



PATIENT

Captain Intergrative
Vet

PRESENTING CLINICAL SIGNS

Skull fracture secondary to bite wound. Firm swelling over frontal sinus region, stable and comfortable on palpation, good range of motion of jaw

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL

A high resolution plain CT study of the skull is provided for review.

BREED

Golden Retriever

COMPUTED TOMOGRAPHIC FINDINGS

There is separation of the caudodorsal osseous lamella forming the roof of the nasal cavity and frontal sinuses extending caudally up into the rostral aspect of the cranial vault – including the nasal bone bilaterally, parts of the maxillary bone and the frontal bone. The fracture is involving the osseous lining of the rostradorsal aspect of the cranial fossa, level with the frontal sinuses and an osseous fragment of the frontal bone is deviated medially and ventrally, protruding into the rostral cranial fossa. The frontal sinus and the nasal cavity contain soft tissue attenuating material with interspersed gas bubbles.

SEX

MI

The mandibula is intact.

The alveolar crests of the maxillary bone present without signs of fracture and the tooth buds appear normal.

AGE

9 Weeks

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Acute traumatic complex midface fracture including the nasal bone, maxillary bone and frontal bone bilaterally with perforation of the cranial fossa and mild displacement of an osseous fragment into the rostral cranial fossa
- Secondary hemorrhage into the frontal sinuses and the nasal cavity

HOSPITAL NAME

Animal Surgical
Center

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is complex fracture of the midface with involvement of the cranial fossa and deviation of at least on fragment of the left frontal bone into the cranial fossa. As the patient presents without clinical neurological clinical signs, the risks and chances of conservative management versus reduction of the osseous fragment displaced into the cranial fossa should be discussed with neurologist/surgeon.

REFERRING VET

Intergrative Vet

INVOICE

54128

No fractures of the jaw are appreciated.

DATE

9-19-22



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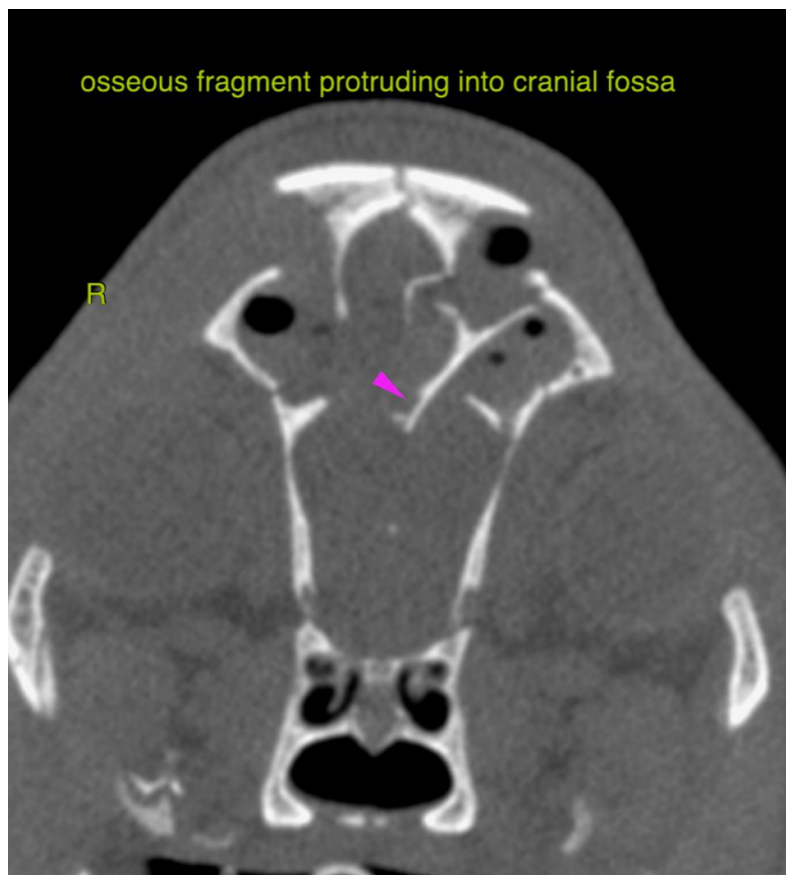
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

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