



**PATIENT PRESENTING CLINICAL SIGNS**

**Louie Gallo** History: P presents for bad breath and sparatic coughin. O states she noticed really bad breath for about 1 week now. P is sitll eating and drinking well. O mentioned P will randomly cough every now and then.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; nuclear sclerosis OU; clean no exudate AU; No cough on tracheal palpation. Oral Cavity: heavy dental tartar present, halitosis Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. No lesions noted. CV/Respiratory: grade

**BREED**

Cocker Spaniel

IV-V/VI murmur, no arrhythmia or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft, reactive in cranial abdomen, no organomegaly, no abnormalities on abdominal palpation Uro/Perineum: N Musculoskeletal: Ambulatory x4, generalized muscle wasting, especially in HL. BCS 5/9 Neurological: Appropriate

**SEX**

**RADIOGRAPHIC STUDY OF THE THORAX**

Neutered Male

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

**AGE**

**RADIOGRAPHIC FINDINGS**

9 Years

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

A wedge shaped soft tissue opacity is seen in the region of the left atrium. The caudal contour of the cardiac silhouette is steep and the heart is occupying approximately 80% of the thoracic height; the trachea is parallel to the thoracic spine and the left main-stem bronchus is elevated rosally. Abaxial splaying of the main-stem bronchi in the VD view is noted. The pulmonary vasculature appears normal.

**HOSPITAL NAME**

DPC Veterinary H

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**

Dr. White

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected. The right caudal lung lobe presents a mild increased radiopacity caused by an unstructured reticular lung pattern.

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

**RADIOGRAPHIC DIAGNOSIS**

**DATE**

10/12/21



**PATIENT**

- Left sided cardiomegaly
- Mild to moderate interstitial pattern right caudal lung lobe

Louie Gallo

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Canine

The left sided cardiomegaly is most consistent with underlying mitral valve insufficiency due to myxomatous mitral valve degeneration and secondary volume overload. The mild interstitial pattern of the right caudal lung lobe can indicate mild interstitial edema or pneumonitis. Recommend a cardiac echo for further definition of cardiac chamber size and function.

**BREED**

Cocker Spaniel

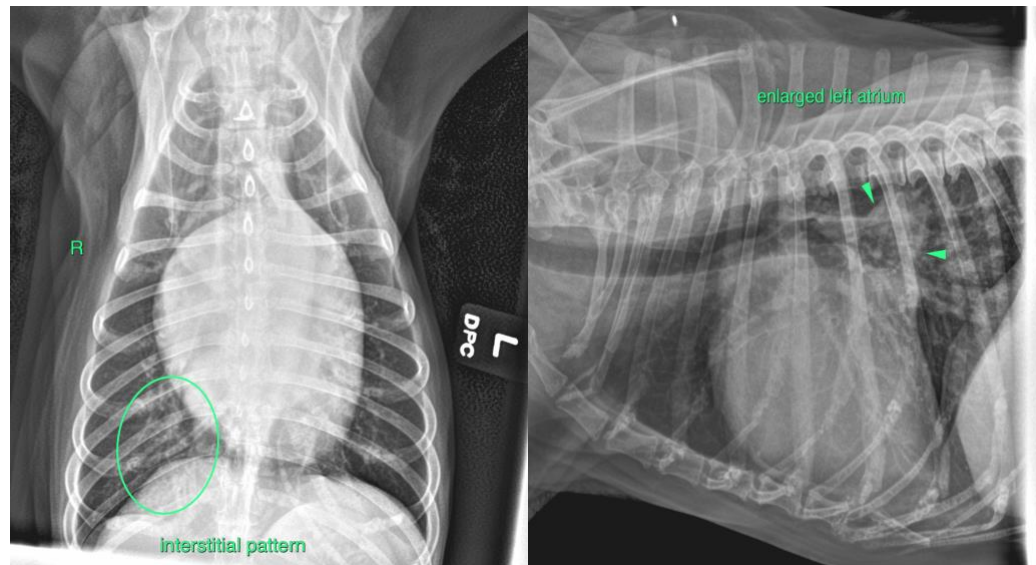
Mechanical interaction of the enlarged left atrium with the bronchi may accentuate clinical signs.

**SEX**

Neutered Male

**AGE**

9 Years



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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.

**REFERRING VET**

Dr. White

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

Louie Gallo

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

Neutered Male

**AGE**

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