



PATIENT

Yoda Elzey

SPECIES

Canine

BREED

Mini Schnauzer

SEX

FS

AGE

8Y

WEIGHT

7.9kg

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

MR

HOSPITAL NAME

Green Dog Dental and
Wellness

REFERRING VET

Dr. Alzate

INVOICE

74598

DATE

4-14-26

PRESENTING CLINICAL SIGNS

Known ACVIM stage B2. Per cardiologist mitral valve disease with high normal to mild left atrial enlargement. Mild enlargement of left ventricle with normal function. Moderate pulmonary hypertension no evidence of CHF on 2/19/26. Patient on sildenafil 10mg PO BID and Pimobendan 2.5mg PO BID. Cardiologist noted moderate risk of cardio-pulmonary risk with anesthesia. Anesthetic dental procedure was performed with no alpha-2 agonists, alfax induction and isoflurane maintenance. 4ml/kg/hr fluid rate. Crackles heard in patient's lungs bilaterally intraoperatively (decreased fluids to 2ml/kg/hr until patient was woken up and administered 2.2mg/kg IV Furosemide, patient's SpO2 improved and crackles decreased mildly. Called owners to discuss findings and postpone rest of dental procedure until cardiac status more stable. Chest radiographs then taken. Owner noted patient had history of crackles in the past, but was not ausculted on pre-op physical exam today.

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The patient is under general anesthesia and intubated. Positional factors and general anesthesia may affect pulmonary aeration.

The cardiac silhouette presents mild generalized enlargement with basico-apical enlargement of the cardiac silhouette indicating mild left ventricular enlargement as well as mild left atrial enlargement. The VHS is approximately 11.2 consistent with mild cardiomegaly. No convincing radiographic evidence of pulmonary venous congestion or cardiogenic pulmonary edema is seen.

The mildly decreased volume of the right lung is most consistent with dependent/positional atelectasis in the context of recent anesthesia. The lung parenchyma is otherwise normal without alveolar interstitial infiltrates. A very mild bronchial pattern is noted, though this is subtle and may be within normal limits.

The pleural space presents within normal limits.

The trachea is normal in diameter and position.

RADIOGRAPHIC DIAGNOSIS

- Mild cardiomegaly with suspected left atrial enlargement consistent with reported myxomatous mitral valve disease (ACVIM stage B2).
- No radiographic evidence of active congestive heart failure noting that imaging was performed post-furosemide administration.
- Mild right-sided pulmonary volume loss most consistent with anesthetic/dependent atelectasis.
- Questionable minimal bronchial pattern of uncertain clinical significance.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings should be interpreted in the light of the patient's known cardiac disease and peri anesthetic state. Recent furosemide administration may partially or completely mask radiographic signs of pulmonary edema and therefore early or mild cardiogenic edema cannot be definitively excluded. The auscultated crackles may reflect intermittent or early cardiogenic pulmonary edema, airway disease, or atelectasis related changes. Close clinical monitoring is recommended. Follow up



PATIENT

Yoda Elzey

SPECIES

Canine

BREED

Mini Schnauzer

SEX

FS

AGE

8Y

WEIGHT

7.9kg

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

MR

HOSPITAL NAME

Green Dog Dental and
Wellness

REFERRING VET

Dr. Alzate

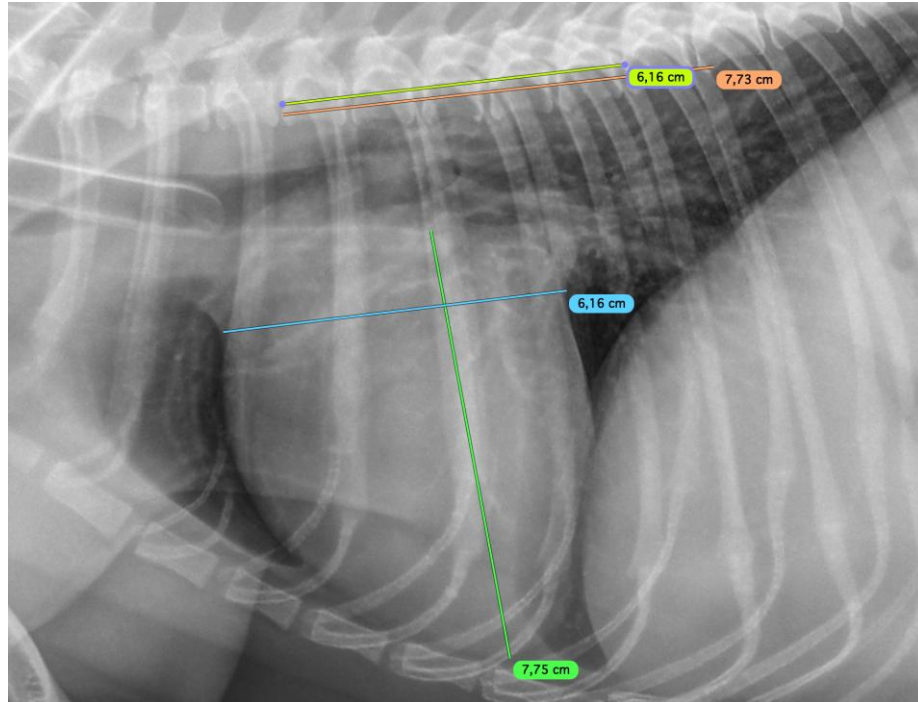
INVOICE

74598

DATE

4-14-26

thoracic radiographs without recent diuretic administration and non-anesthetized can be considered. Repeat echocardiography could also be considered if not recently performed.



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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
info@sonopath.com