



PATIENT

Kiwi Ramos

SPECIES

Feline

BREED

DSH

SEX

F

AGE

4M

WEIGHT

5

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

JD Veterinary Imaging
Center

HOSPITAL NAME

Juana Díaz Animal
Hospital

REFERRING VET

Jose Rivera DVM

INVOICE

73983

DATE

2-28-26

PRESENTING CLINICAL SIGNS

Presented to other clinic ER with respiratory distress and was previously diagnosed with cardiomegaly. Recommended CT Scan due to presence of gas in the pericardial region.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain study in bone, soft tissue, and lung windows available for review only.

COMPUTED TOMOGRAPHIC FINDINGS

The CT study reveals a central defect in the diaphragm and pericardium which is continuous with the peritoneal cavity. A peritoneopericardial diaphragmatic hernia characterized by broad communication between the abdominal cavity and pericardial sac is seen. Herniated abdominal contents are identified within the pericardium including portions of the liver, gallbladder, and intestinal loops. The pericardial sac is severely distended due to the volume of the displaced organs explaining the apparent cardiomegaly described previously on radiographs.

Hydrostatic/compressive atelectasis is affecting adjacent lung lobes secondary to intrapericardial mass effect. The remaining pulmonary parenchyma appears normally aerated.

A soft tissue structure in the cranioventral mediastinum is consistent with a thymic remnant considered normal for the patient's young age.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Congenital peritoneopericardial diaphragmatic hernia.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are diagnostic for congenital peritoneopericardial diaphragmatic hernia with herniation of liver, gallbladder, and intestinal segments into the pericardial sac. This is a congenital anomaly not an acquired rupture. The patient's respiratory distress is most likely due to reduced functional pulmonary volume and/or mechanical restriction of thoracic expansion. Many patients with PPDH remain asymptomatic. However, this case appears to be clinically significant given the degree of organ displacement and respiratory signs. A post-contrast study is not available so that organ strangulation cannot be ruled out entirely. However, the defect in the pericardium appears to be quite significant which renders strangulation less likely. Surgical correction is recommended due to clinical respiratory compromise, large volume of herniated viscera, and risk of future incarceration or biliary obstruction. Prognosis is usually good in young patients when no vascular compromise is present.



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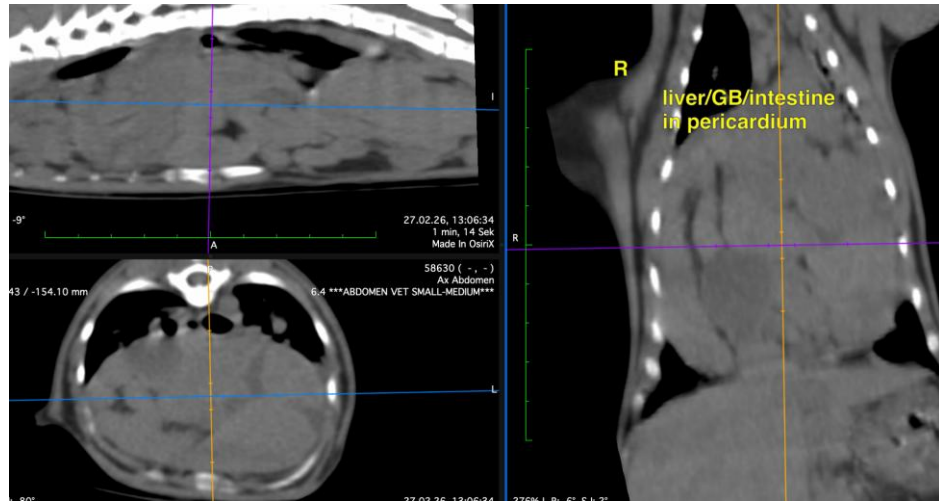
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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