



**PATIENT**

Mia Halina

**PRESENTING CLINICAL SIGNS**

Started coughing few weeks ago and exercise intolerance. Noticed nasal discharge started yesterday.  
Abnormal PE/Chem/CBC/UA Results: Grade V/VI Holosystolic heart murmur. Harsh and dry cough during exam. No crackles or wheezes. CBC/Chemistry: Pending

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

Right/left lateral and ventrodorsal whole body views totaling 4 images available for review.

**BREED**

Chihuahua

Thoracic read requested.

**RADIOGRAPHIC FINDINGS**

**SEX**

Spayed Female

There is no evidence of trachea collapse in any of the views.

Mild left sided cardiomegaly is seen with loss of the caudal cardiac waist and left atrial tenting. The vertebral heart score is 10.7. There is no evidence of dilation of the pulmonary veins and no evidence of cardiogenic pulmonary edema.

**AGE**

14

The degree of pulmonary inflation is moderate. There is a mild generalized bronchointerstitial lung pattern with even distribution throughout the lung which is considered within age related normal limits.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The stomach is distended with a mild amount of food, fluid, and gas. A mild amount of gravel is seen in the pyloric antrum.

**RADIOGRAPHIC DIAGNOSIS**

**HOSPITAL NAME**

Medhat Meawad

- Mild left sided cardiomegaly.
- No evidence of tracheal collapse.
- Normal radiographic presentation of the lung and bronchial tree.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr Erini Abraham

The radiographic study reveals left sided cardiomegaly without evidence of congestive heart failure/cardiogenic pulmonary edema. Mitral valve endocardiosis with chronic mitral valve regurgitation is the most likely underlying cause of the pertinent radiographic findings. A detailed staging would require a cardiac echo. At this point, however, there is no evidence of congestive heart failure.

**INVOICE**

47000

The radiographic presentation of the lung and bronchial tree was innocuous. Upper airway disease should be considered a possibility in this patient.

**DATE**

8-17-21



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**HOSPITAL NAME**

Medhat Meawad

**REFERRING VET**

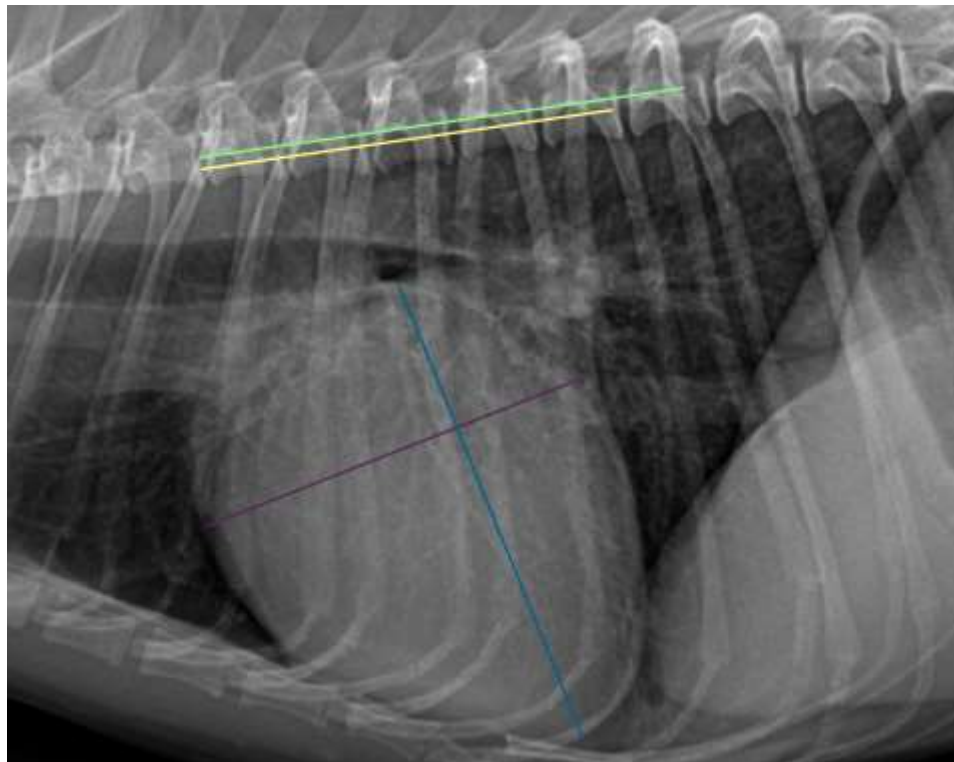
Dr Erini Abraham

**INVOICE**

47000

**DATE**

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**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, DVM, Dr. med. vet., DipECVDI**  
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