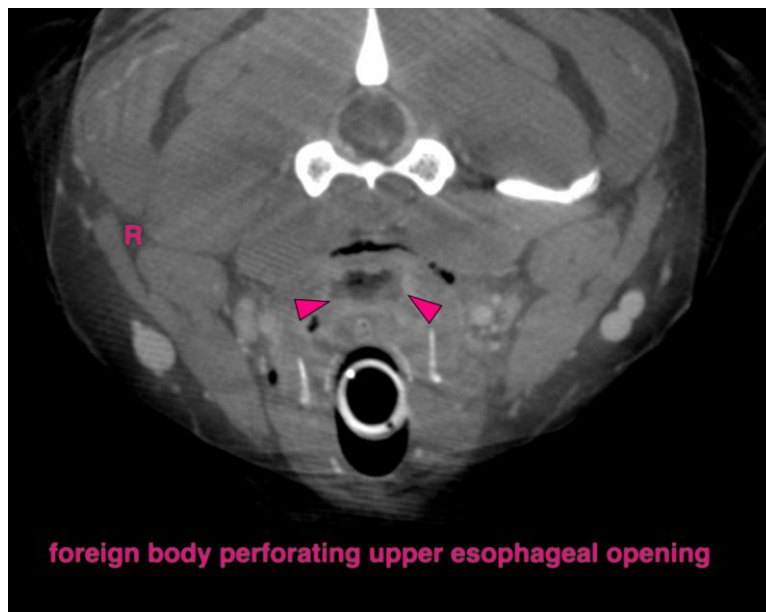
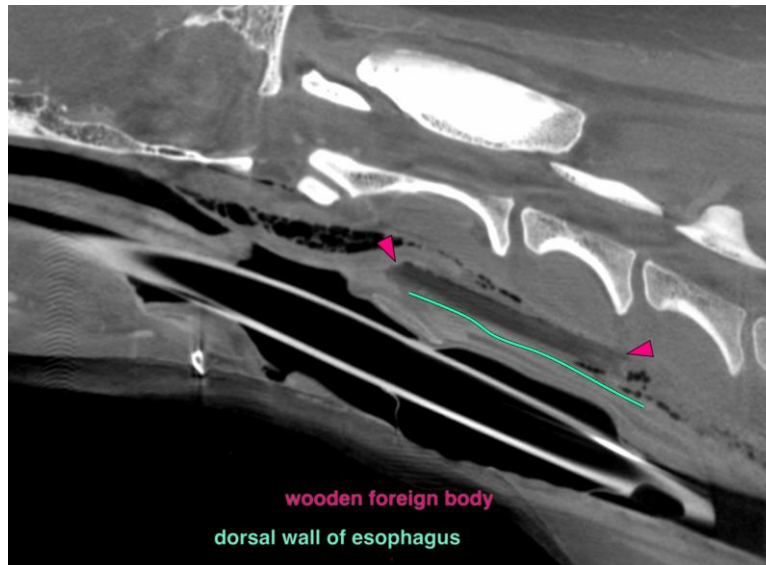
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is confirming the stick injury – the stick has perforated the upper esophageal dorsally and the wooden foreign body is located dorsal to the most cranial esophageal segment. Surgical management is advised.





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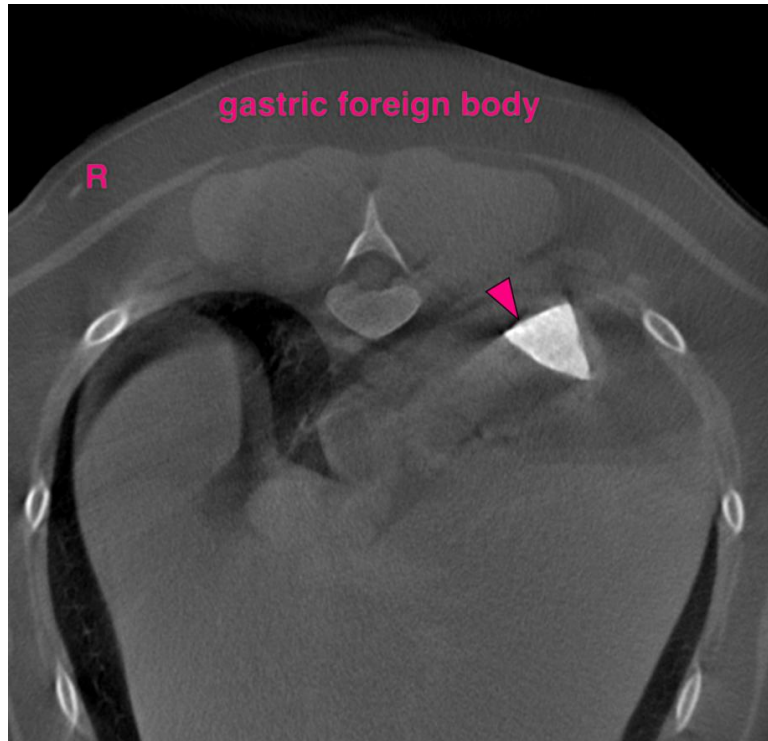
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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