



PATIENT PRESENTING CLINICAL SIGNS

Luna Butler
Presented yesterday for trouble breathing. P was 100% normal in the morning when owners left her home alone. When they returned around 4pm, the heard her raspy breathing. She has a history of eating things she is not supposed to. In Sep 2021, p was bitten by another dog in her throat region - p recovered unremarkably and had no issues after the event.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: P was BAR, had pink moist mm, no cough or pain elicited on tracheal palpation, audible raspy breathing but no increased effort, referred upper airway noises in both lung fields, and a soft abdomen. No external evidence of any penetrating wounds.

BREED

Welsh Pembroke
Corgi

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Female

Skull

The crown of triadan 201 is absent and the root is appreciated in the respective alveolar crest.

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

AGE

1 Year, 4 Months

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Neel Veterinary
Hospital

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

A moderate amount of free gas can be seen along the subcutaneous tissue at the caudoventral aspect of the neck, retropharyngeal tissues, submucosal tissue of the larynx and fascial planes of the neck, dissecting along the tracheal caudally up into the mediastinum.

REFERRING VET

Alyson Fryer, DVM

Thorax

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

INVOICE

51604

A mild to moderate amount of free gas is appreciated in the cranial and caudal parts of the mediastinum.

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.

DATE

4-19-22

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



PATIENT

Luna Butler

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.

SPECIES

Canine

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

BREED

Welsh Pembroke
Corgi

- Moderate emphysema along the retropharyngeal region, ventral aspect of the skull and fascial planes of the neck
- Mild to moderate pneumomediastinum
- Complicated dental fracture 201

SEX

Female

The findings are consistent with mild to moderate pneumomediastinum and emphysema along the fascial planes of the neck and retropharyngeal tissue. An underlying cause cannot be specified. A traumatic (e.g. accident) with laceration of the pharynx, trachea or less likely the esophagus can cause emphysema of the neck with the gas extending into the mediastinum. A blunt thoracic trauma (e.g. fall from height, vomiting) or increased expiratory effort with closed epiglottis (Valsalva maneuver) can cause spontaneous pneumomediastinum (Macklin effect) and is a potential source for the emphysema along the neck with gas dissecting along the fascial planes of the neck up to the pharynx. As there is no history of cough or respiratory clinical signs, primary disease of the lung, with extension of air along the peribronchial adventitia is considered unlikely here.

AGE

1 Year, 4 Months

If not done so yet, the CT study should be complemented by endoscopy, although small lacerations of the larynx or trachea cannot be ruled out by CT/endoscopy. Further treatment options depend on history and findings of endoscopy – commonly if no defect can be found, conservative management is the therapy of choice.

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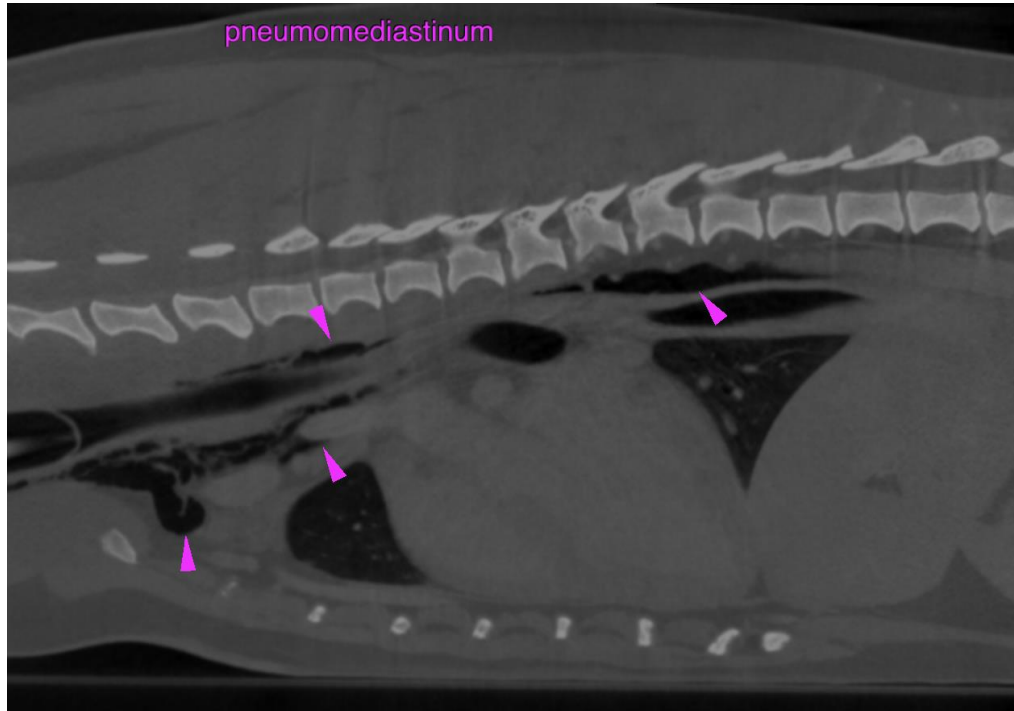
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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