



## PATIENT

Charlie Read

## SPECIES

Canine

## BREED

Chinese Crested Mix

## SEX

MN

## AGE

10Y

## WEIGHT

21.2

## INTERPRETED BY

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

## IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

## HOSPITAL NAME

Byram Animal Hospital

## REFERRING VET

Dr. Carlos Abdul-Chani

## INVOICE

72569

## DATE

11-11-25

## PRESENTING CLINICAL SIGNS

Grade 3 murmur -Coughing started recently per owner -Echo submitted also Current meds- Cyclosporine 25mg- BID & Fluconazole 50mg- SID

## RADIOGRAPH OF THE THORAX

Left lateral and ventrodorsal views of the thorax provided for review.

## RADIOGRAPHIC FINDINGS

The displayed bony structures of the chest and forelimbs show normal findings without relevant degenerative changes and/or an aggressive lesion.

The trachea presents an elevated course running nearly parallel to the thoracic spine and showing mild alternations of the transverse diameter in the thoracic inlet and cranial to that. The bifurcation and the main stem bronchi appear mildly compressed due to an enlargement of the heart and left atrium. The VHS equals 12.5 with an extended left atrial area. Due to the respiratory phase (expiratory in II), there is moderate and diffuse increase of the interstitial density noted. The vd view presents normally aerated lung parts in the periphery. There is no evidence of free pleural fluid.

The displayed parts of the cranial abdomen reveal an enlarged liver with a "nodular", undulating surface.

## RADIOGRAPHIC DIAGNOSIS

- Suspected cardiomegaly with left atrial enlargement and secondary compression of the main stem bronchi
- Increased interstitial lung pattern (may be due to the respiratory phase and fat storage)
- Questionable tracheal collapse
- Suspected hepatomegaly

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lateral view presents an enlarged cardiac silhouette with an VHS that equals 12.5. Especially the left atrial region appears enlarged (mitral valve disease/congestive issue) and probably leads to a compression likely of the left mainstem bronchus. This would explain the reported patient's history of coughing in general but not an acute onset. The mild alternations of the transverse diameter in the thoracic inlet show a subtle tendency of tracheal collapse. A complementary endoscopic evaluation could be performed next to assess the presence of tracheal collapse, inflammatory changes and to take samples. Nodular changes, as seen with neoplasia, are not noted. An unspecific inflammatory process, such as bronchopneumonia, is a potential differential. The cranial abdomen indicates at least an enlarged liver (blood results/abdominal ultrasound?).



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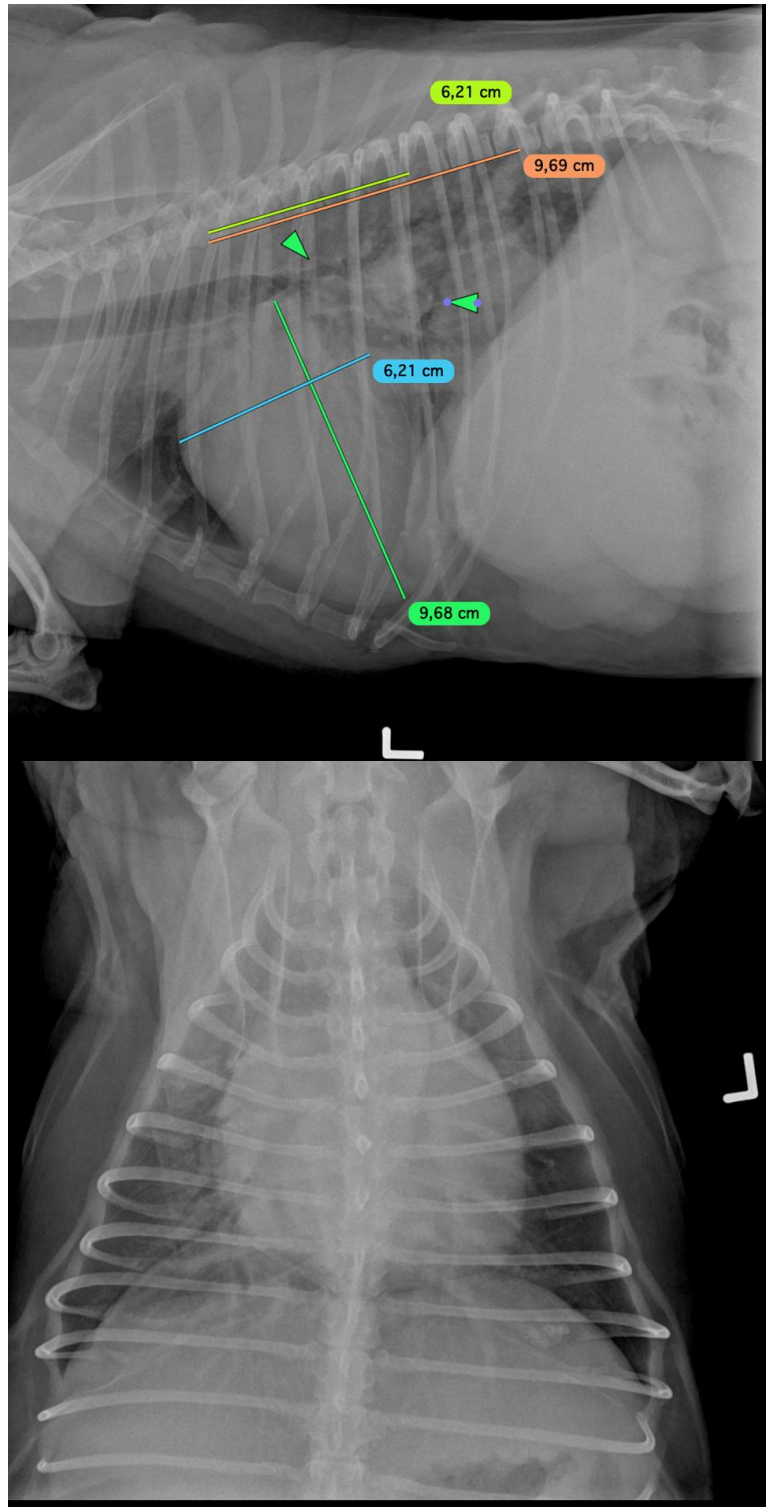
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging  
[info@sonopath.com](mailto:info@sonopath.com)