



PATIENT

Smokey Tehse

SPECIES

Canine

BREED

Bichon Frise Mix

SEX

MN

AGE

12Y

WEIGHT

7.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

RVTs

HOSPITAL NAME

Woodridge Veterinary
Clinic

REFERRING VET

Dr. Breanne
Couperthwaite

INVOICE

74960

DATE

5-11-26

PRESENTING CLINICAL SIGNS

Smokey presented today for an exam after having an episode over the weekend. Was sitting on couch with O, then coughed and screamed, and then stared off at a wall for a bit without moving. O said it was a very short episode and since then he has been back to normal. Was not convulsing and was conscious the whole time. O said he started coughing more 1 week ago, however since the episode on the weekend it has decreased again. Diagnosed with Myxomatous mitral valve disease (stage B1) in Dec. 2023.

Abnormal PE/Chem/CBC/UA Results: PE: Gr. 3/6 heart murmur with PMI on L side - slightly louder than previous. Normal bronchovesicular sounds bilat. - no wheezes or crackles. Dry cough elicited on tracheal palpation and putting pressure on thoracic inlet (tracheal collapse?). Rest of PE unremarkable except for mild periodontal ds, otitis externa AS, and resented extension of L shoulder. *Bloodwork not performed.

RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and ventrodorsal views totaling 3 images available for review.

RADIOGRAPHIC FINDINGS

Mild left sided cardiomegaly is present with basico-apical enlargement of the cardiac silhouette and tracheal elevation. Loss of the caudal cardiac waist with left atrial tenting is seen. VHS is approximately 11.1. VLAS is approximately 2.8. The findings are consistent with cardiac remodeling with left ventricular and left atrial enlargement.

No radiographic evidence of pulmonary venous congestion, cardiogenic pulmonary edema, or pleural effusion is seen at this time.

Mild diffuse bronchial wall thickening is present compatible with age related chronic bronchial change.

Mild redundancy of the dorsal tracheal membrane of the cervical trachea is present without actual tracheal collapse.

No focal pulmonary infiltrates or masses are identified.

Mediastinal width is within normal limits.

RADIOGRAPHIC DIAGNOSIS

- Left sided cardiomegaly with mild left atrial enlargement compatible with chronic myxomatous mitral valve disease.
- No radiographic evidence of congestive heart failure.
- Mild chronic age related bronchial change.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The cardiac silhouette is mildly enlarged particularly involving the left atrium which is compatible with progression or chronic remodeling associated with known myxomatous mitral valve disease. Currently, there is no radiographic evidence of active congestive heart failure. The described episode may not be specific for a primary cardiac event based on the current radiographs alone. Differential considerations include cough associated vagal episode/syncope, airway irritation/tracheal sensitivity, neurologic event, pain episode, and less likely transient arrhythmia. Continued cardiology monitoring for MMVD progression with echocardiographic correlation is recommended if not recently performed. Consider



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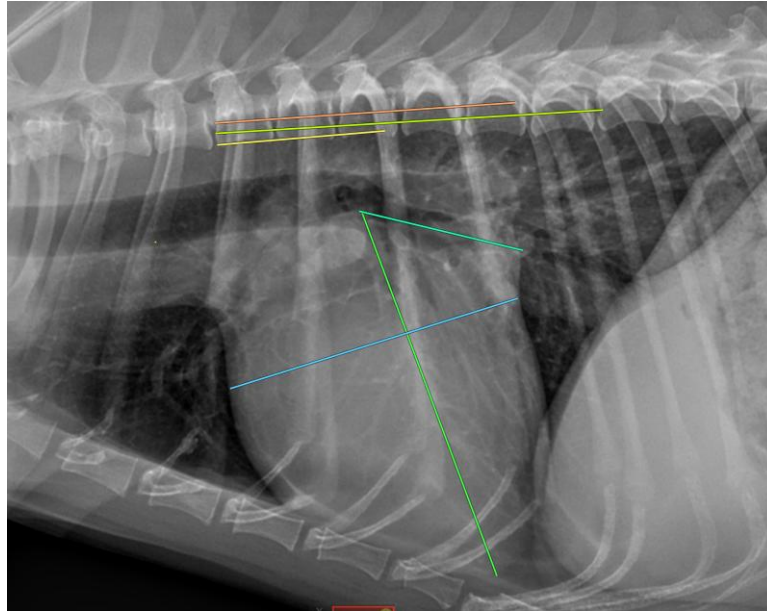
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also blood pressure measurement and ECG/halter monitoring depending on clinical correlation.



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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