



**PATIENT**

Skippey Lehman

**PRESENTING CLINICAL SIGNS**

Reason for Visit: CHF History: p is here for congested heart failure, labored breathing while o went away for a cruise,

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; nuclear sclerosis, mild epiphora OU; clean no debris AU Oral Cavity: heavy dental tartar present, gingival recession, gingivitis Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. No lesions noted. CV/Respiratory: Grade 6/6 murmur +/- crackles/wheezing auscultated. Labored breathing with abdominal effort. Abd/GI: Soft non painful abdomen, no organomegaly, no abnormalities on abdominal palpation Uro/Perineum: N Musculoskeletal: Ambulatory x4, no lameness noted. No pain on palpation of limbs. BCS 5/9 Neurological: Appropriate Fecal: Diagnostic Testing Needed: thorax rads Declined Diagnostics/Treatments: Findings: rads - consult pending O describes syncopal episode with possible stroke Assessment: CHF (new); heart murmur (old); periodontal disease

**BREED**

Maltese

**SEX**

NM

**RADIOGRAPHIC STUDY OF THE THORAX**

Radiographs of the thorax in three imaging planes are provided for review.

**RADIOGRAPHIC FINDINGS**

**AGE**

13 Years, 1 Month

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

Generalized significant enlargement of the cardiac silhouette is appreciated, occupying 4 intercostal spaces and 80% of the thoracic height. The trachea is paralleling the thoracic spine. The left principal bronchus is mildly deviated dorsally. Splaying of the main-stem bronchi is appreciate in the VD view.

**HOSPITAL NAME**

DPC Veterinary  
Hospital

The lung parenchyma presents a generalized significant ground glass opacification, effacing the pulmonary vasculature, most accentuated level with the caudal lung lobes.

In the VD projection, the lung lobes are retracted from the thoracic wall and pleural fissure lines are appreciated.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

**REFERRING VET**

Dr. White

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

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**RADIOGRAPHIC DIAGNOSIS**

- Cardiomegaly, accentuating the left side of the heart
- Unstructured interstitial lung lobe, accentuated in the caudal lung lobes
- Mild pleural effusion

**DATE**

1-18-23



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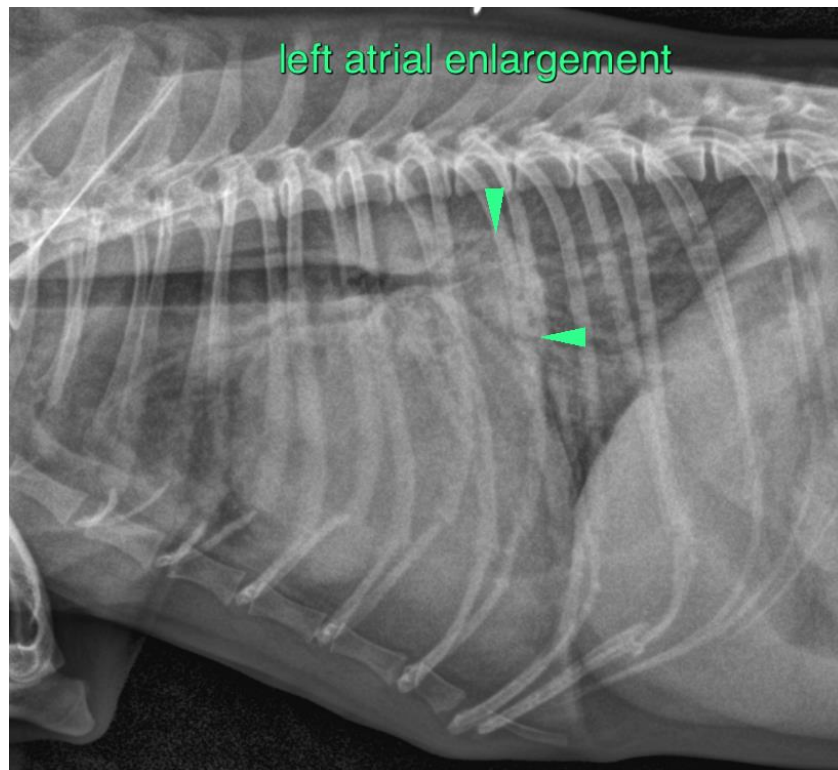
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The left cardiac enlargement with the history of chronic heart murmur is likely a sequela to mitral valve insufficiency and the lung pattern is highly suggestive for decompensation and pulmonary cardiogenic edema. The accompanying pleural effusion is unusual for left heart failure and might biventricular failure of the heart. A cardiac echo is mandatory for further assessment of cardiac chamber size and function. Starting therapy for left heart failure is recommended as well.

Theoretically other potentials can include pulmonary and pleural hemorrhage, pulmonary thromboembolism, fibrosis, neoplastic.





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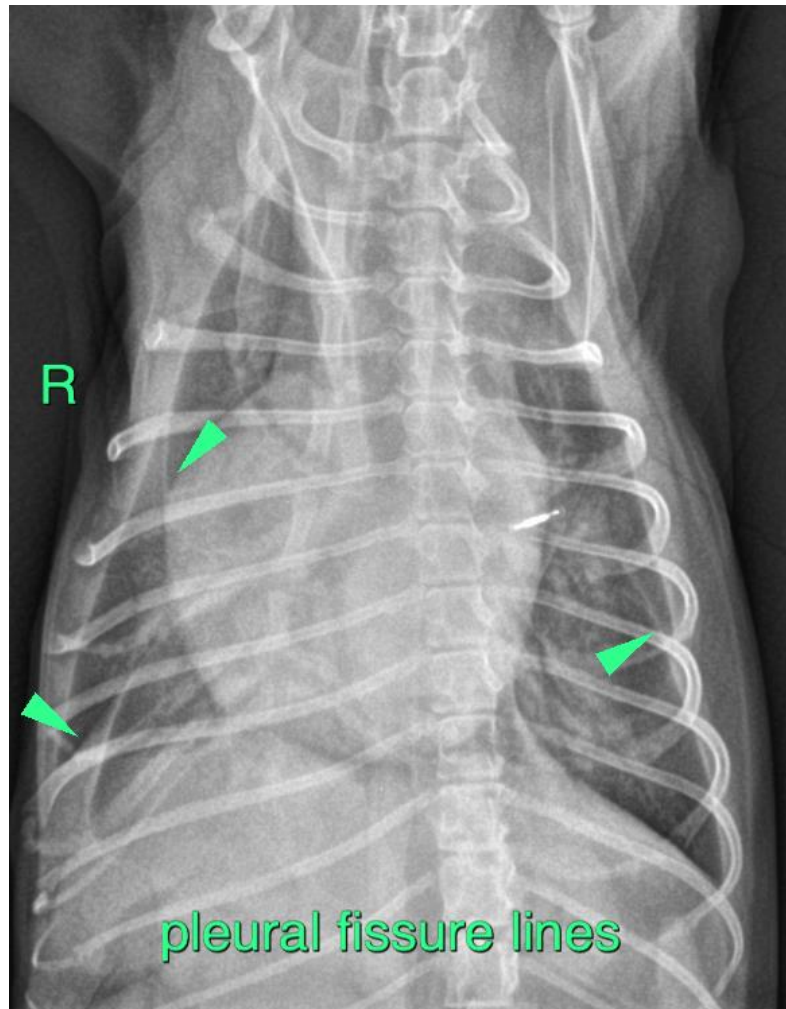
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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