



PATIENT PRESENTING CLINICAL SIGNS

Glock Acosta
SPECIES Canine
BREED Boston Terrier
SEX NM
AGE 6 Years, 8 Months

Rechecking: heart murmur History: Glock, a 6yr old neutered male Boston Terrier presents today for heart murmur issues and inappetence. O states P was doing well after last visit, had an appetite, energetic, not panting as heavy. Yesterday P started to go downhill - panting heavy, not eating and very lethargic. O has appointment with pulmonary cardiologist on Feb 24th. Currently not taking any medications. O d/c lasix and vetmedin. C/S/V/D: none E/D/U/D: inappetent/polydypsia Diet: origin dry with chicken or liver FAS Score: 3-4 Current Medications (dose and frequency): none Known Allergies and Medical Conditions: CHF Abnormal PE/Chem/CBC/UA Results: Recheck Exam Exam Notes: CV/Respiratory: Normal heart rate and rhythm, grade III-IV/VI heart murmur, pulses strong and synchronous, normal bronchovesicular sounds, no obvious crackles or wheezes present. Increased resp. effort. EENT: Clear OU and AU. No nasal discharge. Oral cavity: Not examined- muzzled Musculoskeletal: BCS = 5/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, painful on cranial abdomen. Suspected cranial organomegaly and sl fluid wave palpated. Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: QAR Hydration: N Rectal: Firm dry stool present, no bleeding. Diagnostics & Testing: Thoracic and abdominal radiographs - cardiomegaly and generalized interstitial lung pattern, suspected pulmonary edema. Hepatomegaly, cranio-ventral mineralization. Final consult pending Treatment Plan: 1) Lasix 50mg/ml (2mg/kg): 0.4ml IV 2) Lasix 12.5mg #30: Give 1 tab PO BID 3) Vetmedin 5mg #14: Give 1/2 tab PO BID 4) Gabapentin 100mg #30: Give 1 cap PO BID for pain Declined Treatment By Owner: None Additional Comments: Recheck ASAP if not doing well.

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

An overview study including the thorax and abdomen in three imaging planes is provided for review.

RADIOGRAPHIC FINDINGS

Thorax

The vertebral body of T11 has a wedge shaped conformation. In the lateral projection, an irregular mineralization is superimposed on the cranioventral abdomen/costal cartilages of the 9th rib pair - in the VD view, the mineralization is considered in the imaging plane of the costal cartilage of the right 9th rib.

The extrathoracic soft tissues present homogeneous without abnormalities.

The cardiac silhouette is moderately enlarged and has a broad sternal contact in the VD view. The tracheal level with the base of the heart is mildly elevated and has a J-shaped conformation. The VD projection of the thorax is moderately rotated, limiting evaluation of the cardiac silhouette but the region of the right ventricle is accentuated. The pulmonary vasculature is within normal limits.

The diaphragm is bulging far cranially, and the thoracic volume is decreased. The lung parenchyma has a generalized ground glass opacity, partially effacing the pulmonary vasculature.

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.

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

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Rivera

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PATIENT trachea is smooth.

Glock Acosta

Abdomen

The surrounding bony structures are within normal limits.

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No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

Canine

The serosal detail is decreased, and the peritoneal fat has a moderate soft tissue striation, effacing the borders of the abdominal organs.

BREED

Boston Terrier

The hepatic volume is increased, and the liver is protruding caudally beyond the costal arch, The caudoventral hepatic margins has a rounded conformation with a nodular appearance.

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail cannot be clearly delineated.

SEX

NM

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

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The stomach is in its anticipated position and presents normal content.

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

INTERPRETED BY

The colon is seen in the expected position and presents with appropriate content.

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RADIOGRAPHIC DIAGNOSIS

- Suspect right cardiac enlargement with potential decompensation and peritoneal effusion.
- Hepatomegaly
- Generalized unstructured interstitial lung pattern.
- Hemivertebra T11
- Suspect advanced degenerative changes costal cartilage 9th right rib – potentials are dystrophic mineralization of the soft tissues or less likely cholecystolithiasis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The radiographically suspected generalized right cardiac enlargement can be a sequela to tricuspid insufficiency, atrial septal defect, pulmonic stenosis, pulmonary hypertension (e.g. Dirofilaria, pulmonary thromboembolism, chronic lung pathology), (neoplasia). A cardiac echo has already been scheduled for further workup.

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The unstructured interstitial lung pattern is accentuated by hypoinflation of the lung. As the unstructured interstitial pattern is not specific, differentials can include fibrosis, pneumonitis (inflammatory versus infectious), systemic disease (e.g. pancreatitis, IMHA, renal disease), neoplasia.

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The appreciated peritoneal effusion can be a sequela to right heart failure. Other potentials for the peritoneal effusion in combination with the hepatomegaly include primary hepatic disease (e.g. hepatitis, hypoproteinemia), pancreatitis (would also be a source for pulmonary thromboembolism), paraneoplastic. An abdominal ultrasound examination would be ideal for further assessment of the abdominal organs and tapping of the peritoneal effusion – preponing



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the appointment might be beneficial, depending on the results of fluid analysis of the peritoneal effusion.

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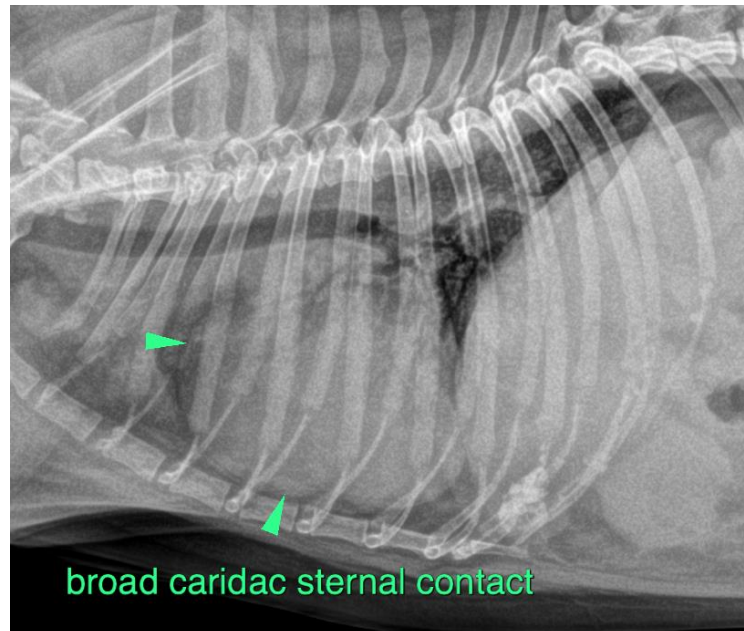
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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