



PATIENT PRESENTING CLINICAL SIGNS

Luxor Perry
 Presented for evaluation of worsening cough and check dentition. Pt's cough has worsened over the past month, occurs when excited. Still described as a dry cough but sometimes ends with a terminal retch. Hx of heart murmur, no prior diagnostics performed. O reports pt's sleeping respiratory rate has consistently been 40-48 breaths/min. No syncope, dyspnea or cyanosis noted. Pt also seems to have broken a loose tooth ~2 days ago, O thinks there may be a retained root tip. Pt does not act painful per O. Medications: OTC CBD oil for anxiety - SID PO 0.5mL PM
SPECIES
 K9
BREED
 Havanese
 Abnormal PE/Chem/CBC/UA Results: Grade IV/VI systolic murmur, equal intensity right and left side; no arrhythmia detected; strong, synchronous femoral pulses; normal bronchovesicular lung sounds in all fields; some coughing during exam when stressed Pt returning in 2 days for baseline liver/kidney blood work (needs to be pre-treated with trazodone for blood draw)

SEX RADIOGRAPHIC STUDY OF THE THORAX

MN Radiographs of the thorax in three imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

AGE
 12 Years The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

A wedge shaped soft tissue opacity is seen in the region of the left atrium. The caudal contour of the cardiac silhouette is steep, and the heart is occupying approximately 80% of the thoracic height; the trachea is parallel to the thoracic spine and the left main-stem bronchus is elevated dorsally. Scalloping of the cardiac silhouette level with the left atrial auricular appendage is seen. Abaxial splaying of the main-stem bronchi in the VD view is noted. The pulmonary veins are prominent.

HOSPITAL NAME

Reid Veterinary Hospital

In the perihilar region and the right caudal lung lobe presents a patchy ground glass opacity.

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.

REFERRING VET

Jeff Popowich

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

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

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RADIOGRAPHIC DIAGNOSIS

- Significant left sided cardiomegaly with signs for decompensation
- Perihilar unstructured interstitial pattern – accentuated in the right caudal lung lobe

DATE

2-23-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left sided cardiomegaly is compatible with underlying mitral valve insufficiency due to



PATIENT

Luxor Perry

myxomatous mitral valve degeneration and secondary volume overload and secondary cardiogenic pulmonary edema. A cardiac echo can be used for further definition of cardiac chamber size and function.

Cardiac medication has already been started.

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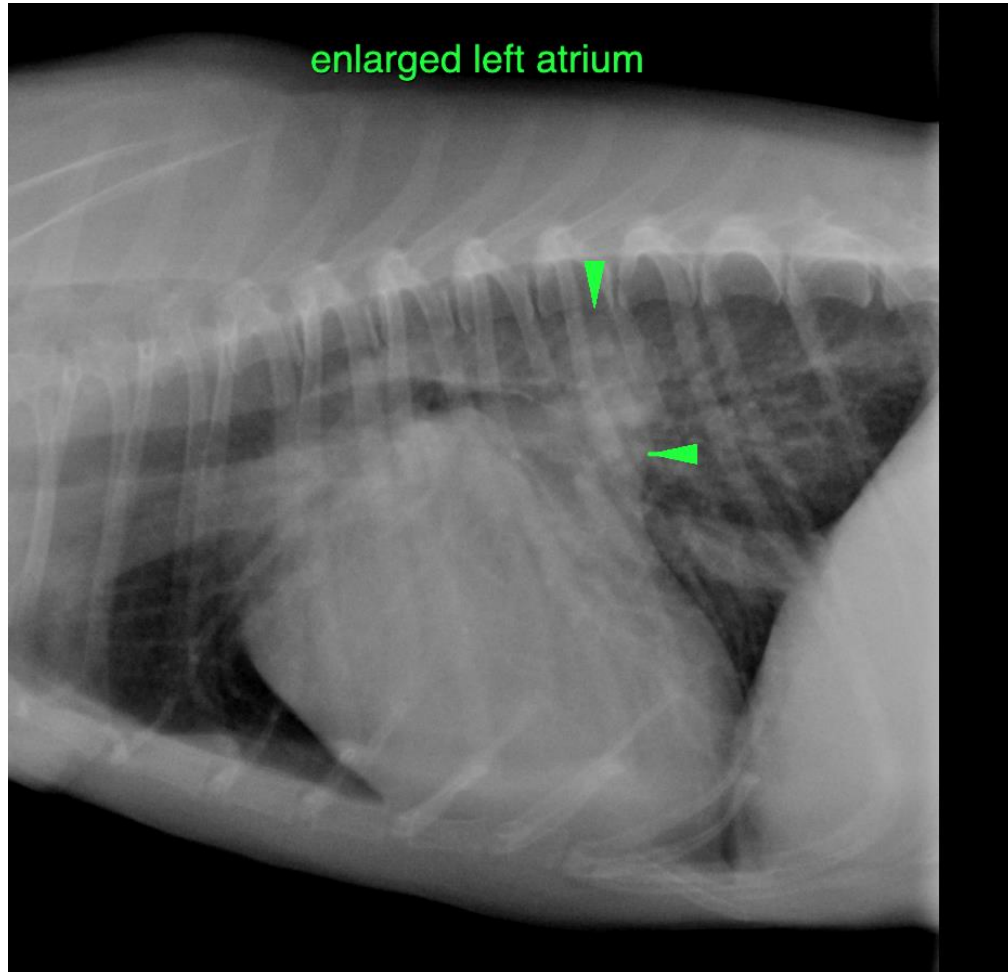
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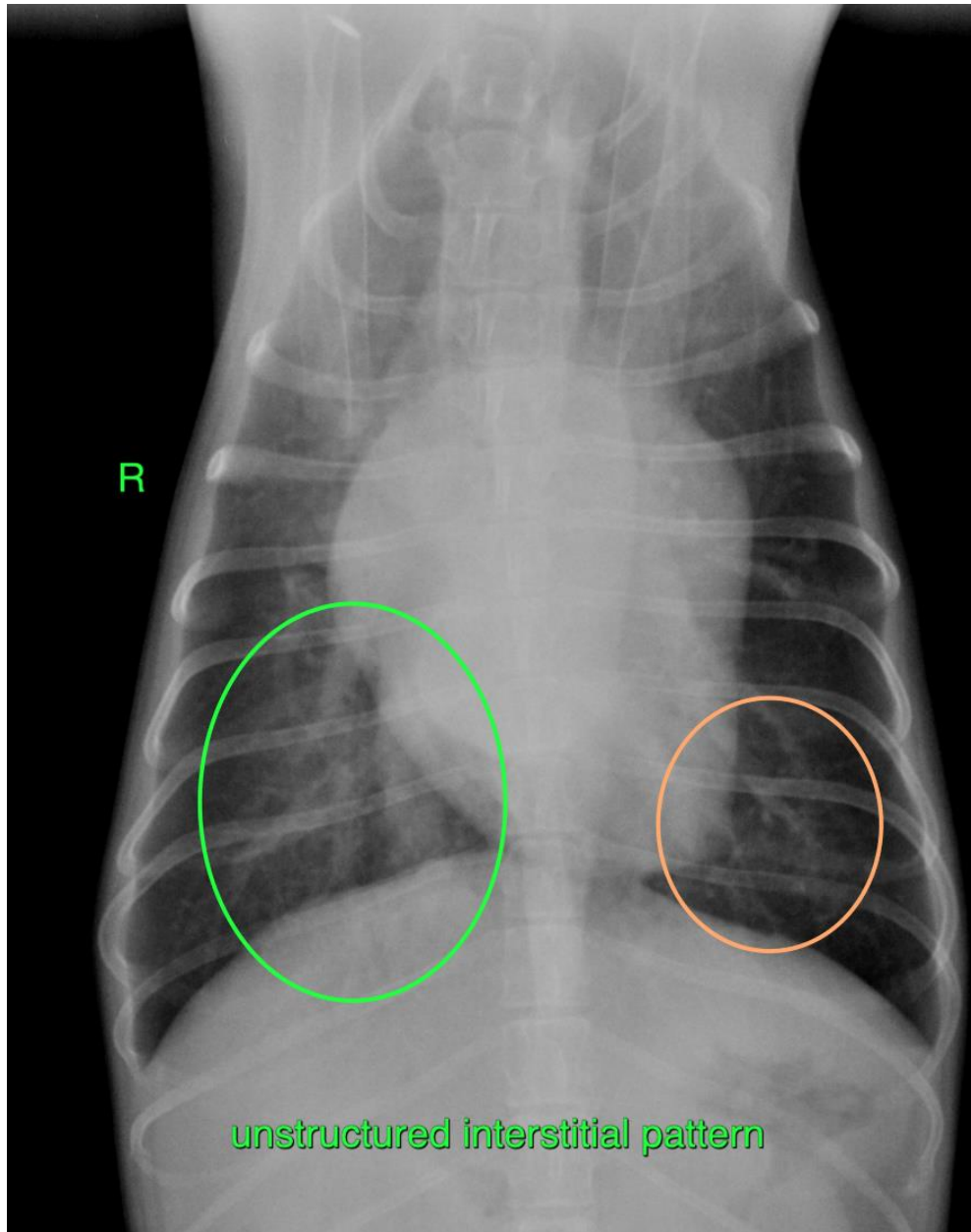
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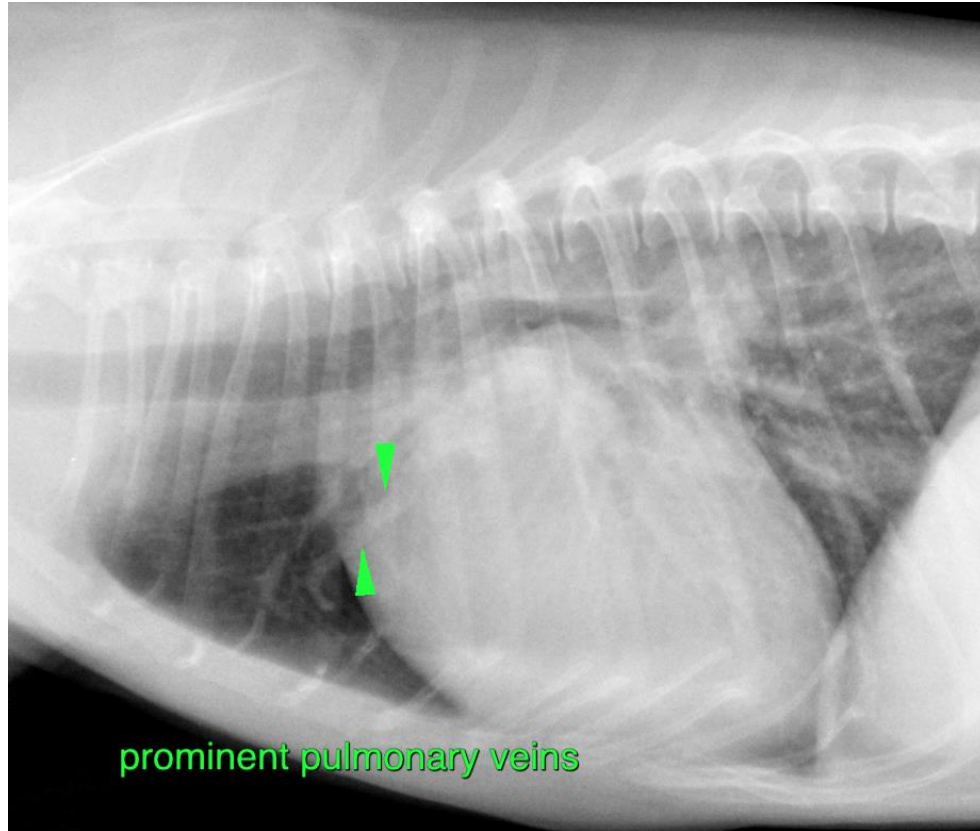
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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