



## PATIENT

Nala Anubis Perez

## SPECIES

Canine

## BREED

Belgian Malinois

## SEX

Female

## AGE

3 Years

## WEIGHT

47 pounds

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

HVSFA

## HOSPITAL NAME

Hospital Veterinario  
San Francisco de Asis

## REFERRING VET

Dr. Rodriguez

## INVOICE

14529

## DATE

03/22/26

## PRESENTING CLINICAL SIGNS

- Patient was reportedly playing fetch at a park with a large tree branch. During one return, the owner noted blood present on the branch. Shortly after, the patient became acutely lethargic, laid down, and exhibited increased respiratory effort characterized by an abdominal component and panting.
- An endoscopy was performed, and findings raised concern for a possible esophageal laceration, which may explain the clinical signs.
- A CT scan is being performed to further characterize the presence and extent of the suspected laceration and to assist in determining appropriate treatment options.

## COMPUTED TOMOGRAPHIC STUDY 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

In the caudal aspect of the pharyngeal roof, a defect is appreciated; measuring approximately 10 mm.

Along the fascial planes of the neck a moderate amount of free gas is seen – extending into the retropharyngeal region cranially and are continuous with a moderate amount of gas in the mediastinum and small amount of gas along the fascial planes of the thoracic wall bilaterally. No additional abnormalities along the osseous and soft tissue structures of the neck.

Ventral to C2 to C4, between the esophagus ventrally and the hypaxial muscles dorsally, granular hyperattenuating material is appreciated.

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

In the mediastinum, a moderate amount of free gas is seen – merging with the gas along the fascial planes of the neck.

The right subclavian artery presents an aberrant separate origin from the aortic arch and is coursing dorsally over the esophagus & trachea to the right.

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, but small zones with patchy ground glass attenuation pattern in the ventral aspects of the lung.

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

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of potential stick injury with retained foreign material in the soft tissues dorsal to the esophagus
- Defect in roof of pharynx
- Emphysema along the neck, thoracic wall and pneumomediastinum
- Small zones with unstructured interstitial pattern ventral dependent aspects of the lung

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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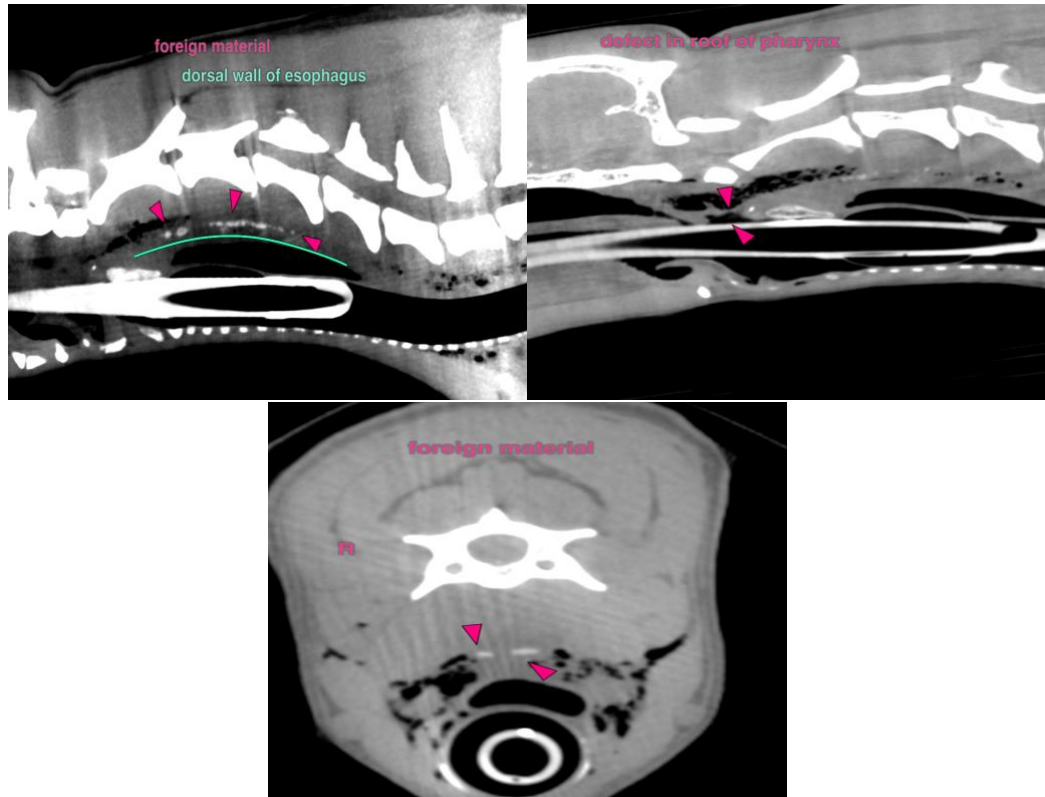
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The CT findings are supporting the diagnosis of stick injury, presenting a defect in the roof of the pharynx – between the hypaxial muscles dorsally and the esophagus ventrally, retained foreign material is seen along the trajectory tract. Surgical management is advised.

The emphysema along the neck and concomitant pneumomediastinum are a sequela to the perforating injury.

The small patchy zones with an unstructured interstitial pattern can be a sequela to aspiration of blood/exudate.



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, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)