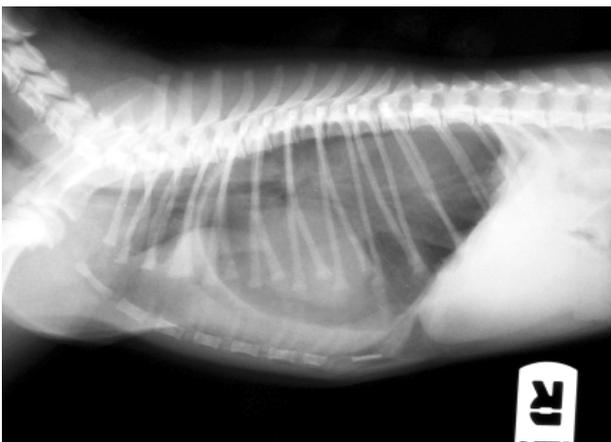
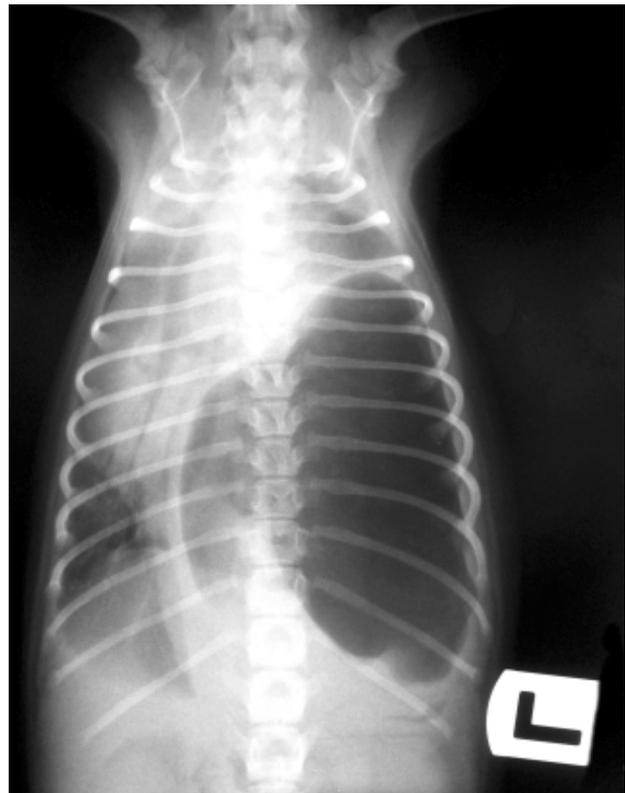


## WHAT IS YOUR DIAGNOSIS

Pranee Tuntivanich Suwicha Chuthatep



**Figure 1** Lateral thoracic radiograph



**Figure 2** Ventrodorsal thoracic radiograph

### History :

A 3-year-old cross-breed dog had been hit by a car and was presented showing pale mucous membranes. An increase in dyspnea was evident a clinical investigation did not find any fractures or penetrating wounds. Due to

the dog's distress, only a right lateral radiograph was initially taken (Fig. 1). Following administration of fluid, and additional ventrodorsal radiograph was made (Fig. 2).

Give your diagnosis and turn to the next page.

## **Radiographic Diagnosis**

Diaphragmatic hernia.

## **Radiographic Findings and Comments**

The lateral thoracic radiograph (Fig. 1) revealed a largely distended gas-filled stomach inside the thoracic cavity. The ventrodorsal radiograph (Fig. 2) showed displacement of the mediastinum, trachea and heart to the right side due to compression by the distended intrathoracic stomach. The displacement of the dilated stomach may be caused by an occluded pylorus.

In general, a diaphragmatic hernia can easily be detected by the loss of a diaphragmatic silhouette, absence of the normal caudal silhouette of the heart and increased density in the caudal thoracic region. The liver may not be identifiable within the abdominal cavity and the stomach and duodenum may be displaced from their normal position.

In cases of doubt, an oral barium follow-through study can be performed to demonstrate the presence of concealed gastrointestinal segments inside the thoracic cavity or to demonstrate minor displacement of the gastric antrum and the duodenum within the cranial abdomen.