



PATIENT

Rigby Schwenker

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

8Y

WEIGHT

1935kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Technician

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE

73669

DATE

2-9-26

PRESENTING CLINICAL SIGNS

- Rigby is a 8 YO MN Chihuahua who was presented for being attacked by the housemate who is an 80# Labrador. He was picked up by the neck on 2-3-26. Pet hospitalized for 48 hours. discharged 2/5/26 Pet returned same day as discharge. Patient was left alone for 30 minutes and when owner came back, patient was ballooned up in the neck again.

Abnormal PE/Chem/CBC/UA Results: Integument: Two punctures under ventral neck - R puncture is more cranial and superficial, L puncture is full thickness; no bleeding noted; diffuse extensive SQ emphysema Dog bite - suspect tracheal vs. esophageal penetrating injury; pneumomediastinum

COMPUTED TOMOGRAPHY OF THE SKULL, NECK, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

A generalized significant emphysema is appreciated along the subcutaneous tissue of the skull, neck, thorax and abdomen.

A significant amount of free gas is seen along the fascial planes of the neck, extending into the mediastinum and retroperitoneal space.

Skull & Neck

Multiple teeth are absent. The maxillary premolar teeth present signs of advanced periodontal disease.

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.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

A stitching artefact is seen level with the caudal segment of the neck/cranial aspect of the thorax.

Level with the caudal end of the endotracheal tube, level with C6, the trachea presents segment decreased diameter and soft tissue material that is attached to the inner tracheal surface.

Thorax

The pictured osseous structures of the thorax reveal no abnormalities.

In the pleural cavity, a significant amount of free gas is seen, and the lung lobes are retracted from the thoracic wall.

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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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.

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

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Segmental mild narrowing and thickened tracheal wall level C6
- Marked generalized emphysema along the skull, neck, thorax and abdomen
- Pneumomediastinum
- Pneumothorax
- Generalized periodontal disease
- Multiple absent teeth

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The severity of the emphysema is supporting the diagnosis of possible tracheal perforation with secondary pneumomediastinum, pneumoretroperitoneum and pneumothorax. Unfortunately, the caudal cervical/cranial thoracic tracheal segment are effaced by the stitching artefact, anyway the trachea presents segmental thickening of the tracheal lumen and narrowed lumen level with C6/C7 – that can present a iatrogenic finding due to exudate at the tip of the endotracheal tube or caused by laceration of the tracheal wall. If not done so yet, workup may be complemented by tracheoscopy to screen for abnormalities. Surgical exploration of the puncture site and evaluation of the trachea can be justified as well.

Check the thoracic wall to rule out perforating thoracic trauma that may be missed due to the stitching artefact.



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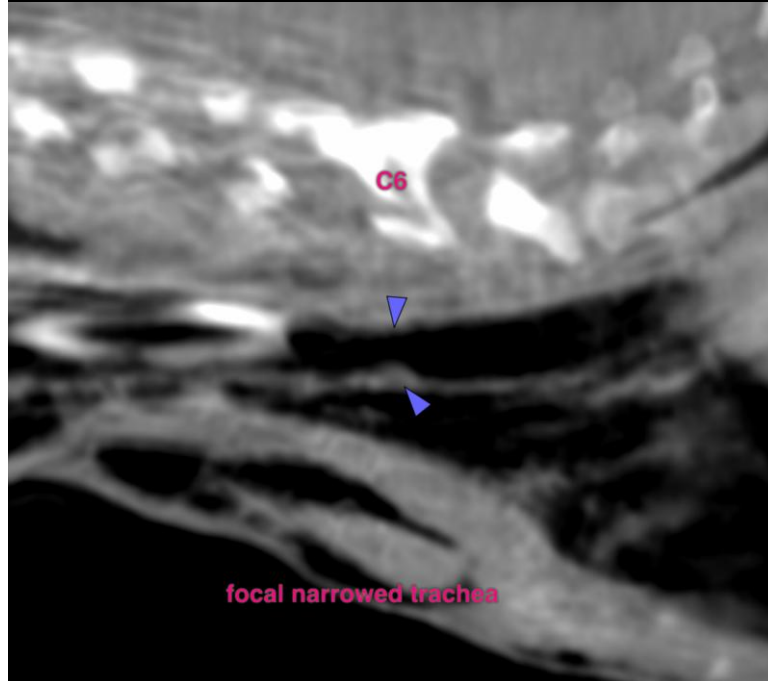
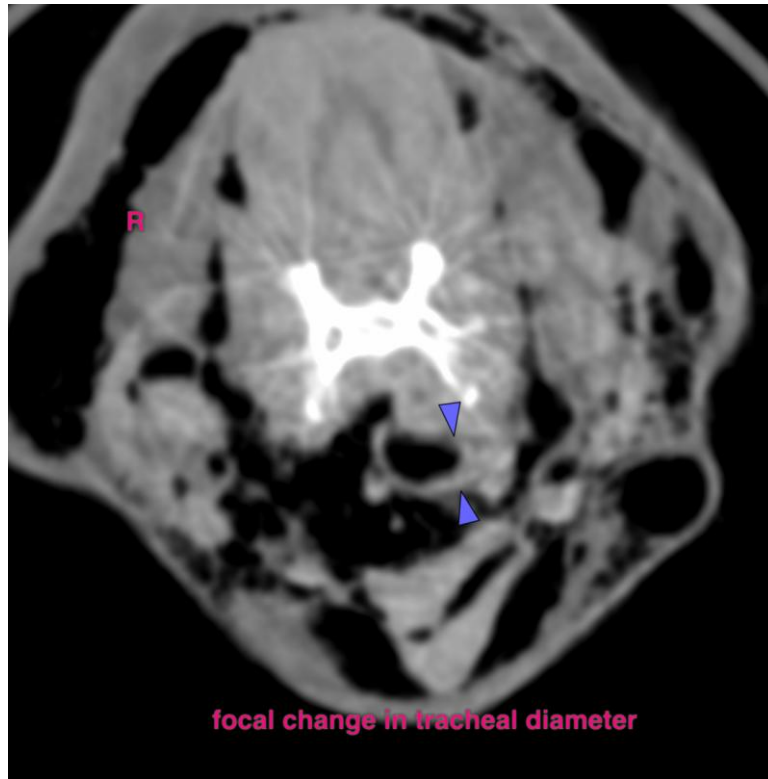
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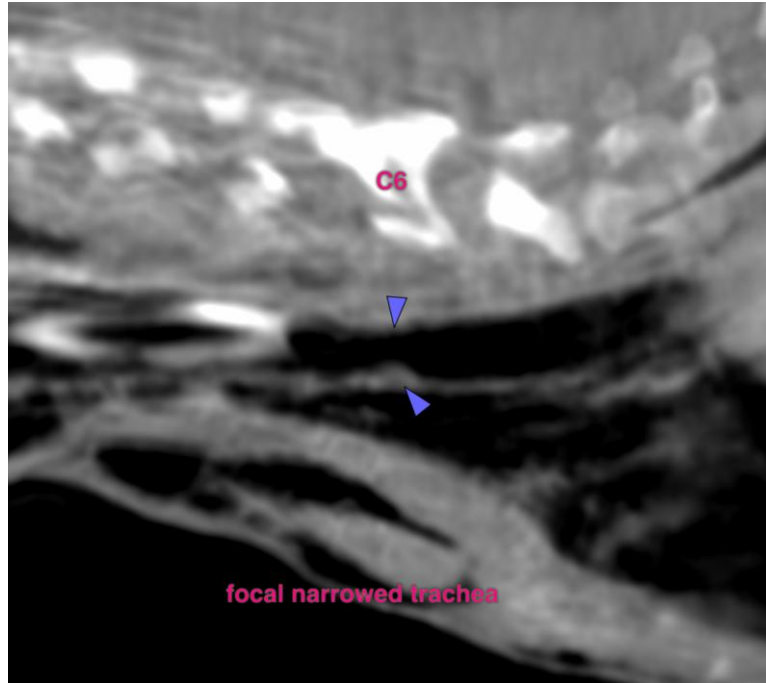
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com