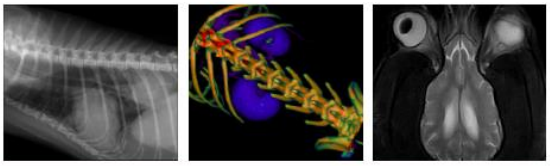

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gauge Ochs

SPECIES

Canine

BREED

Dachshund Mix

SEX

MN

AGE

6

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Kristin Peterson

INVOICE

52824

DATE

7-12-22

PRESENTING CLINICAL SIGNS

Patient presents for an outpatient CT referred by Reid Veterinary Clinic. Patient has had ongoing painful episodes, screaming in pain, tucking rear and running during episodes. On radiograph WVH noted a broad based mass on/near the diaphragm in the thorax. Recommended CT evaluation for mass +/- any etiology for the painful episodes that may be captured with this imaging modality. O reports that pt has improved since starting on steroids. O gave only Methocarbamol this morning.
Abnormal PE/Chem/CBC/UA Results: Apparently random episodes of screaming. Both with handling and alone in kennel. No repeatable pain on palpation of spine, neck, abdomen.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX, ABDOMEN, & FULL SPINE

Post contrast study available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

A 4.5 x 3.5 cm sized ovoid soft tissue mass is seen in the right caudoventral thorax. The mass has broad contact to the diaphragm. There appears to diaphragmatic discontinuity in the diaphragmatic cupola to the right of the midline. The mass is directly adjacent to the caudal vena cava and appears to share vasculature with the hepatic tissue. Part of the right division of the liver is not seen in the abdomen. The mass presents mild heterogeneous contrast enhancement. No overt vascular or other peripheral tissue invasion is seen. The remainder of the liver presents within normal limits.

The gallbladder, common bile duct, and pancreas present within normal limits.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

Thorax

No evidence of structural bronchopulmonary changes is seen.

The mediastinal lymph nodes present within normal limits.

There is no evidence of cardiovascular pathology.

Spine

Number, alignment, and general anatomy of the cervical, thoracic, and lumbar vertebrae present within normal limits.

Occasional mineralization of intervertebral discs is seen. No significant disc prolapse or

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compressive myelopathy can be identified.

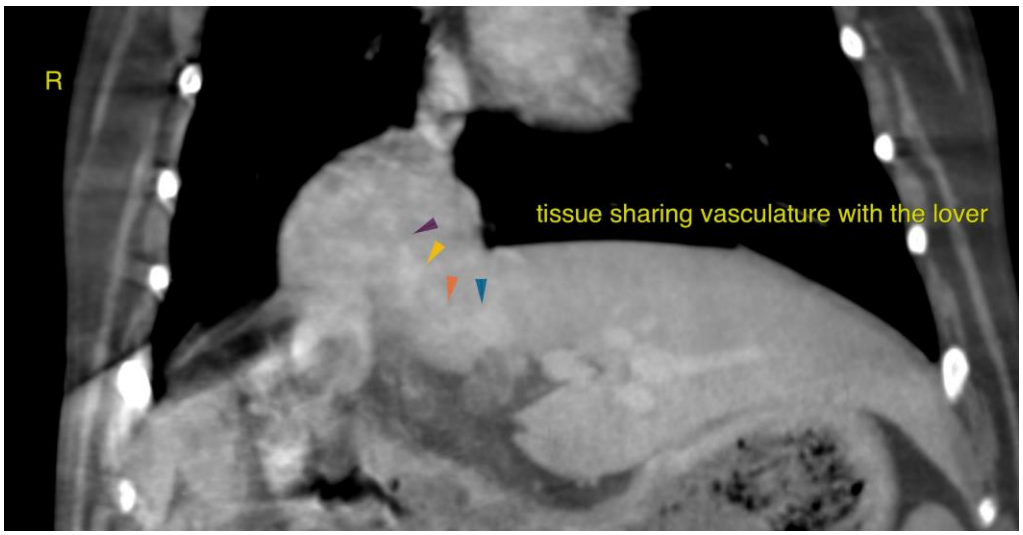
There is no evidence of traumatic or aggressive bone lesions.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspect diaphragmatic defect with prolapse of hepatic tissue into the caudal thorax.
- Multifocal chondroid disc degeneration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings suggest presence of hepatic tissue within the right pleural cavity. Differential diagnosis includes true congenital diaphragmatic hernia secondary to diaphragmatic fusion defect, diaphragmatic rupture secondary to trauma, and pleuroperitoneal remnant. The altered perfusion and enhancement within the prolapsed tissue may be due to vascular compression; however, torsion, hematoma, neoplastic transformation, and inflammation all cannot be ruled out entirely. What remains unclear is whether the prolapse of the liver tissue beyond the limits of the diaphragm is the cause of the recent clinical signs as this may well represent a longer standing defect.



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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