



PATIENT

Palmy Garland

PRESENTING CLINICAL SIGNS

Chronic cough, brachial cephalic breed. no exercise intolerance.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and ventrodorsal whole body views totaling 3 images available for review.

Thoracic read requested.

BREED

English Toy Span

RADIOGRAPHIC FINDINGS

The lateral contour of the left hemidiaphragm is lost.

Cranial displacement of the left liver appears to be present with increased soft tissue opacity in the caudal left hemithorax.

SEX

Female Intact

The stomach and splenic head cannot be seen in the abdomen.

A mild amount of pleural fluid and pleural fissure lines are seen within the left hemithorax.

AGE

4

The lobar margins of the lung are retracted from the thoracic wall. Compression atelectasis of the left caudal lung lobe appears to be present.

An ovoid well delineated soft tissue opacity is seen ventral to the ventral abdominal wall.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

RADIOGRAPHIC DIAGNOSIS

- Left sided diaphragmatic hernia with cranial displacement of abdominal viscera.
- Mild pleural effusion within the left hemithorax.
- Compression atelectasis of the left caudal lung lobe.
- Soft tissue nodule ventral to the abdominal wall.

HOSPITAL NAME

Pacific Avenue
Veterinary Clinic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings suggest presence of a defect within the left hemidiaphragm with cranial displacement of abdominal viscera such as part of the liver, spleen, and stomach. Mild secondary pleural effusion and compression atelectasis of the left lung are noted. The defect may be acquired/traumatic or congenital. Surgical revision should be considered. At this time, no organ incarceration appears to be present; however, organ incarceration can result in an emergency situation quickly.

REFERRING VET

Dr. Sid Bruckert-Frisk

INVOICE

51386

DATE

4-6-22



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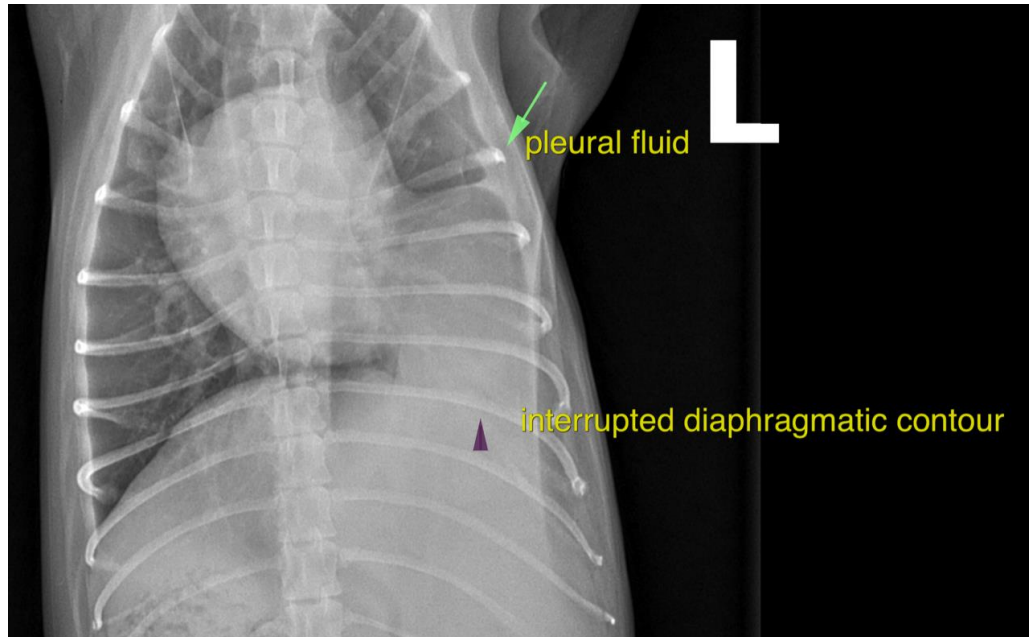
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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