



PATIENT

Charlie Kindjerski

PRESENTING CLINICAL SIGNS

Acute onset of coughing, possible caused by cold weather. Bilateral, Hollow systolic heart murmur grade 3-4 out of 6. Increased effort for breathing.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

A right lateral projection of the thorax is provided for review. The radiograph is provided in JPEG file format.

BREED

Papillon

RADIOGRAPHIC FINDINGS

The radiograph is moderately rotated.

SEX

MN

The intervertebral disc spaces of the thoracolumbar junction are moderately to markedly narrowed with associated spondylosis formation.

The caudodorsal lung field presents a moderate unstructured reticular pattern with a zone of significant ground glass opacification of the lung ventral to T8/T9. The caudodorsal pulmonary vessels are effaced by the lung pattern.

AGE

15

Assessment of the heart is limited by the rotation.

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

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

Superimposed on the liver, multiple well-defined roundish mineral opacities are visible.

HOSPITAL NAME

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A roundish soft tissue opacity is seen in the cranioventral abdomen.

RADIOGRAPHIC DIAGNOSIS

REFERRING VET

Dr. Barry Magill

- Moderate to marked unstructured interstitial lung pattern caudodorsal lung field
- Suspect cholecystolithiasis
- Multifocal discopathy along the thoracolumbar junction ± compressive myelopathy
- Possible cranioventral abdominal soft tissue mass
- Spondylosis deformans

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the rotation of the radiograph is limiting assessment of the heart. Given the distribution of the interstitial pattern and the heart murmur the top differential is decompensated left heart failure with cardiogenic pulmonary edema -- myxomatous mitral valve degeneration with subsequent mitral valve insufficiency is most likely. Consider diuretic therapy and re-evaluating the patient if clinical signs improve under therapy. A cardiac echo would be beneficial as well for further definition of cardiac chamber size & function. If clinical signs are refractory to therapy, recommend follow up radiographs in at least two orthogonal imaging planes.

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12-18-21



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Differentials are non-cardiogenic edema (e.g. pancreatitis, renal or hepatic disease), pneumonitis, fibrosis or neoplasia are considerations.

Check the abdomen for potential mass.

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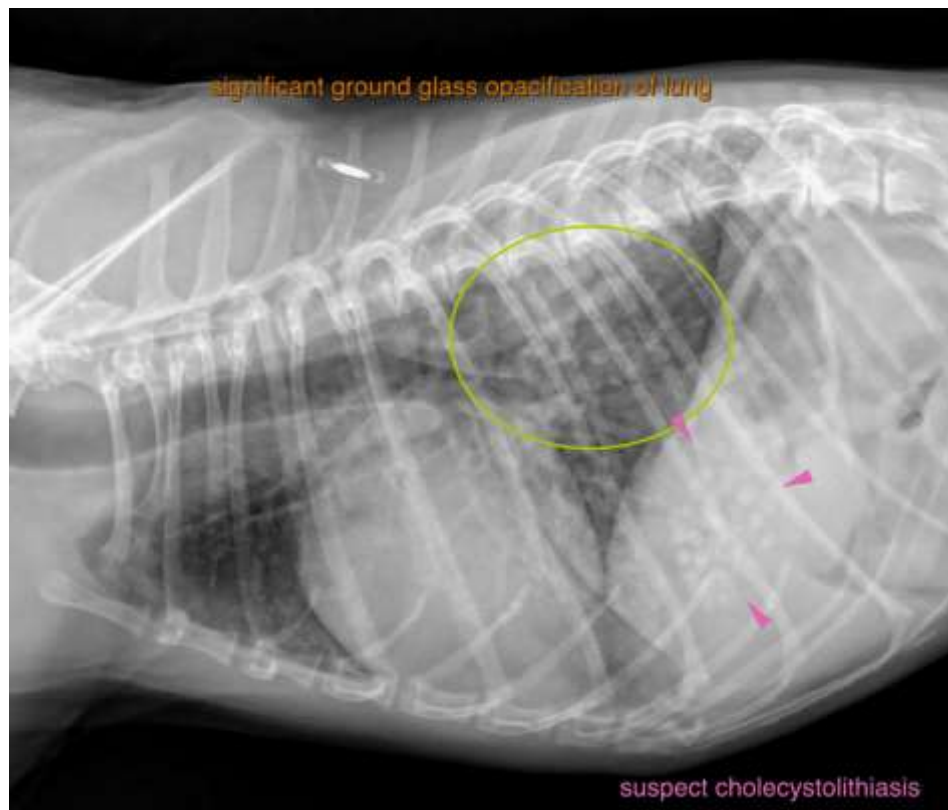
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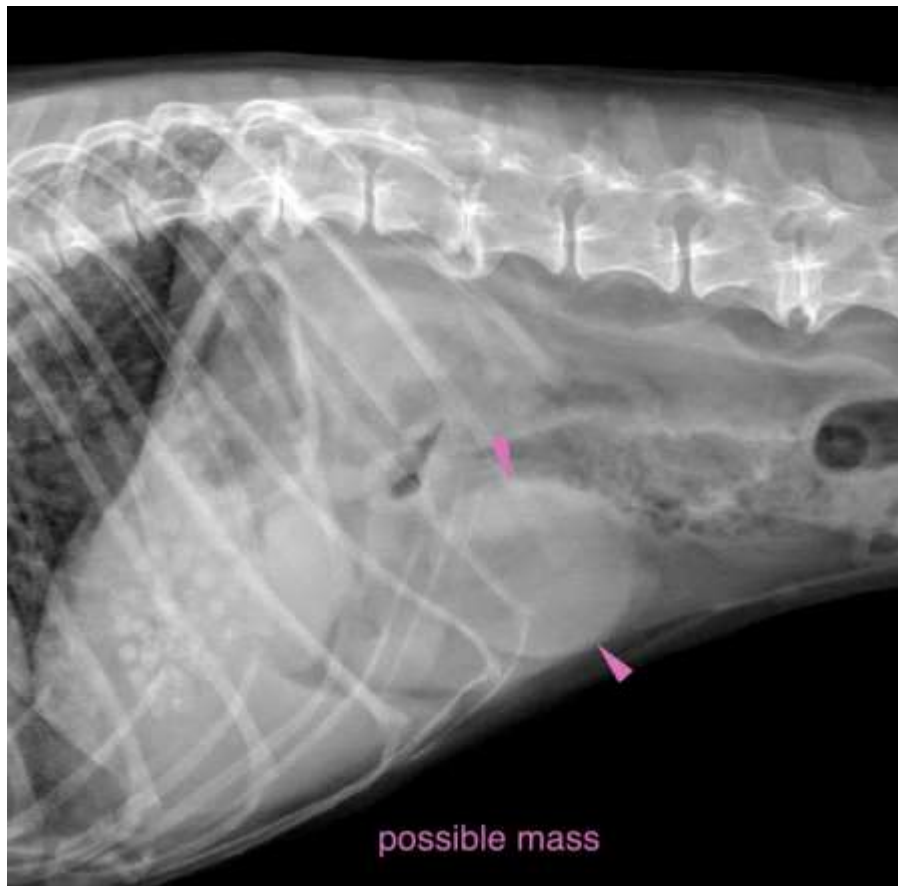
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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