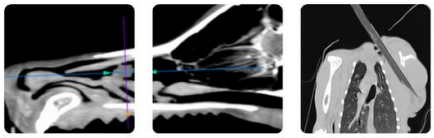

PATIENT

Olive Del Mazzio

SPECIES

Canine

BREED

Beagle

SEX

F intact

AGE

5

WEIGHT

11.11kg

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Erika Ruiz

HOSPITAL NAME

Animal Medical Center of Corona

REFERRING VET

Bart Huber

INVOICE

73814

DATE

2-17-26

PRESENTING CLINICAL SIGNS

- Referred to us for mid body scan - looking to rule out possible diaphragmatic hernia vs. mass hence a mid body scan. rDVM looking for surgical margins (if available). No known history of trauma but patient does have a tender cranial abdomen. No murmur auscultated nor signs of heart disease but I thought the heart looked a little big.

Abnormal PE/Chem/CBC/UA Results: None

COMPUTED TOMOGRAPHIC STUDY OF THE THORACOABDOMINAL REGION & CRANIAL ABDOMEN

Pre- and post-contrast CT images of the thoracoabdominal region were provided for review totaling 3 series, including one pre-contrast series (bone algorithm) and two post-contrast series (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

THORACOABDOMINAL REGION

There is a focal bulging contour of the diaphragm along the midline and right-sided portions. Hepatic parenchyma, most consistent with the right lateral liver lobe and/or the papillary process of the caudate lobe, extends cranially into the caudal thoracic cavity. The region of protrusion corresponds anatomically with the caval foramen.

The herniated hepatic parenchyma demonstrates smooth, well-defined margins and homogeneous contrast enhancement comparable to the remaining hepatic tissue. No hypoattenuating, cavitary, or focal mass lesions are identified.

There is no evidence of pericardial sac involvement, pleural effusion, pneumothorax, or visible diaphragmatic tear.

The caudal vena cava is normally opacified with homogeneous intraluminal contrast enhancement, and no filling defects are present.

There is mild regional mass effect on the adjacent pulmonary parenchyma, resulting in mild compression of the accessory lung lobe.

The gallbladder is normal position, with moderate hypoattenuating fluid material. The cystic duct and common bile duct are within normal limits.

The heart apex is clearly defined and appears within normal limits in size and morphology. The remaining visible thoracic structures are unremarkable.

The stomach, splenic head, pancreas, right adrenal gland, and the visualized portion of the right kidney are unremarkable. The cranial abdominal serosal fat demonstrates normal attenuation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- There is a focal bulging contour of the diaphragm along the midline and right-sided portions. Part of hepatic parenchyma extends cranially into the caudal thoracic cavity. The region of

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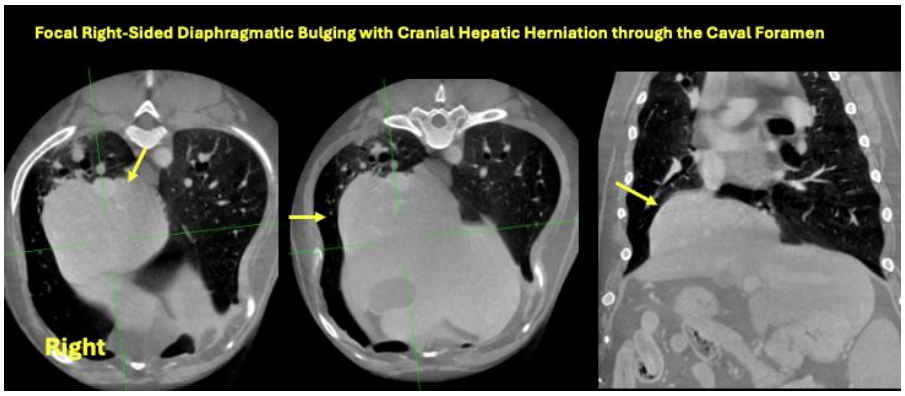
protrusion corresponds anatomically with the caval foramen. The primary differential diagnosis is a congenital diaphragmatic pleuroperitoneal hernia.

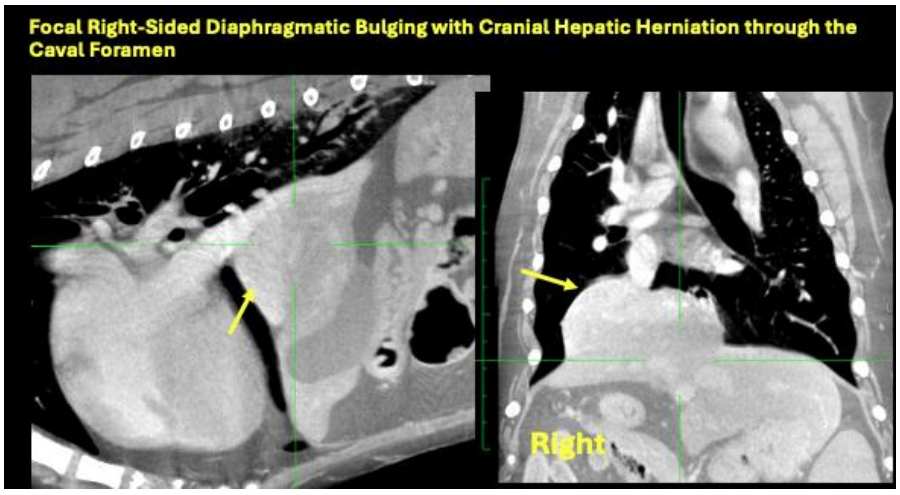
- There is no CT evidence of traumatic diaphragmatic rupture and no evidence of a hepatic mass lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The imaging findings primarily support a congenital diaphragmatic pleuroperitoneal hernia at the level of the caval foramen. The herniated hepatic tissue appears viable, demonstrating normal contrast enhancement without evidence of vascular compromise or strangulation. Importantly, there is no imaging evidence of a visible diaphragmatic tear. There is no evidence of pericardial sac involvement.

Treatment planning should be determined in consultation with the attending surgeon. As the patient is currently clinically stable, conservative monitoring may be considered appropriate. Surgical consultation is recommended if respiratory compromise develops, if clinical signs progress, or if the cranial abdominal discomfort is suspected to be associated with this defect.





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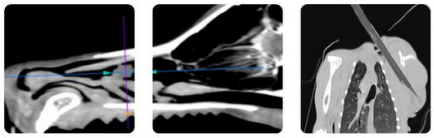

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com