



PATIENT

Maggie Romine

SPECIES

Canine

BREED

Dachshund

SEX

Female Spayed

AGE

12

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVCI

HOSPITAL NAME

Companion Animal
Clinic

REFERRING VET

Varinia Acosta

INVOICE

53495

DATE

8-16-22

PRESENTING CLINICAL SIGNS

1 year hx of CHF (diagnosed after an acute episode of respiratory distress) managed with furosemide 12.5 mg TID, Pimobendan 1.56 mg BID, Enalapril 2.5mg QD. Normal resting respiratory rate is ~44 br/min O noticed deeper and faster breathing last night. Acting normal otherwise. Unproductive cough after eating and drinking several times daily
Abnormal PE/Chem/CBC/UA Results: Grade 5/6 systolic murmur (unchanged) Tachypnea with increased effort Mucous membrane slightly cyanotic

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The thoracic volume is relatively small. Most of the thoracic cavity is occupied by the enlarged cardiac silhouette.

Severe left sided cardiomegaly with tracheal and bifurcational elevation is seen. There is severe left atrial tenting and a double opacity sign as well as basico-apical enlargement of the cardiac silhouette. The vertebral heart score is 12.1.

Moderate caudocervical tracheal collapse is seen on both lateral views.

There is a vascular lung pattern with dilation of the pulmonary arteries and veins. No perihilar increase in pulmonary opacity is seen at this point. Bronchial splitting and mass effect onto the left mainstem bronchus appear to be significant.

The patient is obese.

RADIOGRAPHIC DIAGNOSIS

- Severe left sided cardiomegaly with potential for emerging congestive heart failure.
- Dynamic tracheal disease with moderate caudocervical tracheal collapse.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study suggests potential for incipient cardiogenic pulmonary edema. Severe left sided cardiomegaly with severe left atrial enlargement and a vascular lung pattern are seen. There is a mass effect onto the trachea, the mainstem bronchi, and moderate caudocervical tracheal collapse which may all contribute to the respiratory signs as well. However, emerging left sided congestive failure is a more likely underlying cause of the clinical presentation as described in the history. A full cardiac echo could be performed if not done so already for further verification.



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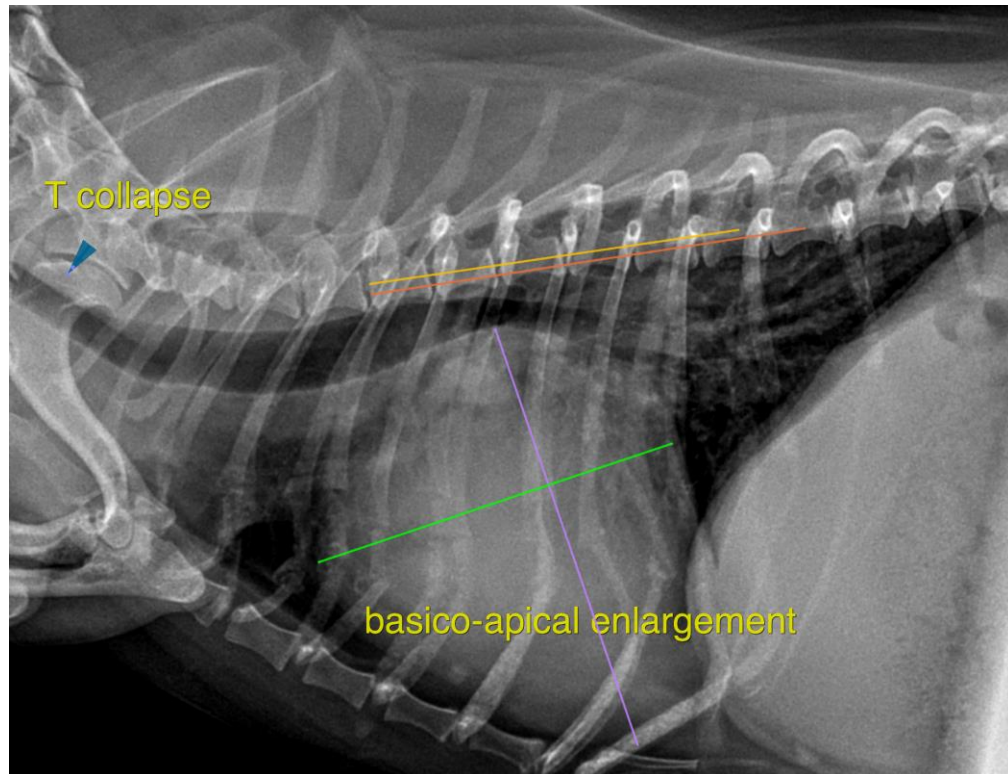
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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