



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Max Larco
SPECIES Canine
BREED Maltese
SEX NM

Reason for Visit: Coughing History: 15 y Maltese presented for coughing since november, more at night or when excited. This week has been non stop. Pet has not been to a vet in a long time as he has appeared healthy all this time. P has a history of a heart murmur per owner, no medications, no previous xrays or cardiologist visit. Chronic ear infections per owner.
 Abnormal PE/Chem/CBC/UA Results: Hydration: Adequate Mentation: BAR EENT: OU nuclear sclerosis. AU significantly stenotic canals, brown/creamy debris and erythema - unable to pass otoscope - chronic otitis per owner. Cough on tracheal palpation. Oral cavity: Significant dental disease - limited exam Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Thinned hair coat especially along dorsum. No ectoparasites seen, few dermal masses. CV/Respiratory: Grade III/VI murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Tense, unable to palpate organs well. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 6/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs. Neurological: Alert and appropriate. No deficits noted.
 Diagnostic Testing Needed: Thoracic radiographs and consultation; Cbc/chem/electrolytes; Ear cytology Declined Diagnostics/Treatments: N/A Findings: Thoracic radiographs and consultation = pending Cbc/chem/electrolytes = Mono 1.48; ALKP 235

RADIOGRAPHIC STUDY OF THE THORAX

AGE 15 Years
 Right/left lateral and ventrodorsal views of the thorax totaling 4 images available for review.

RADIOGRAPHIC FINDINGS

INTERPRETED BY Nele Eley, DVM
 Dr. med. Vet. DipECVDI
 Unilateral elbow osteoarthritis is noted.
 The degree of pulmonary inflation is moderate. No significant bronchopulmonary changes are seen.
HOSPITAL NAME DPC Veterinary Hospital
 Course and width of the trachea are considered within normal limits except for mild redundancy of the dorsal tracheal ligament level with the thoracic inlet.
 Moderate left sided cardiomegaly with mild tracheal elevation is noted due to basico-apical enlargement of the cardiac silhouette. The vertebral heart score is 11. Left atrial tenting and loss of the caudal cardiac waist are seen. There is mild bronchial splitting. No evidence of congestion of the pulmonary veins or cardiogenic pulmonary edema is noted. The pulmonary vasculature presents within normal limits.
REFERRING VET Dr. Oldenhoff
 There is moderate gastric aerophagia.

RADIOGRAPHIC DIAGNOSIS

- INVOICE** 55852
DATE 12-27-22
- Moderate left sided cardiomegaly with left atrial enlargement and bronchial splitting.
 - No evidence of congestive heart failure.
 - Mild redundancy of the dorsal tracheal ligament level with the thoracic inlet.
 - Normal age related presentation of the bronchopulmonary system.
 - Aerophagia.



PATIENT

Max Larco

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals moderate left sided cardiomegaly without volume overload of the lung or congestive heart failure. The bronchial splitting may entail a mass effect on the left mainstem bronchus which may contribute to the coughing. No significant bronchopulmonary changes and no evidence of cardiogenic pulmonary edema are seen.

SPECIES

Canine

The redundancy of the dorsal tracheal ligament is mild and focal and unlikely to be of clinical significance. However, dynamic tracheal disease cannot be ruled out entirely. Correlation with the clinical findings recommended.

BREED

Maltese

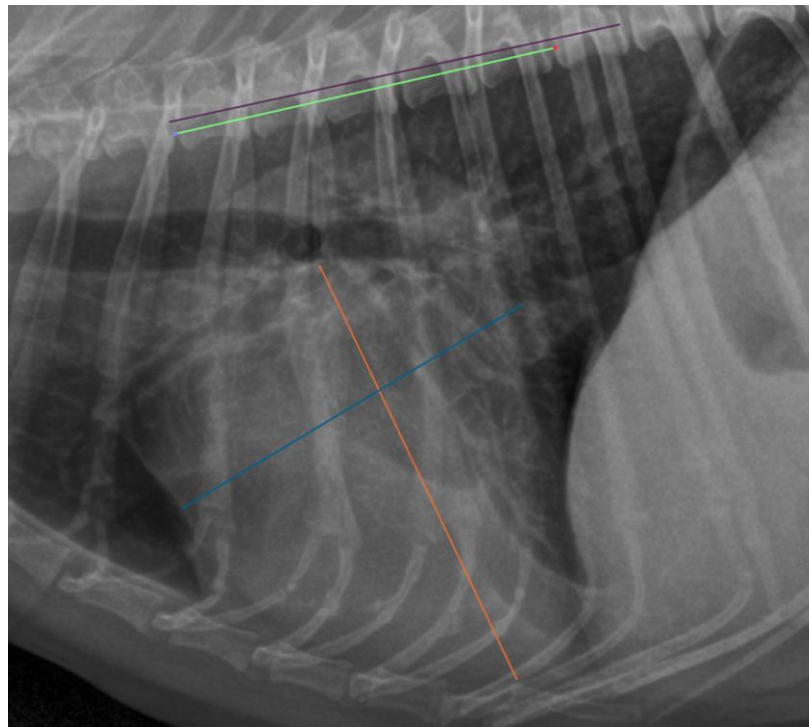
A full cardiac echo could be considered for further definition if not performed already.

SEX

NM

AGE

15 Years



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HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Oldenhoff

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.

INVOICE

55852

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.

DATE

12-27-22

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