


PATIENT PRESENTING CLINICAL SIGNS

Wiley Cassidy Has history of grade II heart murmur. Recently has been coughing more, usually dry with gag at the end. Also not eating as well as normal. Concern it may be heart related.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Heart murmur, systolic, grade IV/VI today. No crackles or wheezing heard in lung fields Normal resp character Unable to elicit cough with tracheal palp CBC - mild low WBC and Neu - similar to last check - Normal to high end RBC and HCT Chem - BUN 59.8, Creat 1.5 TP 5.0, Alb 2.1 Amyl 1771, Lip >1000 Choles 334 UA - SG 1.031, Rod bacteria

RADIOGRAPHIC STUDY OF THE THORAX
BREED

Corgi X

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

RADIOGRAPHIC FINDINGS
SEX

Spayed Female

Multifocal moderate spondylosis formation is seen along the thoracic spine.

AGE

11 Years 3 Months

In the subcutaneous tissue ventral to the 6th sternebra, an ovoid shaped mass measuring 3.0 x 1.8 cm in size is visible.

The caudal contour of the cardiac silhouette is steep and the caudal cardiac waist is lost. The left principal bronchus is mildly deviated dorsally. The vertebral heart score is 11.5. The pulmonary vasculature is within normal limits.

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.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

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

The ventral aspects of the lung lobes present a patchy increased soft tissue opacification with small air-bronchograms. The bronchial walls present a mild increased visibility.

HOSPITAL NAME

Grove Vet Clinic

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

RADIOGRAPHIC DIAGNOSIS
REFERRING VET

Dr. Luna

- Ventrally distributed marked unstructured interstitial to alveolar pattern
- Left sided cardiomegaly
- Subcutaneous mass ventral thoracic wall
- Spondylosis deformans

INVOICE

30076

DATE

11/23/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the given clinical signs and the ventral distribution of the lung pattern is increasing the odds for bacterial pneumonia as source for the current clinical signs. The pulmonary vessels appear within normal limits and the distribution of the opacification is atypical for underlying cardiogenic pulmonary edema. Potentials for the lung pattern include systemic disease such as pancreatitis (elevated lipase - recommend complementing workup by cpl), hemorrhage or less likely diffuse neoplastic infiltration (e.g. carcinoma, round cell tumor).


PATIENT

Wiley Cassidy

The most likely underlying cause for the left cardiac enlargement is mitral valve insufficiency due to myxomatous mitral valve degeneration. The bulging of the region of the right atrium in the VD projection can be caused by mild to moderate right sided tilting of the VD projection. A cardiac echo can be used for further evaluation of cardiac chamber size and function.

SPECIES

Canine

BREED

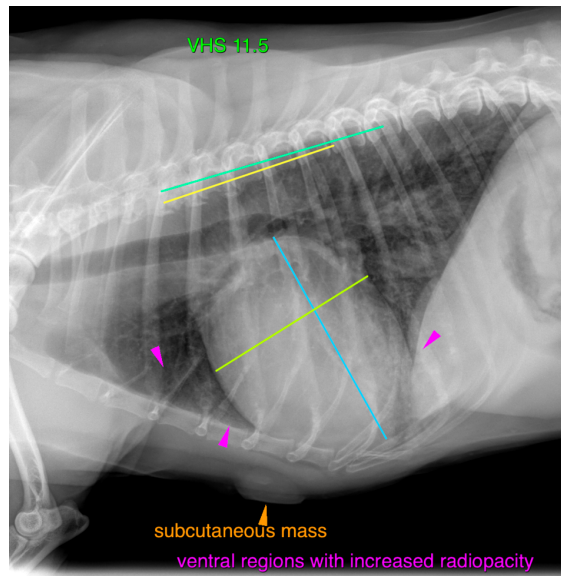
Corgi X

SEX

Spayed Female

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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.

HOSPITAL NAME

Grove Vet Clinic

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