



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Icey Dillon Reason for Visit: heavy breathing History: 7 y 11 m chihuahua NM presented for heavy breathing off and on. Started Monday. Belly appears to have swelling. panting excessively. eating less. hiding from owner (not usual)

SPECIES Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, grade V/VI heart murmur, pulses strong and synchronous, increased bronchovesicular sounds.

Canine Tachypnea/labored breathing. NOT cyanotic EENT: Clear AU. OU:Mature cataracts, scleral inj. No cough on tracheal palpation. Clear (bubbles) from L nostril Oral cavity: Severe dental tartar, moderate gingivitis. Missing teeth Musculoskeletal: BCS = 7/9. Ambulatory x 4 Uro/Perineum:

BREED No significant lesions Abd/GI: Soft, non-painful. Cranial organomegaly. "Pot belly" Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Thinning hair coat periocular and from shoulders along his dorsum to his rear end. No ectoparasites seen Mentation: BAR Hydration: N

Chihuahua

SEX RADIOGRAPHIC STUDY OF THE THORAX

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

AGE RADIOGRAPHIC FINDINGS

9 Years, 11 Months The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

The caudal contour of the cardiac silhouette is steep and the caudal cardiac waist is lost. Bulging of the cardiac silhouette level with the left atrium is appreciated. In the ventrodorsal view, splaying of the main stem bronchi is appreciated and scalloping of the cardiac silhouette level with the left atrial auricular appendage is noted. The vertebral heart score is 13.0.

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.

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

The right caudal lung lobe presents a moderate ground glass opacity, accentuated in the hilar region, effacing the pulmonary vessels.

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

INVOICE RADIOGRAPHIC DIAGNOSIS

- 54818
- Left sided cardiomegaly
 - Moderate unstructured interstitial lung pattern right caudal lung lobe

DATE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

10-26-22 The marked unstructured interstitial to alveolar pattern of the right caudal lung lobe is suggestive for cardiogenic pulmonary edema – such as an eccentric jet directed on the pulmonary

INTERPRETED BY
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HOSPITAL NAME
DPC Veterinary
Hospital

REFERRING VET
Dr. Rivera



PATIENT

Icey Dillon

vein of the right caudal lung lobe, from mitral valve insufficiency. A cardiac echo should be considered for further definition of cardiac chamber size and function.

If underlying cardiac origin of the lung pattern can be ruled out, potentials include non-cardiogenic edema (e.g. pancreatitis, renal disease), pneumonia (atypical distribution), fibrosis, eosinophilic bronchopneumopathy, neoplasia (e.g. carcinoma), hemorrhage.

SPECIES

Canine

BREED

Chihuahua

SEX

NM

AGE

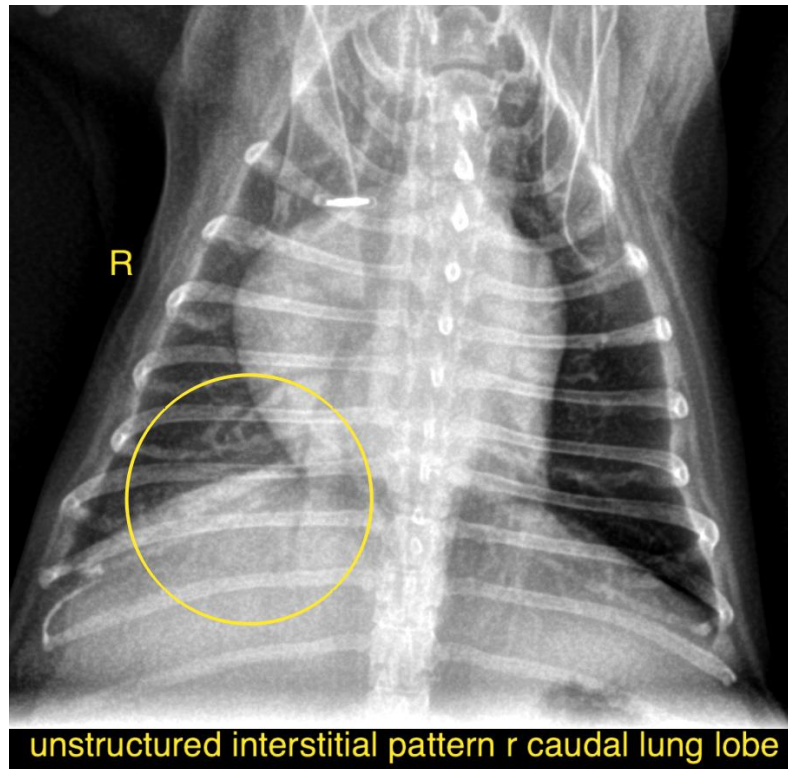
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INVOICE

54818

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DATE

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