

**PATIENT PRESENTING CLINICAL SIGNS**

Callie Vershleiser  
Mass in chest  
No current medications

**SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE THORAX**

Canine  
A post-contrast CT study of the thorax was provided for review, consisting of 4 series in transverse plane using a bone algorithm.

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

Great Pyrenees  
The diaphragmatic crura are cranially displaced with more convex shape.

There is small herniation of the gastric cardia and gastric fundus through the esophageal hiatus into the caudal thoracic cavity (paraesophageal) positioned adjacent to the distal esophagus and resulting in mild regional mass effect upon the esophageal wall.

**SEX**

Female Spayed  
Additional herniated abdominal contents include peritoneal fat and partial cranial displacement of the papillary process of the caudate liver lobe into the thoracic cavity. A small concurrent gastroesophageal intussusception component cannot be excluded.

**AGE**

8Y

The more cranial thoracic esophagus is moderately distended by gas.

The trachea is normal in position and diameter.

**INTERPRETED BY**

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

Mild gravity-dependent ground-glass pulmonary attenuation and reduced pulmonary expansion are present within the accessory and caudal lung lobes, consistent with dependent passive atelectatic change. The remaining pulmonary parenchyma displays normal attenuation and volume of expansion.

The heart, pulmonary vasculature, and great vessels are within normal limits.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are within normal limits.

**HOSPITAL NAME**

All Creatures Denville

The thoracic wall structures are within normal limits. A hypoplastic left 13th rib is present as an incidental congenital variation.

**REFERRING VET**

Dr. Ashmore

Additional findings include multifocal complete and incomplete bridging spondylosis deformans throughout the thoracic and thoracolumbar spine.

There is mild periarticular ossification associated with the left shoulder joint, with adjacent mineralized enthesopathy at the insertion of the bicipital tendon/muscle.

**INVOICE**

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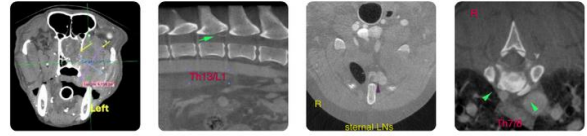
The partially included right elbow joint demonstrates osteoarthritis.

**DATE**

5-20-26

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Findings are most consistent with complex diaphragmatic hernia, most consistent with peritoneopleural hernia (likely Type IV morphology), characterized by herniation of the gastric



**Diagnostic Imaging**

Veterinary CT, Ultrasound & Telemetry Services  
veterinarian referral only

**PATIENT**

cardia and fundus, peritoneal fat, and partial displacement of the papillary process of the caudate liver lobe into the caudal thoracic cavity.

Callie Vershleiser

- Possible concurrent mild gastroesophageal intussusception.
- Mild gaseous distension of the thoracic esophagus.

**SPECIES**

Canine

- Mild dependent pulmonary atelectatic changes. No evidence of pulmonary soft tissue nodules or masses.
- Multifocal thoracic and thoracolumbar spondylosis deformans.
- Mild left shoulder osteoarthritis and mineralization at the insertion of the bicipital tendon insertional

**BREED**

Great Pyrenees

- Partially visualized right elbow osteoarthritis.
- Incidental hypoplastic left 13th rib.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Female Spayed

The tomographic findings support a complex diaphragmatic hernia, most consistent with a peritoneopleural hernia (likely Type IV morphology), characterized by cranial displacement of multiple abdominal structures through the esophageal hiatus into the caudal thoracic cavity, including the gastric cardia and fundus, peritoneal fat, and partial displacement of the papillary process of the caudate liver lobe. A small concurrent gastroesophageal intussusception component cannot be excluded.

**AGE**

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The imaging appearance may be associated with congenital diaphragmatic defect and/or flaccidity of the tendinous diaphragmatic membrane, resulting in secondary chronic herniation of abdominal contents into the thoracic cavity.

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No evidence of a pulmonary soft tissue mass or soft tissue nodule identified on this examination.

Correlation with the clinical presentation is recommended. Given the apparently chronic configuration and absence of severe secondary obstructive changes, conservative management may represent the most appropriate approach in this patient, especially considering the patient's age. However, consultation with a surgical specialist may still be beneficial for therapeutic discussion and long-term management considerations.

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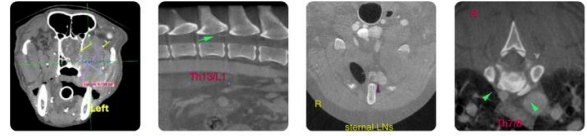
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141 Main St, Andover, NJ 07821

**PATIENT**

Callie Vershleiser

**SPECIES**

Canine

**BREED**

Great Pyrenees

**SEX**

Female Spayed

**AGE**

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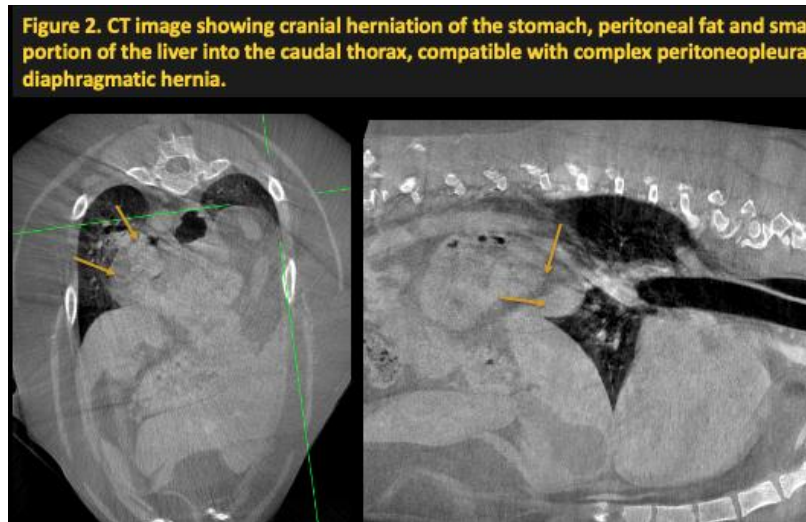
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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