



PATIENT PRESENTING CLINICAL SIGNS

Angel Ewing Increased respiratory effort.

RADIOGRAPHIC STUDY OF THE THORAX

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

Canine **RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

BREED At the cranioventral abdominal wall, a subcutaneous, roundish fat opaque swelling is appreciated, measuring 7 cm in width.

Jack Russell Terrier

The caudal contour of the cardiac silhouette is steep and the caudal cardiac waist is lost. In the VD view, a double opacity is seen level with the left atrium and splaying of the main stem bronchi is appreciated. The pulmonary vasculature is within normal limits.

SEX

Female Spayed Level with the cranial thoracic aperture, the mediastinum is moderately widened, in the lateral projection of the thorax, there is the impression of a convex shaped caudal border.

AGE

11-27-2007 Level with the cranial thoracic aperture, a moderate dorsoventral flattening of the trachea is appreciated.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME RADIOGRAPHIC DIAGNOSIS

Cottage Grove
Veterinary Clinic

- Widening of the cranial mediastinum
- Tracheal collapse
- Bronchial lung pattern
- Left sided cardiomegaly without signs of decompensation
- Subcutaneous lipoma cranioventral abdominal wall
- Obesity

REFERRING VET

Damewood

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

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The widening of the cranioventral mediastinum, level with the cranial thoracic aperture can be a sequela to fat depositions, however a cranioventral mediastinal mass is a consideration and should be ruled out – ultrasound of the cranial thoracic aperture would be suitable in this case, cross-sectional imaging can be considered alternatively.

DATE

10-18-22

Depending on the presentation of clinical signs, the tracheal collapse might contribute to the clinical signs.

The bronchial lung pattern is suggestive for bronchitis and primary inflammatory non-infectious causes – such as lymphocytic plasmocytic, eosinophilic, mixed – and infectious causes (e.g. viral, bacterial, parasitic) need to be considered. As there are no classical clinical signs such as



PATIENT

coughing, the relevance of the bronchial pattern is unclear.

Angel Ewing

The left sided cardiomegaly is commonly a sequela to mitral valve insufficiency – with myxomatous mitral valve degeneration being most common. Check if cardiac murmur is present. At this point there are no signs of decompensation.

SPECIES

Canine

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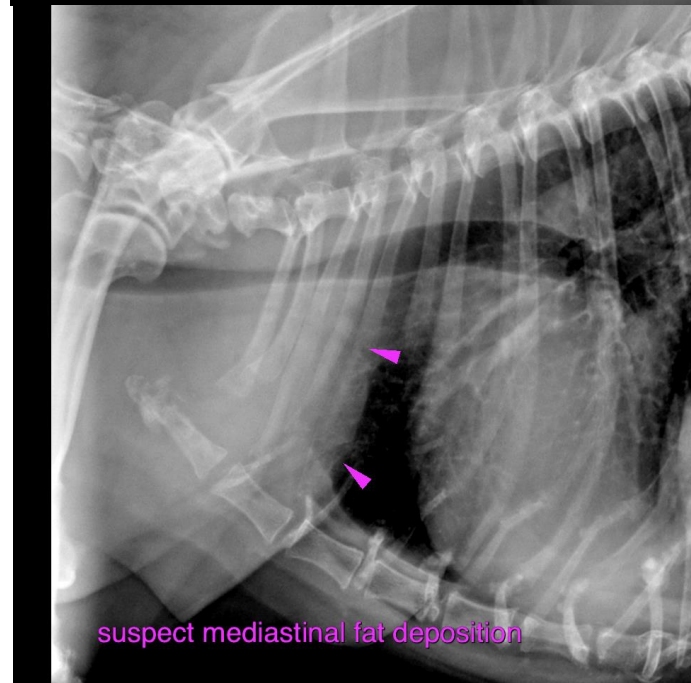
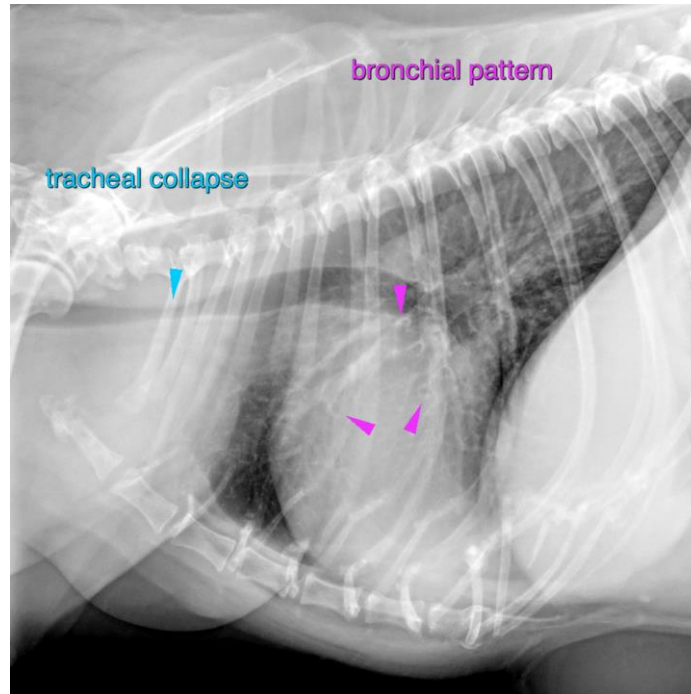
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Angel Ewing

SPECIES

Canine

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.

BREED

Jack Russell Terrier

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.

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