



**PATIENT PRESENTING CLINICAL SIGNS**

**Tina Oaks**  
**SPECIES** History: 14yr 9m old SF puggle presented for general exam. P has hx of a grade 4/6 heart murmur and has no started coughing and having shortness of breath. Ps mobility has also decreased. O has tried joint supplements in the past and she says this did not help P. O also would like Ps nails and AG done. P has had hx of AG issues - comes for frequent expressions and was recommended to try Glandex. O says she has tried Glandex and said she did not see a difference with P. Rabies UTD 08/2023.

Canine

**BREED**

Puggle

**SEX**

SF

**AGE**

14 Years, 9 Months

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal) CV/Respiratory: Normal heart rate and rhythm, grade V/VI heart murmur, pulses strong and synchronous, normal bronchovesicular sounds. No crackles or wheezes present EENT: OU: prolapsed nictitant membrane ("cherry eye")--> chronic. AU: mild brown cerumen, no erythema and swelling present. No cough on tracheal palpation. Oral cavity: Severe periodontal disease, halitosis Musculoskeletal: BCS = 6/9. Ambulatory x 4. R carpus hyperextended. Hindlimbs- Moderate to severe muscle atrophy, decreased ROM, crepitus. Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Multiple sebaceous adenomas, Multiple soft, movable, different sizes (from 1-3cm) on trunk. Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N Fecal: Not performed today

**RADIOGRAPHIC STUDY OF THE THORAX**

Right lateral and ventrodorsal views totaling 2 images available for review.

**RADIOGRAPHIC FINDINGS**

The patient appears to be mildly obese.

A small subcutaneous lipoma is seen in the left lateral thoracic wall.

The degree of pulmonary inflation is fair. A mild generalized bronchial lung pattern is seen which appears to be enhanced by the poor degree of pulmonary inflation.

No evidence of cardiogenic pulmonary edema or a vascular lung pattern is seen. The pulmonary vasculature is thin.

Moderate enlargement of the left ventricle and left atrium are indicated by basal-apical enlargement of the heart, left atrial tenting with loss of the caudal cardiac waist, and lift of the mainstem bronchus/bronchial splitting. The vertebral heart score is 12.5.

Course and width of the trachea are considered within normal limits.

No evidence of mediastinal mass effects is seen.

The stomach is postprandial.

**INTERPRETED BY**

Nele Eley, DVM  
 Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

DPC Veterinary Hospital

**REFERRING VET**

Dr. Rivera

**INVOICE**

52804

**DATE**

7-11-22



**PATIENT**

Tina Oaks

**RADIOGRAPHIC DIAGNOSIS**

- Moderate left sided cardiomegaly with left atrial enlargement.
- No evidence of congestive heart failure.
- Normal age related lung.

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic findings confirm presence of moderate left sided cardiomegaly with significant left atrial enlargement. The mass effect of the left atrium may contribute to the coughing of the patient. At this time, no evidence of congestive heart failure is seen, yet a detailed staging by means of a full cardiac echo is strongly recommended if not performed already. The most likely underlying cause is myxomatous degeneration of the mitral valve with mitral valve regurgitation. No concurrent tracheal or bronchopulmonary disease is seen at this time.

**BREED**

Puggle

**SEX**

SF

**AGE**

14 Years, 9 Months

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

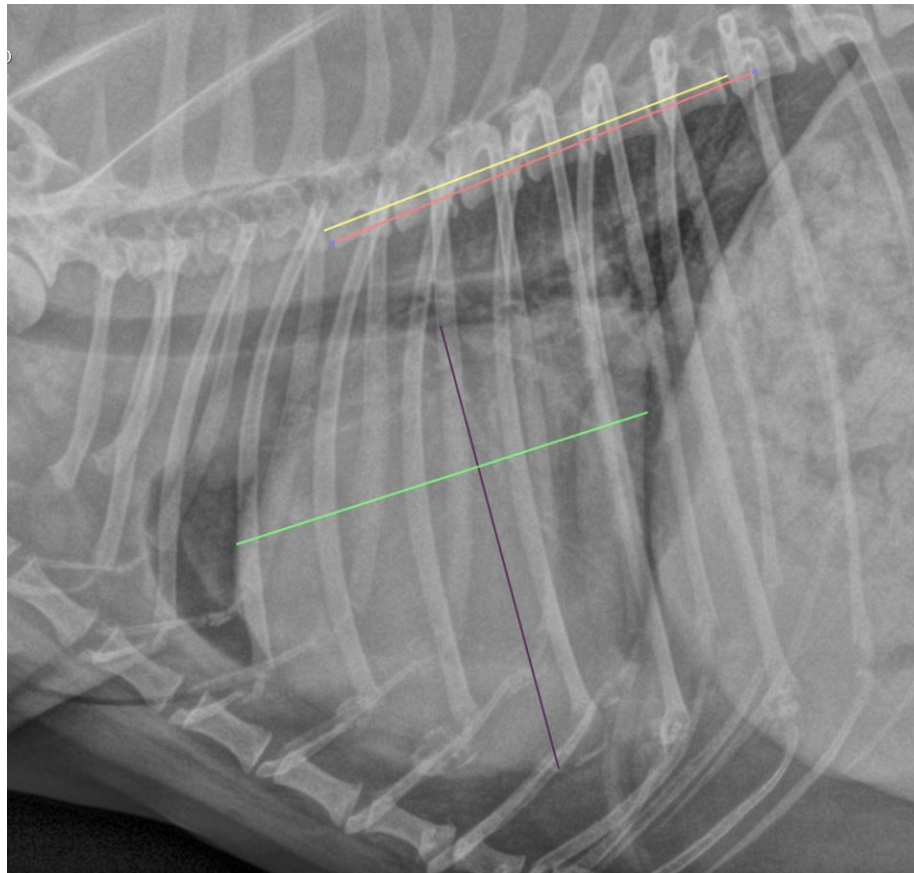
Dr. Rivera

**INVOICE**

52804

**DATE**

7-11-22





**PATIENT**

Tina Oaks

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.

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.

**SPECIES**

Canine

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

**BREED**

Puggle

**SEX**

SF

**AGE**

14 Years, 9 Months

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

Dr. Rivera

**INVOICE**

52804

**DATE**

7-11-22