



PATIENT

Garbanzo Chelak

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

5

WEIGHT

5.5

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Kam

INVOICE

73379

DATE

1-19-26

PRESENTING CLINICAL SIGNS

History:

- lethargic and low appetite
- grade III/VI systolic murmur on the left side
- heart murmur r/o HCM vs others
- caudal intrathoracic soft tissue mass r/o lung lobe mass vs diaphragmatic hernia vs mediastinal mass vs others
- decreased appetite
- vomiting, occasional
- lethargic, more noticeable after Atenolol administration

COMPUTED TOMOGRAPHY OF THE THORAX & ABDOMEN

Pre/post contrast studies are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

There is a soft tissue-dense mass noted between the heart and diaphragm and ventral to the caudal vena cava with broad alignment to the medial and right diaphragm and the caudal contour of the heart. The lesion appears rounded and shows an inhomogeneous inner texture and densities with indicated spot-like calcifications. The images after contrast application present a heterogeneous enhancement.

The liver is in loco typico as well as the gallbladder. The hepatic vasculature is within normal limits as far as traceable.

The stomach is empty with an inconspicuous entrance and esophagus.

Pleural or peritoneal effusion is not recognized.

The abdominal organs are within normal limits apart from that, presenting marked fat storage within the peritoneal space.

The pulmonary structures and the mediastinum do not show particular findings.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspected mass-like lesion between caudal chest between the heart and the diaphragm

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lesion in the caudal chest is more consistent with a neoplastic finding than presenting a herniation of the diaphragm with herniated liver parts. The inhomogeneous texture and densities as well as the spotlight calcifications and heterogeneous contrast enhancement would underline this assumption. However, I would not fully exclude a herniation of the liver with chronic changes of the liver parenchyma. Typical findings of a pericardial-peritoneal diaphragmatic hernia are not seen. Due to the



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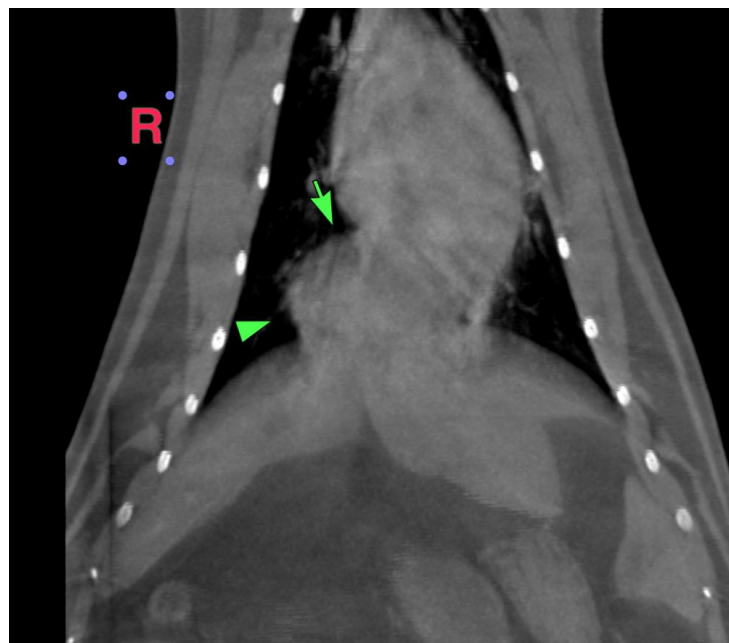
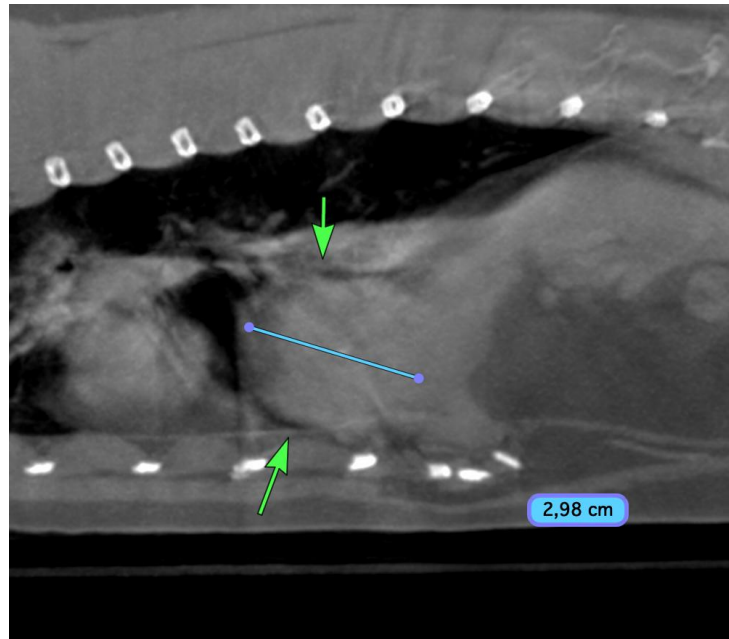
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localization sampling is difficult but would be recommended for further differentiation (diagnostic laparotomy/ultrasound-guided sampling?).

As far as can be assessed, there are no signs of mediastinal, pulmonary or abdominal metastases. Differentials would include numerous types of soft tissue sarcomas of pleural, pulmonary or diaphragmatic origin.





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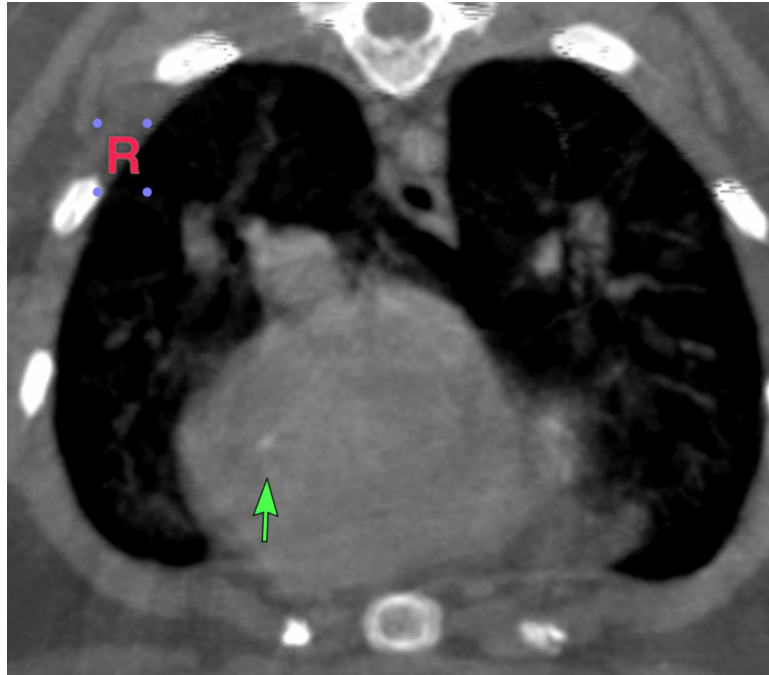
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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