



PATIENT PRESENTING CLINICAL SIGNS

Kibo Wong-Siu Progressively worse cough, non-productive, happens at night or when patient gets excited. Has lost 20% body weight recently and has a holosystolic heart murmur 3/6 on both sides.

SPECIES RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

BREED The surrounding bony structures are within normal limits.

Chihuahua The extrathoracic soft tissues present homogeneous without abnormalities.

SEX The caudal contour of the cardiac silhouette is steep, and the caudal cardiac waist is lost. A double opacity of the cardiac silhouette level with the left atrium in the VD projection is seen, there is abaxial splaying of the main stem bronchi. The prominent left atrium might contribute to cough as well. The pulmonary vasculature is within normal limits.

MN

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.

AGE

14 Years

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

INTERPRETED BY

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

Generalized increased visibility of the bronchial walls is noted.

The lung parenchyma presents a generalized moderate ground glass opacity. The caudoventral aspect of the right cranial lung lobe presents a zone with ground glass opacity – suspect dystelectasis as it is not appreciated in the lateral views.

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

RADIOGRAPHIC DIAGNOSIS

- Left sided cardiomegaly without signs of decompensation
- Consolidated right middle lung lobe
- Generalized bronchointerstitial lung pattern

REFERRING VET

Magill

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left sided cardiomegaly in combination with the cardiac murmur is likely a sequela to myxomatous mitral valve degeneration and secondary mitral valve insufficiency. The left cardiac enlargement indicates subsequent left sided volume overload. A cardiac echo can be used for further assessment of cardiac chamber size and function.

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The bronchial lung pattern is suggestive for bronchopneumonitis and primary inflammatory non-infectious causes – such as lymphocytic plasmocytic, eosinophilic, mixed – and infectious causes (e.g. viral, bacterial, parasitic) need to be considered. Theoretically the interstitial pattern can be accentuated by cardiac interstitial pulmonary edema as well, but I do not see signs of overt vascular enlargement. The chronicity of clinical signs, is increasing the odds for primary inflammatory non-infectious origin of bronchitis. Bronchoscopy including BAL can be used as

DATE

11-1-22



PATIENT

advanced diagnostic tool, empirical management can be considered alternatively.

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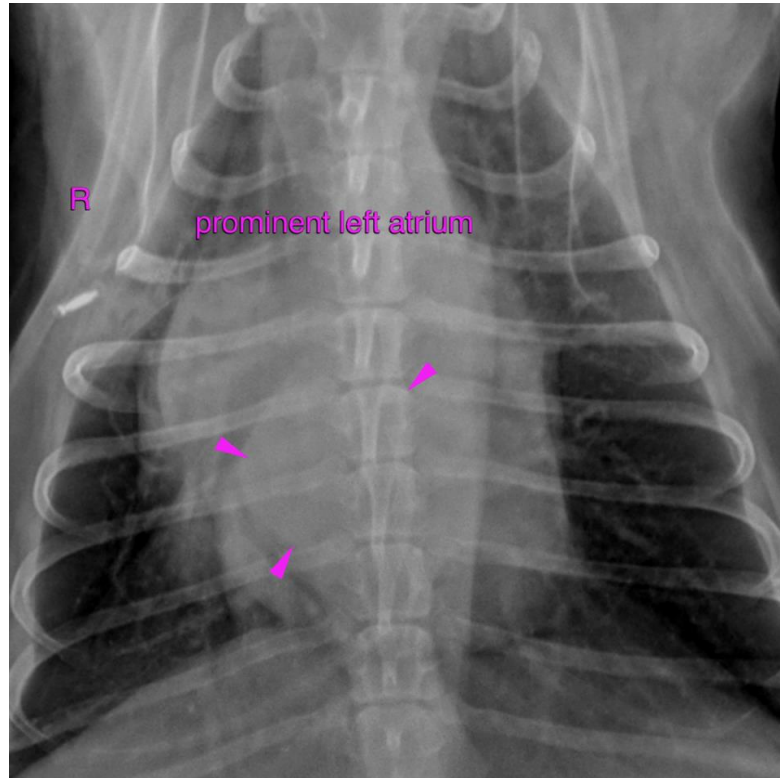
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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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