



VETCT  
CONSULTANTS IN TELEMEDICINE

## IT'S YOUR CASE

Species: Canine

Breed: Australian Shepherd Sex: Female Neutered

Age: 2 years

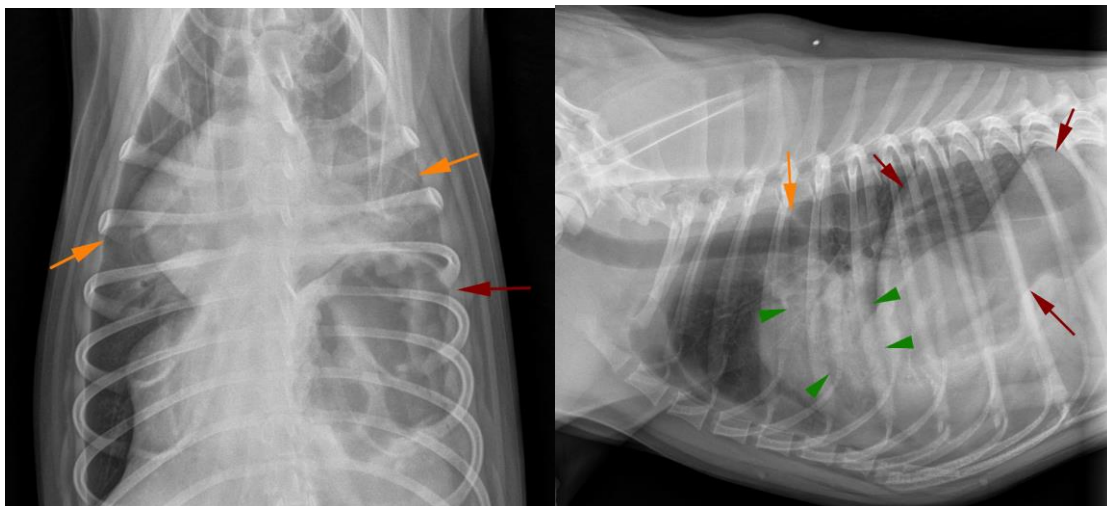
### Clinical History:

Hit by car/ road traffic accident.

**Details of study and technical comments:** A radiographic study of the thorax is presented for evaluation. The study consists of right and left lateral views as well as a ventrodorsal view of the thorax.

### Diagnostic interpretation:

**THORAX:** The left diaphragm is cranially displaced and effaced by alveolar pattern in the left caudal lung lobe. The gastric silhouette is cranially displaced and is within the thorax to the level of the left sixth rib (red arrow). As a result of this, the cardiac silhouette is mildly displaced rightward, the left caudal mainstem bronchus is displaced cranially. There are alveolar changes in the left caudal as well as caudal subsegment of the left cranial lung lobe (green arrowheads). There is a mild interstitial pattern in the right middle lung lobe. The pulmonary vasculature is narrow in diameter. Fine pleural fissure lines are noted (orange arrows). The cranial mediastinum is unremarkable. The thoracic vertebral column is unremarkable. There are no rib fractures.



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This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It has been prepared specifically for interpretation by the currently licensed and registered veterinary surgeon responsible for the care of this patient.

**Conclusions:**

- Left diaphragmatic hernia- includes the stomach, status of left liver and spleen is uncertain.
  - Mild pleural fluid may be hemorrhage or secondary to the hernia.
  - Interstitial to alveolar lung changes may be due to atelectasis and/or concurrent contusion.
- Hypovascular pattern is consistent with hypovolaemia.

**Additional comments:**

Left diaphragmatic rupture with translocation of the stomach is confirmed by this study and is due to the reported vehicular trauma, involvement of other cranial abdominal viscera such as left liver and spleen can not be excluded. Traumatic diaphragmatic hernia is frequently a surgical emergency, depending on overall patient status. The emergent nature can vary based on which organs are involved, if there is concurrent vascular compromise to herniated organs, the impact on patient's respiratory status, and concurrent pathology from the vehicular trauma.



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