



PATIENT PRESENTING CLINICAL SIGNS

Tito Slater
SPECIES
 Canine

History: Presented for annual PE, cough eval. Adopted from friend approx 8 mos ago. Unknown vax hx, no current parasite prevention. Lives with 4 other dogs, fed BB GF dog food. Pt coughing daily (4-5x/d), non-productive, no dyspnea/syncope/cyanosis. Cough can occur anytime of day or night, not associated with activity. Pt also has hx of infrequent seizures, only 1 known in past 8mos, no current treatment. Seizures only lasted couple minutes with a short post-ictal phase. E/d/u/d wnl, no v/d/s noted. No other health concerns reported.

BREED
 Abnormal PE/Chem/CBC/UA Results: Grade 4-5/6 L systolic murmur, PMI not determined Chronic dental disease, stage 2-3

Chihuahua Mix RADIOGRAPHIC STUDY OF THE THORAX

SEX
 Radiographs of the thorax in two orthogonal imaging planes are provided for review.

Neutered Male RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

AGE
 The extrathoracic soft tissues present homogeneous without abnormalities.

10 Years 3 Months
INTERPRETED BY
 Sebastian Schaub, DVM Dr. med. vet. DipECVDI

The cardiac silhouette presents a steep caudal contour. A wedge shaped soft tissue opacity is seen level with the left atrium in the lateral projection with mild dorsal elevation of the left main-stem bronchus. In the VD view, the cardiac silhouette is elongated, accentuating the left ventricle. The pulmonary vasculature is within normal limits.

The caudal lung field, most accentuated in the perihilary region presents a mild to moderate ground glass opacity effacing the peripheral pulmonary vessels.

HOSPITAL NAME
 Reid VH

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. Jeff Popwich

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected. The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

INVOICE
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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

10/13/21



PATIENT • Left sided cardiomegaly without possible early stage of decompensation

Tito Slater

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely underlying cause for the left heart enlargement is myxomatous mitral valve degeneration with subsequent mitral valve insufficiency. The unstructured interstitial pattern in the perihilar region and of the caudodorsal lung field is concerning for cardiogenic pulmonary edema. A cardiac echo would be ideal for further definition of cardiac chamber size and function.

SPECIES

Canine

BREED

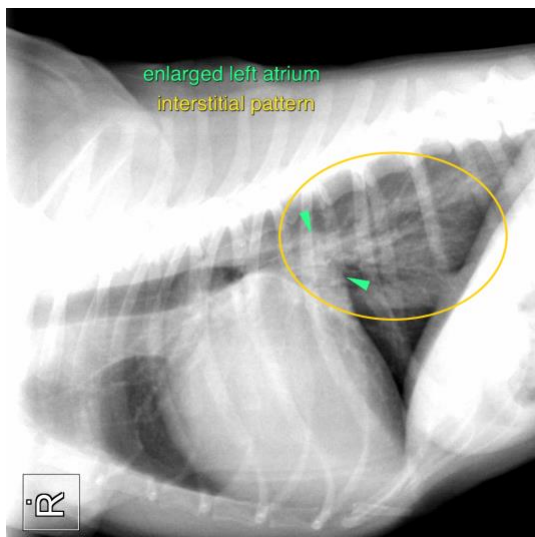
Chihuahua Mix

SEX

Neutered Male

AGE

10 Years 3 Months



INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

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.

HOSPITAL NAME

Reid VH

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
sebast.schaub@gmail.com

REFERRING VET

Dr. Jeff Popwich

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