



**PATIENT**

Teddy Thomas

**PRESENTING CLINICAL SIGNS**

Hx: P has been sneezing often and had nasal discharge for the past 3 months. P has been coughing several times a day for the past week. P's cough is unproductive. P is eating a little less and no vomiting. No change in water consumption or urine output. PE: BAR. BCS 4/9. Temp: 101.4F. MM pink and moist. CRT < 2 sec. G2 POD. G 5/6 systolic heart murmur, no crackles or wheezes auscultated. Lt cataracts OU. Nose and ears are clear; no discharge or inflammation. Soft abdomen, no guarding or abnormal masses. Coat and underlying skin are clean and clear, no external parasites or inflammation seen. Peripheral In are small and symmetrical. Rads: Sending 3 view thoracic radiographs off for radiologist interpretation. A: No obvious pulmonary effusion seen radiographically. A few areas are suspicious of pleural effusion. Recommended radiologist review of thoracic rads before starting any meds for lower respiratory disease. Recommended starting doxy and cough tabs for apparent URI. O agreed. Tx: Rx doxycycline 100 mg PO BID q14d Rx Cough Tabs, 1 tab PO TID as needed for coughing

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

Male Neutered

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**RADIOGRAPHIC FINDINGS**

**AGE**

11 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

The caudal contour of the cardiac silhouette is steep, and the caudal cardiac waist is lost. The trachea is elevated and paralleling the thoracic spine. A small wedge shaped soft tissue opacity is seen level with the left atrium and the left principal bronchus is deviated dorsally. There is mild splaying of the main-stem bronchi in the VD view as well as scalloping of the cardiac silhouette level with the left atrial auricular appendage. The vertebral heart score is 11.4. The pulmonary vasculature is within normal limits.

**HOSPITAL NAME**

Neighborhood Pet  
Health 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.

**REFERRING VET**

Daniel Finch

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

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. In the VD view, faint pleural fissure lines are seen between the right cranial & middle and right middle & caudal lung lobe.

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



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**RADIOGRAPHIC DIAGNOSIS**

- Left sided cardiomegaly without evidence of decompensation

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely underlying cause for the left sided cardiac enlargement is myxomatous mitral valve degeneration with subsequent mitral valve insufficiency. At this point there are no signs for decompensation. A cardiac echo would be ideal for further evaluation of cardiac chamber size and function. Based on the radiographic changes, cardiac medication appears indicated.

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Mechanical interaction of the enlarged left atrium with the principal bronchus might be a trigger for cough. Accompanying bronchitis is a potential as well and cannot be ruled out entirely by negative radiographs.

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The pleural fissure lines can be a sequela to preceding pleuritis/pneumonia, a mild amount of pleural effusion is a differential.

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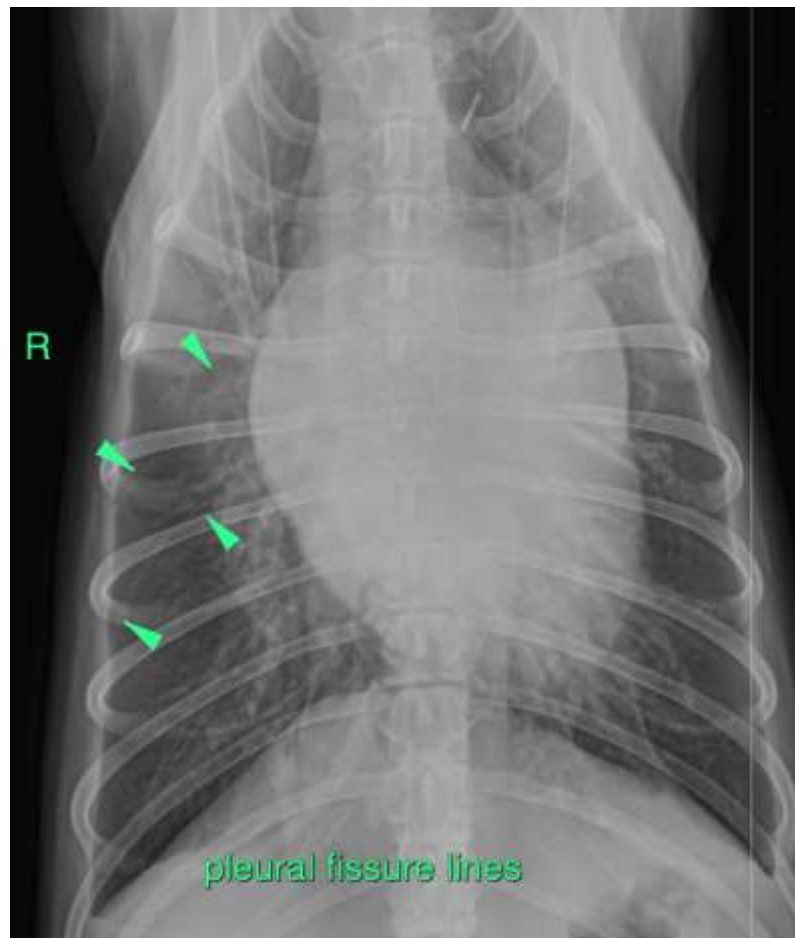
Daniel Finch

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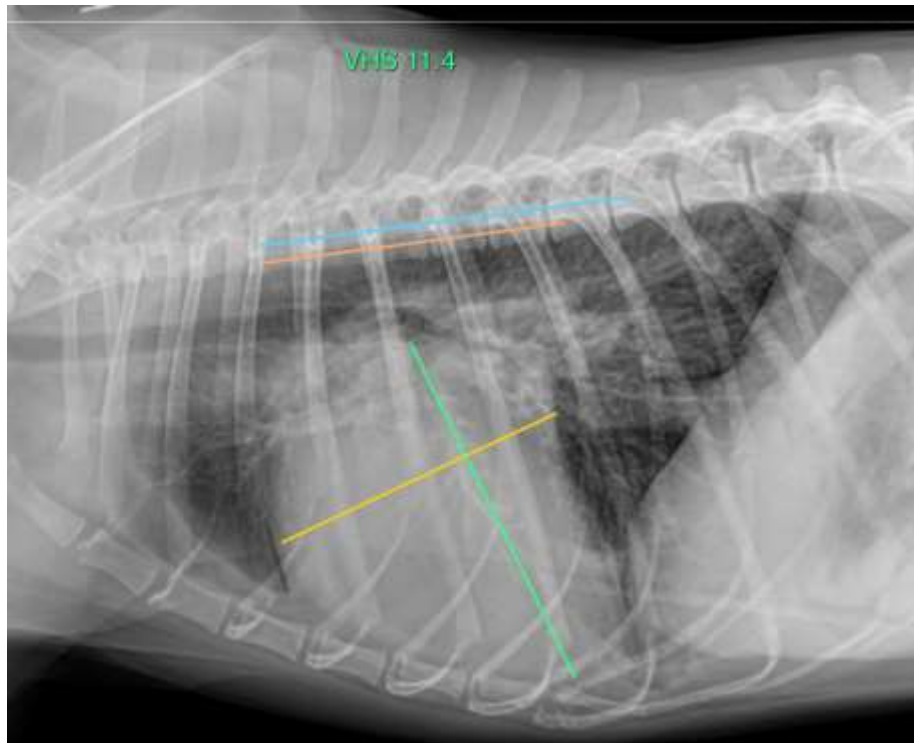
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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