


**PATIENT PRESENTING CLINICAL SIGNS**

364-23 Lifeline  
 Puppy Rescue

Puppy presented to another clinic for a neuter and (presumed) umbilical hernia repair that was located quite cranial. Per the other vet, they started the hernia repair and when palpating in the abdomen, they claimed they could not feel much of a diaphragm and could touch the heart directly. They immediately closed up and did not continue with the neuter in favor of further evaluation of the diaphragm.

**SPECIES**

Canine Abnormal PE/Chem/CBC/UA Results: NSF

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX**
**BREED**

Plain and post-contrast studies available for review.

**Heeler X**
**COMPUTED TOMOGRAPHIC FINDINGS**
**SEX**

Athymic remnant is seen in the cranioventral mediastinum, which is within age related normal limits.

**Male**

Thickening of the cranioventral abdominal wall is seen secondary to the recent surgery. No evidence of pneumoperitoneum.

**AGE**

There is a split sternum with Y-shaped deviation of the split last sternebra. The tip of the diaphragmatic cupola can be seen separating the retrosternal from the falciform fat.

**2 Months**

There is direct contact between the caudal contour of the cardiac silhouette and the cranial contour of the liver, which is a finding that is seen in the same way in a normal thorax with intact diaphragm, since the diaphragm cannot be identified as a discrete structure all the way.

**INTERPRETED BY**

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

No evidence of displacement or prolapse of abdominal viscera into the thoracic cavity or pericardium is seen.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- History of umbilical hernia
- Fusion defect in the ventral midline with split sternum
- No diaphragmatic defect seen

**HOSPITAL NAME**

Animal Health Care  
 Denver

**INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**
**REFERRING VET**

Dr. Nikki D'Anna

A diaphragmatic defect or displacement of abdominal viscera is not seen in the CT study. A small defect cannot be ruled out technically speaking since the diaphragm is not identified as a discrete structure. However, there is no displacement of abdominal viscera into the pleural cavities or pericardium. Surgical exploration could be considered with preparations for peep ventilation (positive end expiratory pressure).

**INVOICE**

47194

**DATE**

5/4/23



**PATIENT**

364-23 Lifeline  
Puppy Rescue

**SPECIES**

Canine

**BREED**

Heeler X

**SEX**

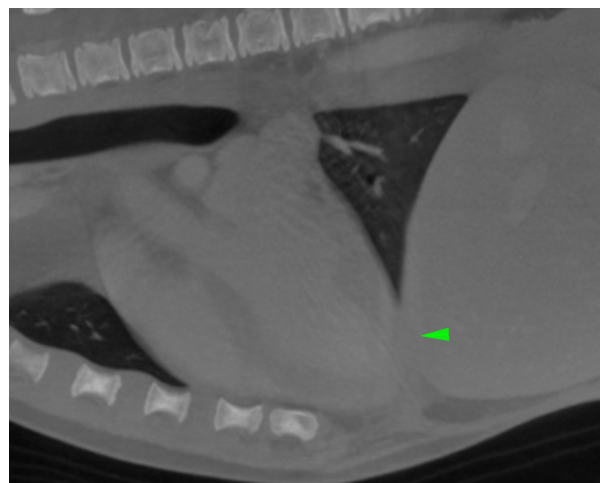
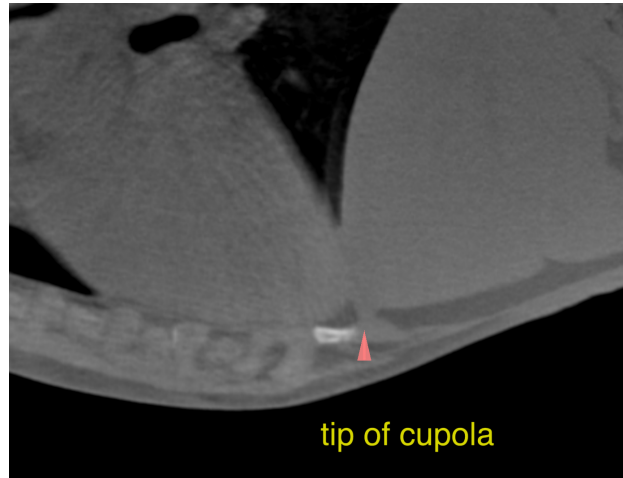
Male

**AGE**

2 Months

**INTERPRETED BY**

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Animal Health Care  
Denver

**REFERRING VET**

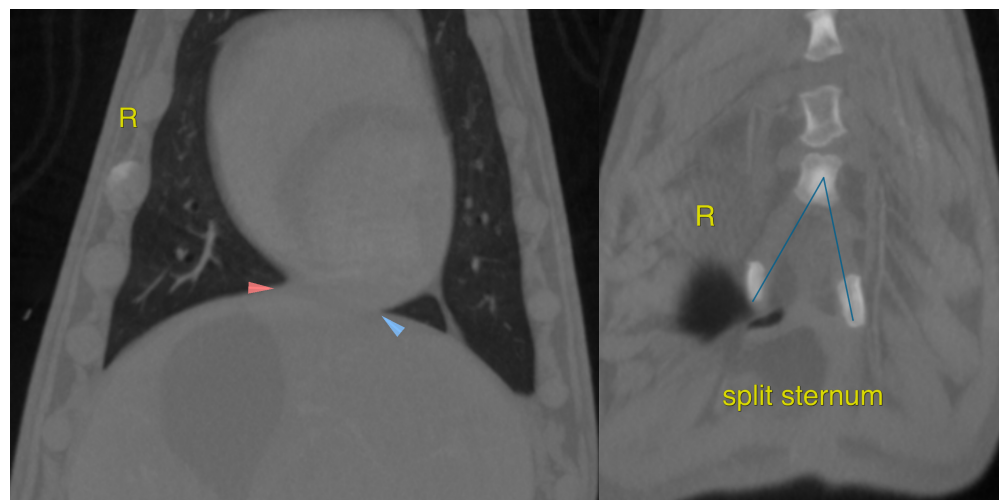
Dr. Nikki D'Anna

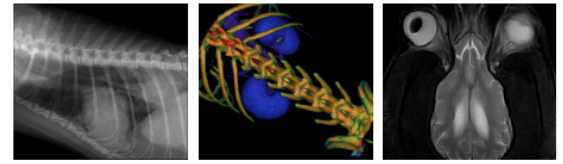
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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**

Heeler X

**Nele Eley (Ondreka)**, DVM, Dr. med. vet., DipECVDI  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.  
Nele.Eley@sonopath.com

**SEX**

Male

**AGE**

2 Months

**INTERPRETED BY**

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

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Denver

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