



**PATIENT PRESENTING CLINICAL SIGNS**

Ax DBPD History: gunshot wound on working police dog rushed to ER, had emergency sx with bullet removed from stomach via stomach tube came out with large amounts of dark, red blood, entry wound on R cheek, no exit wound found.

**SPECIES**

Abnormal PE/Chem/CBC/UA Results:  
Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE SKULL AND THORAX**

**BREED**

GSD

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

Male

**Skull**

A moderate ill-defined soft tissue swelling is seen along the right aspect of the skull with multiple subcutaneous gas inclusions.

**AGE**

2 Years

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

In both nasal cavities a mild amount of non-contrast enhancing soft tissue material is attached to the nasal mucosal lining.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

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.

**HOSPITAL NAME**

Animal EH Volusia

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.

**REFERRING VET**

Dr. Johnson

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.

Along the fascial planes of the neck – most accentuated on the right side – moderate gas inclusions are seen, extending along the trachea caudally up into the mediastinum and along the fascial planes of the thoracic wall bilaterally.

**INVOICE**

13064

The tracheal wall presents a focal laceration at the right ventrolateral aspect, approximately 2.4 cm caudal to the cricoid cartilage.

**DATE**

9/11/21



**PATIENT** A moderate amount of free gas is seen within the mediastinum demarcating the mediastinal structures.

Ax DBPD 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.

**SPECIES**

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

The lung parenchyma presents the expected architecture and attenuation behavior, but small regions of dystelectasis of the caudal lung lobes.

**BREED**

GSD The esophagus is mild to moderately distended and contains a mild amount of fluid and gas.

The peritoneal cavity contains a moderate amount of free gas.

**SEX**

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Male
- History of shot wound right cheek with marked regional soft tissue swelling
  - Tracheal laceration
  - Moderate emphysema fascial planes of the neck, R>>L

**AGE**

- 2 Years
- Moderate pneumomediastinum
  - Emphysema along thoracic wall bilaterally
  - Current state post celiotomy with pneumoperitoneum

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

The findings fit the history of a shot wound to the right cheek, a trajectory tract of the bullet cannot be appreciated but I suspect the exit right sided at the pharynx – possible just rostral to the cranial esophageal sphincter The bullet may have lost most of its kinetic energy preventing advanced damage and was swallowed.

**HOSPITAL NAME**

Animal EH Volusia

The tracheal laceration is explaining the emphysema along the fascial planes of the neck and secondary pneumomediastinum. Surgical repair of the tracheal defect is the therapy of choice in this case. If the tracheal laceration is directly associated with the shot wound is questionable as there is no plausible course of the bullet between the cheek and trachea.

**REFERRING VET**

Dr. Johnson

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**PATIENT**

Ax DBPD

**SPECIES**

Canine

**BREED**

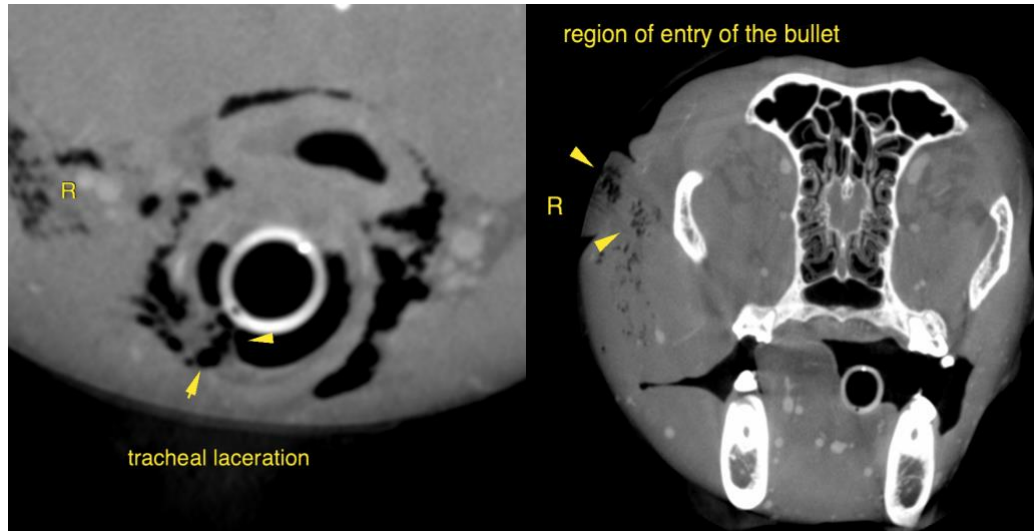
GSD

**SEX**

Male

**AGE**

2 Years



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

**INTERPRETED BY**

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Sebastian Schaub,  
DVM Dr. med. vet.  
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**HOSPITAL NAME**

Animal EH Volusia

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Dr. Johnson

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