



PATIENT PRESENTING CLINICAL SIGNS

Yoshi Hoque
 Seen on 12/20/21 for recheck CT (see previous history for that CT scan); history of peritoneal pericardial diaphragmatic hernia; patient seen at primary care veterinarian recently for abdominal radiographs to check for causes of intestinal upset and part of lungs was visualized and appeared concerning. Primary veterinarian recommended recheck CT scan to confirm no changes from most recent CT.

SPECIES

Canine
 Abnormal PE/Chem/CBC/UA Results: Pre CT bloodwork 4/4/22 WNL no concerns

BREED

Spitz
 A high resolution pre- and post-contrast CT study of the thorax is provided for review.

SEX

Male Neutered
 In the ventral part of the diaphragm, a defect is seen measuring 2.2 x 2.8 cm in size. A part of the quadrate liver lobe, the gallbladder and peritoneal fat are protruding cranially through the diaphragmatic defect into the pericardial sac.

AGE

8 Years
 The intervertebral disc T12/T13 is mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level.
 In the subcutaneous tissue at the cranioventral thoracic wall, a fat attenuating mass, demarcated by a thin soft tissue attenuating capsule is visible, measuring 3.9 x 2.7 x 3.6 cm in size.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI
 The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

HOSPITAL NAME

The cardiovascular structures including the pulmonary vasculature are within normal limits.

Petroglyph Animal Hospital

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

REFERRING VET

Whitney Jones
 The lung parenchyma presents the expected architecture and attenuation behavior, sporadic punctuate mineralization of the lung parenchyma is appreciated.
 Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

INVOICE

51348

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Peritoneal pericardial diaphragmatic hernia (PPDH) with prolapse of the gallbladder and parts of the quadrate liver lobe
- Subcutaneous lipoma cranioventral thoracic wall
- No evidence of pulmonary metastatic disease/pathology

DATE

4-4-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lung parenchyma presents without abnormalities but the known PPDH.



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HOSPITAL NAME

Petroglyph Animal
Hospital

REFERRING VET

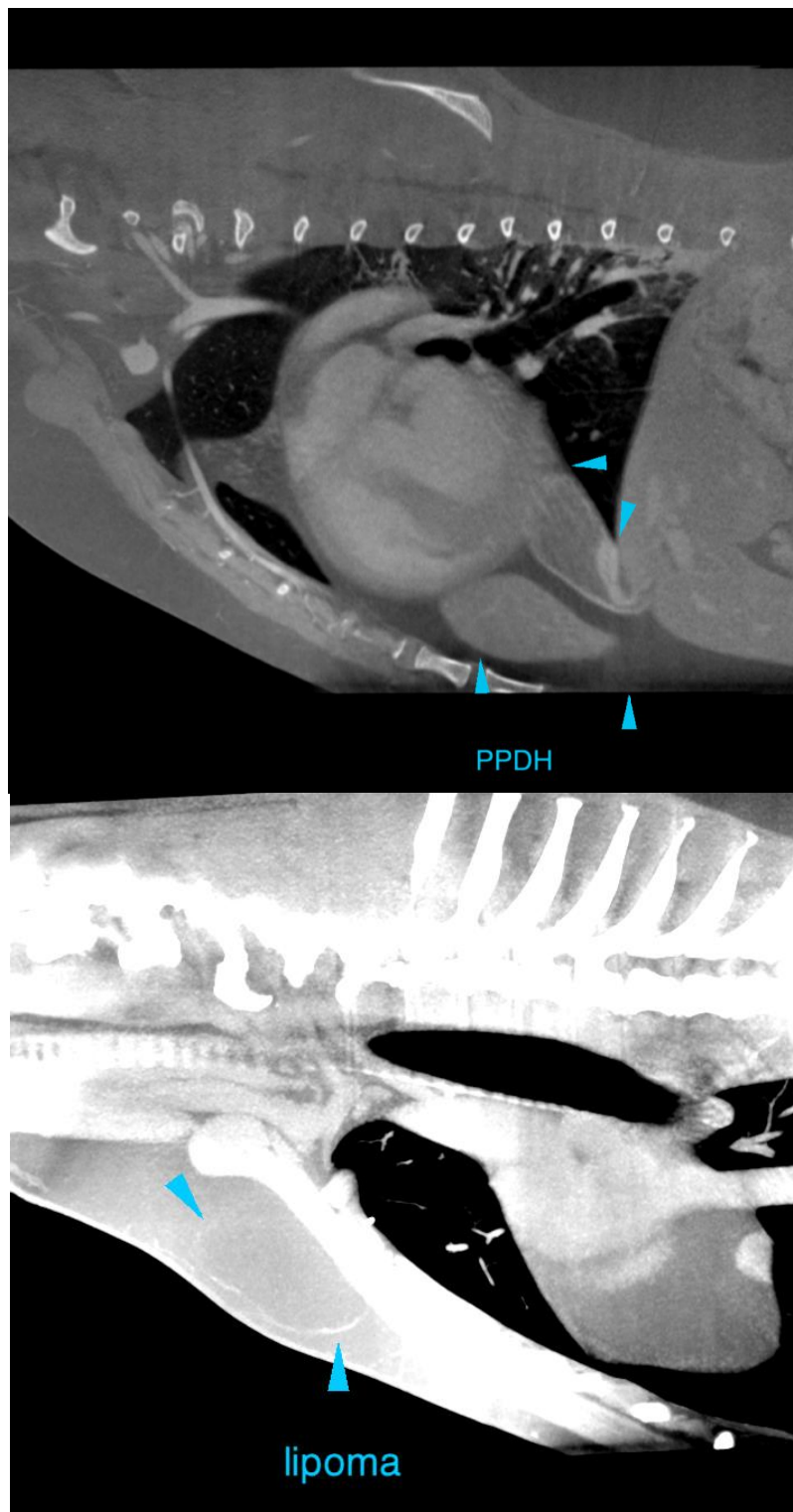
Whitney Jones

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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 Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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