



PATIENT

Finnegan Wachs

PRESENTING CLINICAL SIGNS

Presented for coughing over the last 3-4 weeks. Cough has generally stayed the same since O noticed and O does not see a connection between coughing with increased exercise or activity. Describes cough and hacking like something is stuck in his throat. P dx with Mitral valve and tricuspid valve disease, L atrial dilation, pulmonary hypertension 12/20/2020

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: - Senior BW pending - Prev echo 12/20/2020 - Mitral valve and tricuspid valve disease, L atrial dilation, pulmonary hypertension. - Grade V/VI L systolic murmur ausculted during PE today. No significant crackles or wheezes - Cough, goose honk, elicited on palpation of trachea, repeatable - Grade III/VI periodontal diseases

BREED

Poodle Mix

RADIOGRAPHIC STUDY OF THE THORAX

A complete set of radiographs of the thorax is provided for review.

SEX

MN

RADIOGRAPHIC FINDINGS

Both shoulder joints present moderate osteophyte new bone formation.

AGE

11 Years

A convex shaped subcutaneous swelling is seen at the ventral thoracic wall, level with the 5th/6th sternebra.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The heart is occupying approximately 4 intercostal spaces and 80% of the thoracic height & width. The trachea is elevated, paralleling the thoracic spine. The caudal contour of the heart is steep, and the caudal cardiac waist is lost. There is a wedge shaped soft tissue opacity level with the left atrium. 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.

HOSPITAL NAME

Boca Park Animal
Hospital

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.

REFERRING VET

Ashman

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.

INVOICE

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RADIOGRAPHIC DIAGNOSIS

- History of mitral valve disease with generalized left heart enlargement, no signs for decompensation
- Subcutaneous swelling ventral aspect thoracic wall
- Moderate degenerative osteoarthritis shoulder joints bilaterally

DATE

12-24-21



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No specific abnormality is appreciated, explaining the current onset of cough. Although there is evidence of significant enlargement of the left heart, at this point there is no evidence of cardiogenic pulmonary edema – check if tachycardia is present, indicating early stage of decompensation. The enlarged left atrium can be a trigger for cough too. Other causes for the recent onset of coughing, with the given history of cough elicited by palpation of the trachea, include tracheitis/bronchitis that do not necessarily present radiographic changes.

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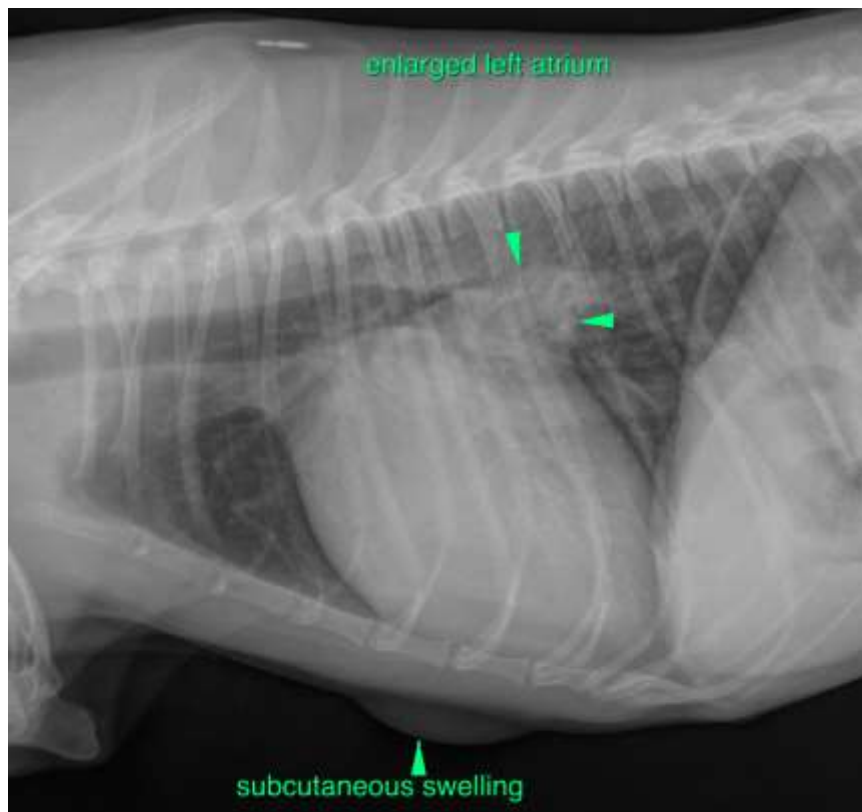
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

DATE

12-24-21

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