



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Igloo Bermudez Presented for second opinion to evaluate coughing and increased respiratory rate (resting). Cough when excited and when drinking water. O noticed about 40 bpm when resting. Was seen at another veterinarian on June 2021 for possible collapsing trachea and was sent with Temaril P. Dec 4th 2021 was sent with antibiotics. And on Dec 11th a heart murmur was auscultated and was started Vetmedin.

**SPECIES**

**SPECIES** Canine Abnormal PE/Chem/CBC/UA Results: Heartworm test: negative P: 120 R: panting Grade 4/6 systolic HM on left and right. Obese 8/9 Sensitive on tracheal palpation with coughing and hacking.

**BREED**

**BREED** Maltese

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**SEX**

**SEX** Male Neutered

**RADIOGRAPHIC FINDINGS**

The body condition score is 8/9.

The surrounding bony structures are within normal limits.

**AGE**

**AGE** 10 Years

The extrathoracic soft tissues present homogeneous without abnormalities.

**INTERPRETED BY**

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

The caudal contour of the cardiac silhouette is steep, and the caudal cardiac waist is lost. There is a moderate soft tissue bulging of the left atrium and mild scalloping of the cardiac silhouette level with the left auricular appendage is seen in the VD projection. The left principal bronchus is mildly deviated dorsally. The pulmonary vasculature is within normal limits.

In the right lateral projection, there is potential dorsoventral flattening of the right main bronchus.

**HOSPITAL NAME**

**HOSPITAL NAME** Paseos Veterinary Center

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.

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

**REFERRING VET**

**REFERRING VET** Dr. Ferrer

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

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The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

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

**DATE**

**DATE** 1-4-22



**PATIENT**

Igloo Bermudez

**RADIOGRAPHIC DIAGNOSIS**

- Left sided cardiomegaly without evidence of decompensation
- Suspect bronchial collapse
- Obesity

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is evidence of left cardiomegaly – given the history of cardiac murmur, the most likely underlying cause is mitral valve insufficiency due to myxomatous mitral valve degeneration. There are no signs for decompensation. Complementing workup by a cardiac echo appears beneficial for evaluation of cardiac chamber size and function. Based on radiographic changes, cardiac medication appears indicated. Mechanical irritation of the bronchi by the enlarged left atrium might be a trigger for cough.

**BREED**

Maltese

**SEX**

Male Neutered

The suspected bronchial collapse can be a source for cough as well. Accompanying tracheitis/bronchitis can exacerbate clinical signs.

**AGE**

10 Years

The obesity is a known predisposing factor for inflammatory lower airway disease, due to impaired pulmonary function and decreased bronchial clearance.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Paseos Veterinary Center

**REFERRING VET**

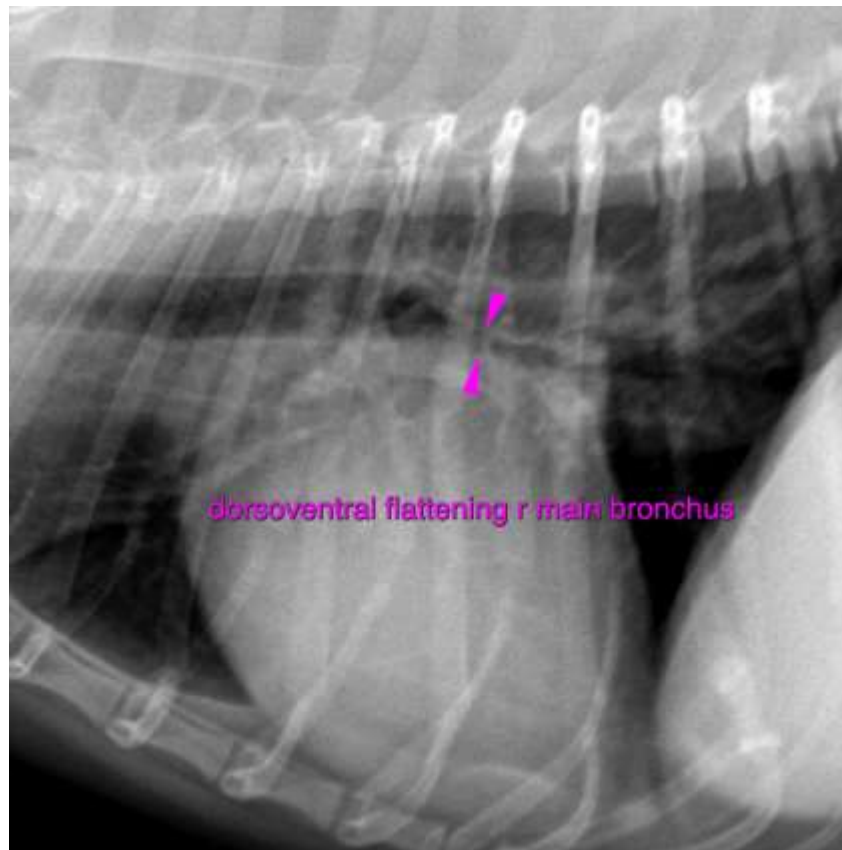
Dr. Ferrer

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**PATIENT**

Igloo Bermudez

**SPECIES**

Canine

**BREED**

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**SEX**

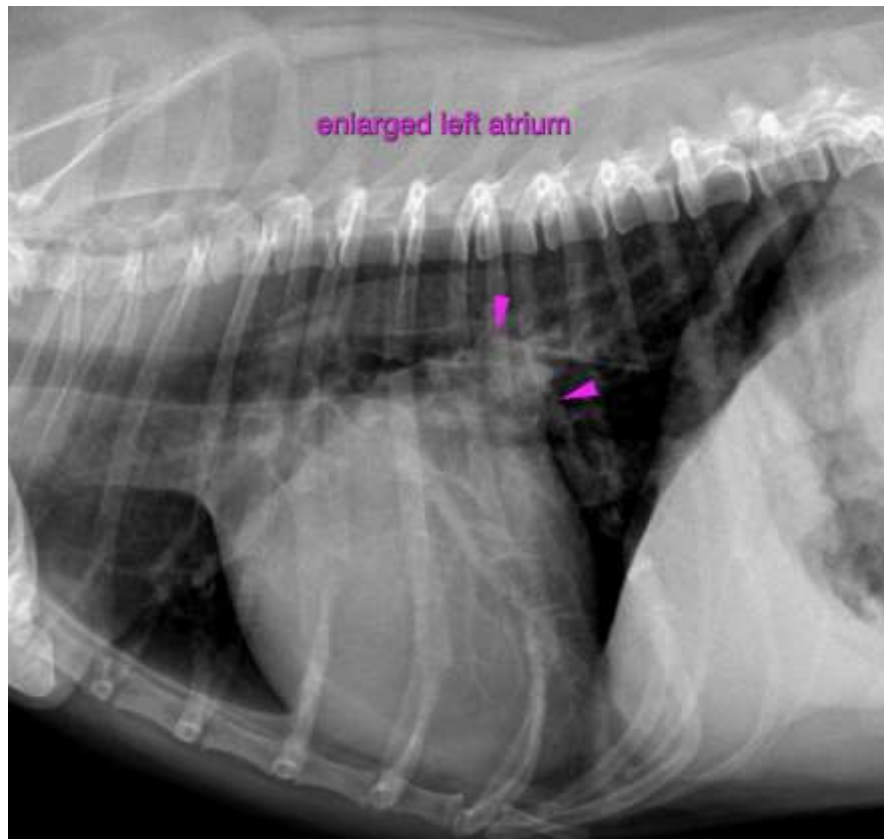
Male Neutered

**AGE**

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Center

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Dr. Ferrer

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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.

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