



**PATIENT**

Austin Desjardins

**PRESENTING CLINICAL SIGNS**

UPPER RESPIRATORY SIMPTOMS, WHISTLES , CONGESTED LUNGS, NIGHT COUGH

**RADIOGRAPHIC STUDY OF THE THORAX**

**SPECIES**

Canine

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

**RADIOGRAPHIC FINDINGS**

**BREED**

Sheltie

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. There is a prominent wedge shape soft tissue opacity in the region of the left atrium.. The pulmonary vasculature is within normal limits.

**SEX**

Male

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**

8 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

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

**HOSPITAL NAME**

Dr. Sam

**RADIOGRAPHIC DIAGNOSIS**

- Left sided cardiomegaly without signs of decompensation
- Normal lower airways

**REFERRING VET**

Dr. Yessa

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The left sided cardiomegaly might be a subjective finding due to the thoracic conformation in case of absence of a cardiac murmur. If a heart murmur is appreciated, mitral valve insufficiency is most likely. The clinical relevance of the finding is unclear at this point.

**INVOICE**

55767

No additional abnormalities of the lower airways are appreciated, recommend workup of the clinically appreciated upper respiratory tract disease.

**DATE**

12-21-22



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**HOSPITAL NAME**

Dr. Sam

**REFERRING VET**

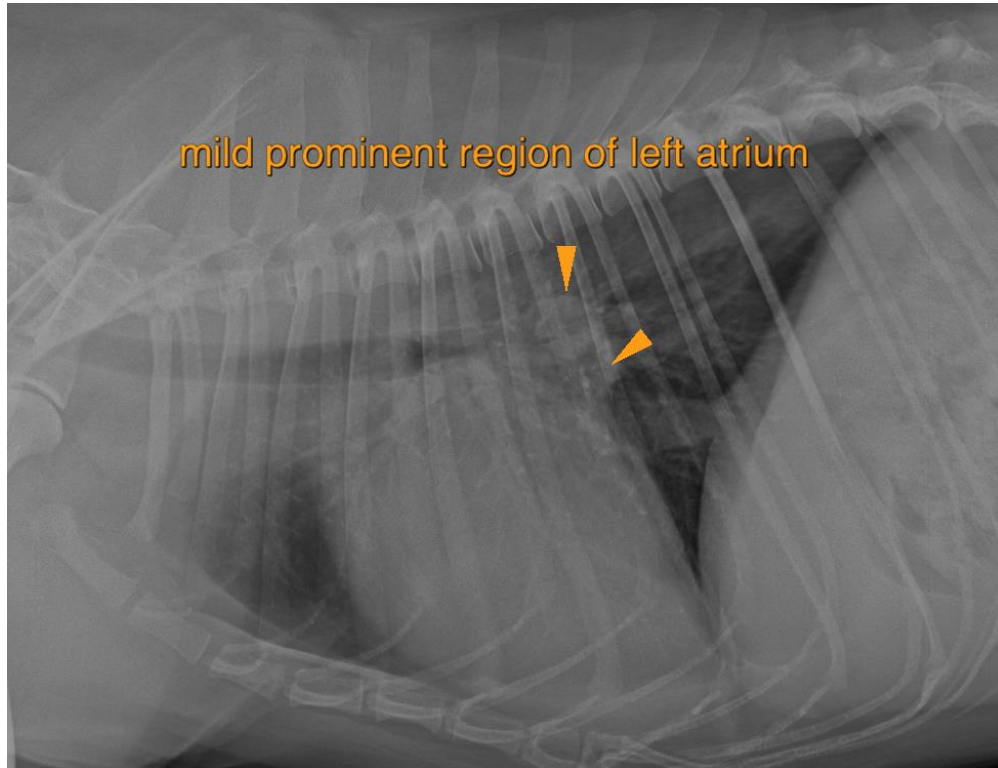
Dr. Yessa

**INVOICE**

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**DATE**

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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.

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