



PATIENT PRESENTING CLINICAL SIGNS

Cotty Warnat
SPECIES Canine
BREED Bichon Frise
 Pet presented to ER service late on 2/23 for trouble breathing/ swelling of neck. Pet was being treated for a severe ear infection from another vet with oral steroids, Apoquel and Baytril. Pet is very aggressive and owner cannot medicate topically. Owner noted pet was chewing on pine cones and sticks in the yard so she is worried about a foreign object or trauma to the neck/ throat. Pet was severely dyspneic upon presentation and was noted to have significant swelling and SQ emphysema of the ventral chin and neck. An emergency tracheostomy tube was placed. The pet stabilized and was able to breathe through the tube overnight. A CT was recommended to further evaluate the cause of the swelling. Primary concerns are foreign body, trauma/ laceration, or mass.
 Abnormal PE/Chem/CBC/UA Results: Mild non-regenerative anemia- HCT = 37%. All else WNL.

COMPUTED TOMOGRAPHY OF THE NECK

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

MN

COMPUTED TOMOGRAPHIC FINDINGS

AGE Multiple teeth are absent and the remaining teeth present evidence of moderate periodontal disease.

10 Years

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

Both external ear canals are filled with fluid attenuating material. The wall of the left external ear canal cannot be clearly defined, and a significant soft tissue swelling is seen originating from the horizontal part of the left external ear canal. Post contrast administration, the wall of the left external ear canal cannot be delineated and a peripheral contrast enhancing and central hypoattenuating mass (measuring 3.0 x 2.0 x .1.6 cm in size) is seen originating from the left external ear canal. The mass is protruding medially and ventrally, and a significant swelling of the surrounding retropharyngeal tissues is noted, distorting the pharynx.

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 Hospital

Both tympanic bullae are filled with non-contrast enhancing material.

The epiglottis appears swollen.

A tracheostomy tube is entering the trachea caudal to the larynx.

REFERRING VET

Dr. Belinda
 Marcordes

Extensive emphysema is seen along the fascial planes of the neck, pictured parts of the mediastinum, thoracic wall bilaterally and ventrally along the skull.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Bilateral chronic otitis externa & media
- Abscess originating from the left external ear canal with surrounding steatitis and marked left sided retropharyngeal soft tissue swelling
- Extensive emphysema along the neck, skull, thoracic wall and pneumomediastinum
- Multiple absent teeth and generalized moderate periodontal disease

DATE

2-24-22



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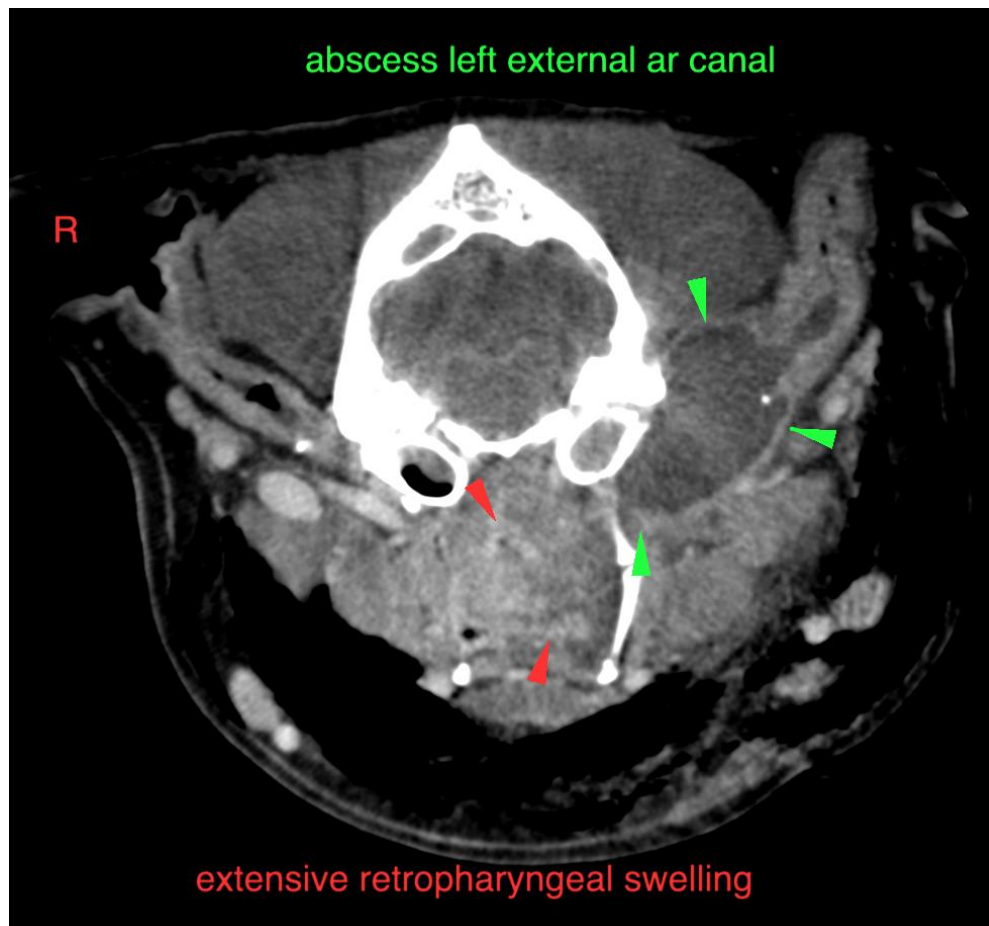
2-24-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with the history of extensive emphysema along the neck. A specific underlying cause cannot be specified – I suspect that upper airway obstruction caused by the left sided abscess originating from the left external ear canal with secondary septic retropharyngeal swelling has caused increased in- and expiratory effort with secondary spontaneous pneumomediastinum (Macklin effect). The pneumomediastinum is a potential source for the emphysema along the neck with gas dissecting along the fascial planes of the neck and thoracic wall.

Other causes for pneumomediastinum can be traumatic (iatrogenic versus accident) laceration of the trachea or less likely the esophagus, a perforating soft tissue trauma along the neck/shoulder region, primary disease of the lung - with extension of air along the peribronchial adventitia into the mediastinum. Check the larynx and pharynx for any signs for laceration to rule out stick injury completely.

Treatment option of choice for the left sided abscess originating from the external ear canal is a total ear canal ablation.





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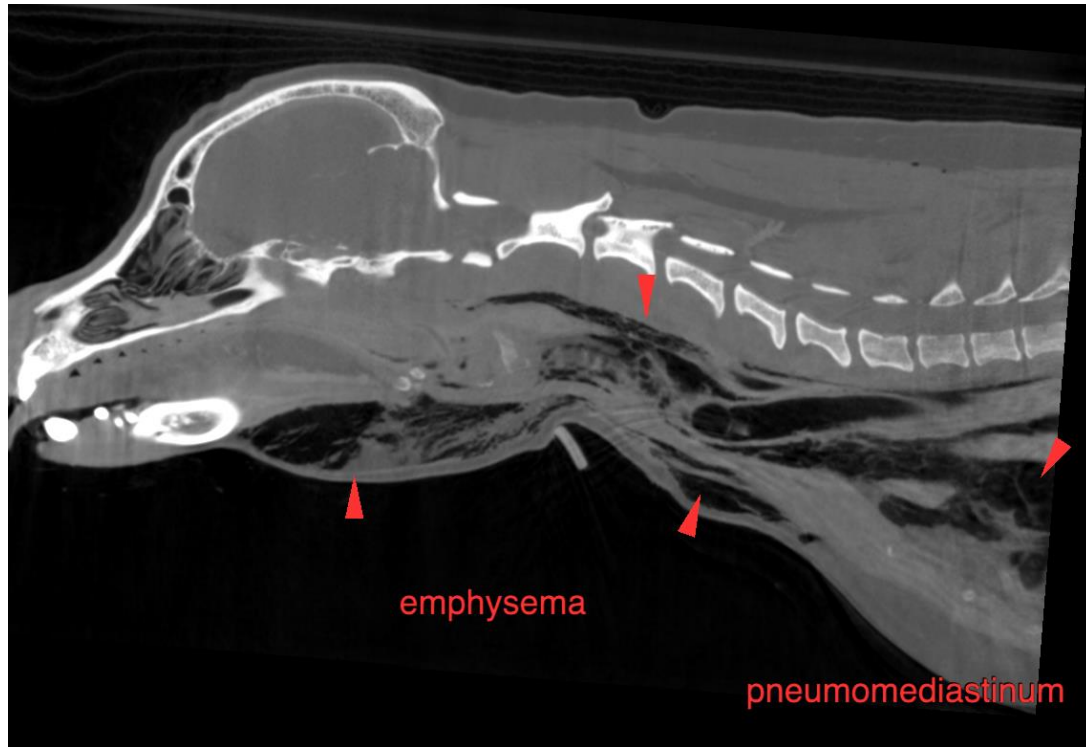
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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