



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Eleanor Snyder

SPECIES
Canine

BREED
Chihuahua Mix

SEX
SF

AGE
8 Years

INTERPRETED BY
Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME
Wilvet Salem

REFERRING VET
Dr. Crystal Ebert

INVOICE
52791

DATE
7-11-22

Brief History: HBC 7/7, presented bradycardic with head trauma, multiple skull fractures History chronic frequent GI upset, eats bland diet at home VCA neurology consulted 7/8: Unable to take case Persistent Hypernatremia is poor prognostic indicator Be very careful to not overhydrate and worsen cerebral edema Keep at 30 degrees up on a plank as able - pet will not tolerate, moves into different positions. P is doing great today (7-11-22) eating, able to go on walks. Abnormal PE/Chem/CBC/UA Results: Lab/trends: AFAST: No FF, bladder present. TFAST: Multiple B lines No FF Full body rads CONCLUSIONS: Multiple skull fractures, including fractures of the frontal and maxillary bones, with subsequent subcutaneous emphysema due to communication with the nasal cavity/frontal sinuses. Otherwise normal whole body study, with incidental small rocks/gravel in the gastrointestinal tract. CBC: HCT 48.9 WBC 6.44 Neut 4.99 Plts 306 Chem 17: gluc 268 ALT 141 Tbili 1.3 EPOC: pH 7.354 NA 152 K 3.5 Lact 4.52 Gluc 266S/O: QAR, mm pink and moist CRT < 2 seconds. Grade II periodontal disease with gingivitis. Skin over nose cleaned and closed with 2 staples. Has some crepitus present on around the skin over the muzzle. Thorax - Heart rate and rhythm regular. Heart murmur grade 3/6. Eupneic, normal lung sounds. Abd soft nonpainful. Neuro: CNs wnl, ambulatory, Urinating. Not fed overnight due to sedation for CT

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

Triadan 108, 306, 311 and 411 are absent.

The viscerocranium presents with a complex multifragmented fracture involving the maxillary, nasal and palatine bone bilaterally. Multiple osseous fragments of the right maxillary bone are deviated into the nasal cavity. Level with triadan 205, an osseous fragment of the left maxillary bone is perforating the cutaneous surface at the dorsal aspect of the nose. The fracture lines are extending caudally up into the presphenoid bone and the hamulus of the pterygoid bone bilaterally. Rostrally, an irregular fracture line is coursing through the alveolar crest of triadan 102. A long oblique fissure line is seen in the caudal segment of the left zygomatic arch. Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits. The subcutaneous tissue along the nose is moderately swollen and multiple gas inclusions are extending caudodorsally along the skull.

The nasal cavity bilaterally is filled with soft tissue material.

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

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.

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.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Acute traumatic open comminuted midface fracture with secondary mild emphysema along the skull
- Secondary subcutaneous emphysema along the dorsal aspect of the skull.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a complex comminuted fracture of all bones of the midface, involving the presphenoid bone and pterygoid bone and a long non-displaced fissure line in the left zygomatic arch. The osseous fragments of the right maxillary bone are moderately displaced medially into the nasal cavity and there is resultant generalized mild left sided deviation and mild rotation of the midface. Due to the complexity of the fracture, conservative management is considered as the therapy of choice – dental splinting of the upper dental arcade might be considered to stabilize the fracture lines.

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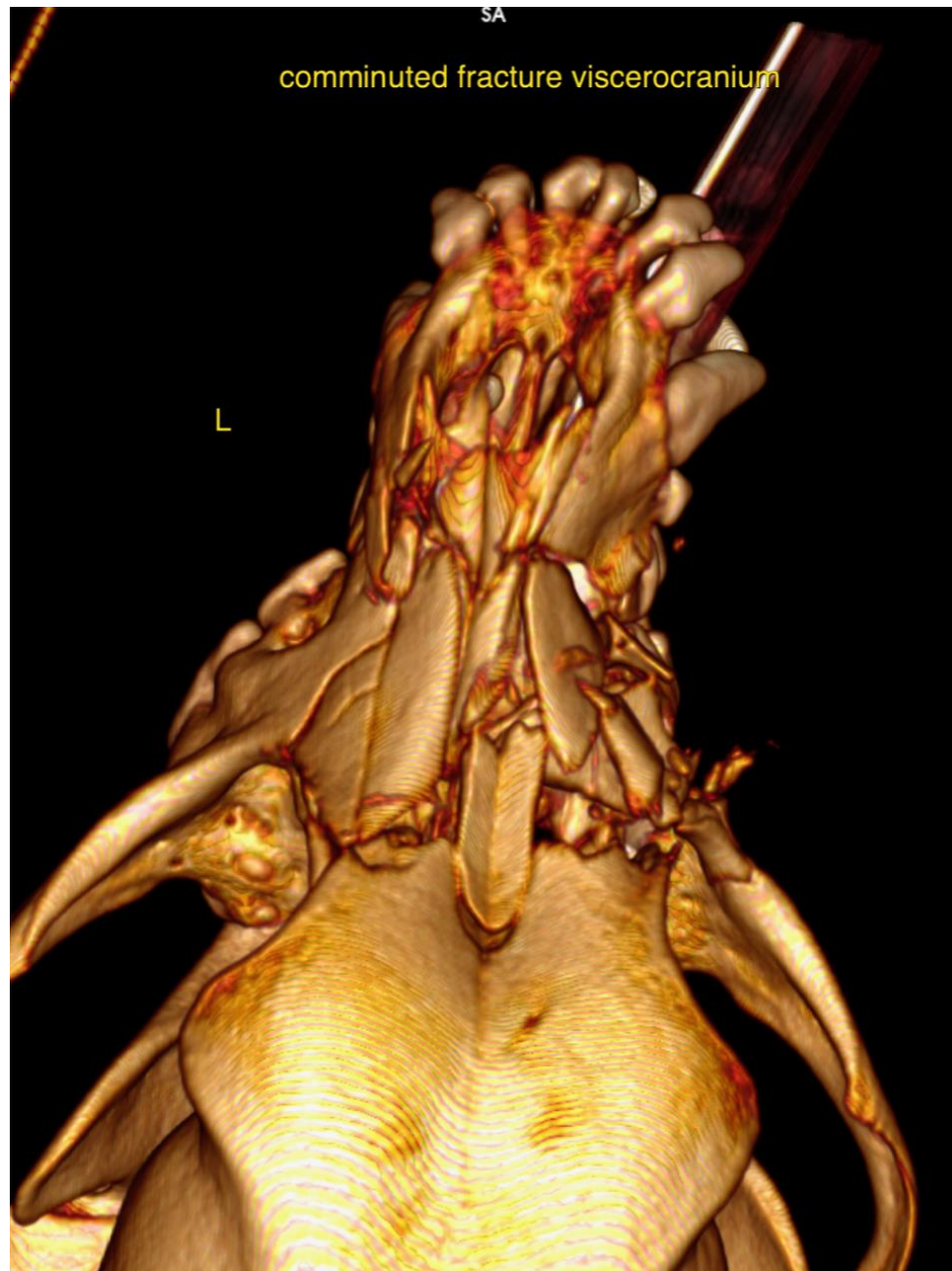
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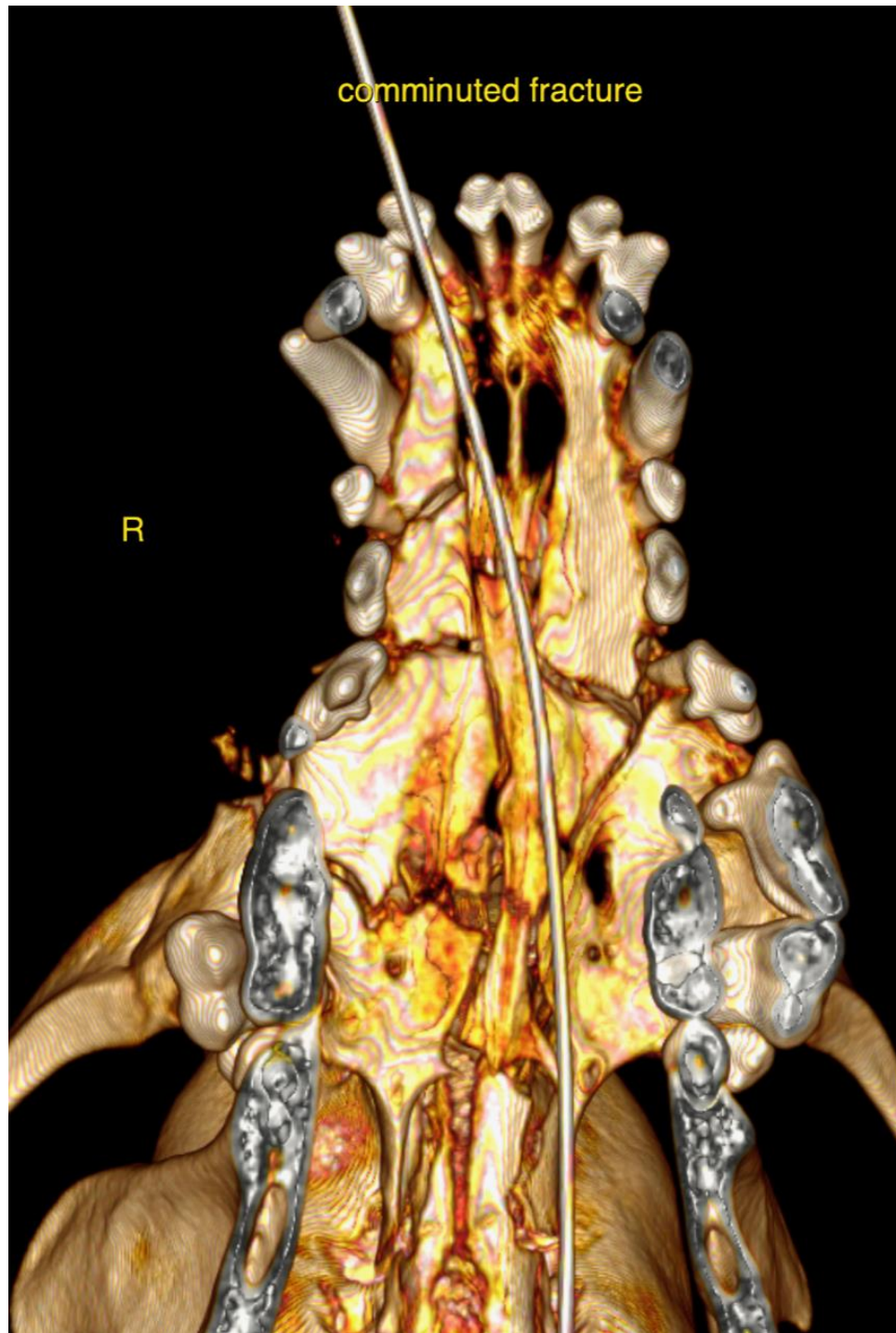
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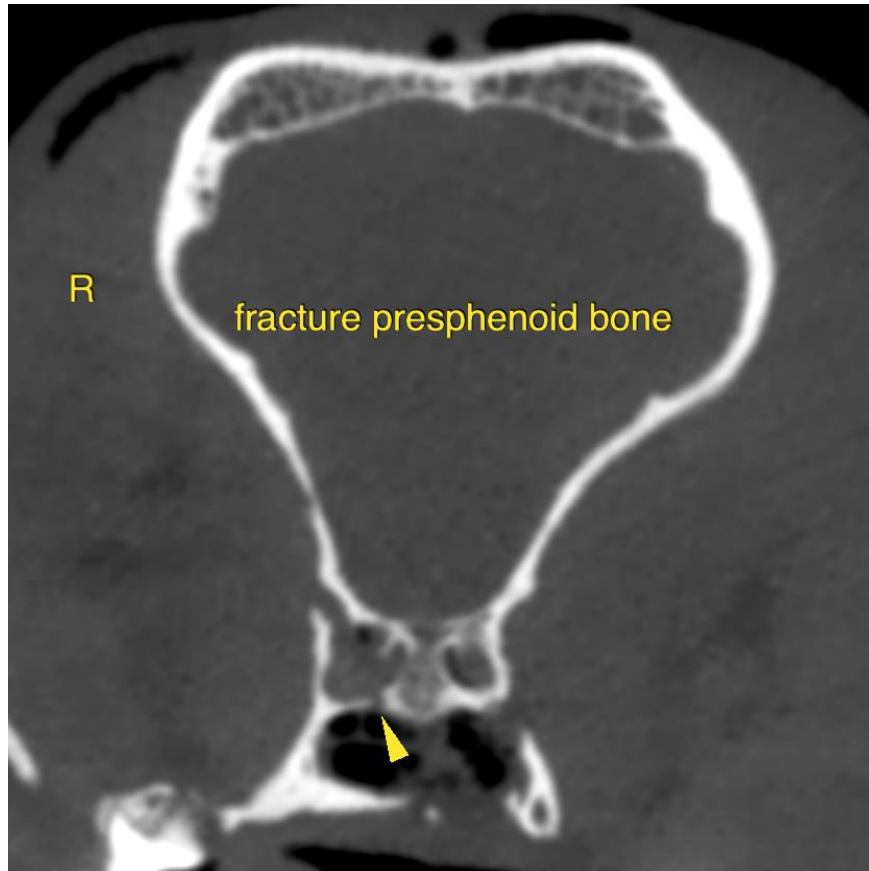
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com