



**PATIENT**

Yoshi Gomes

**PRESENTING CLINICAL SIGNS**

Coughing a lot and has a history of fainting as per the owner. Has Grade 4 heart murmur. Medication given vetmedin 1.25mg cap, Benazepril 5mg tab, hydrocodone 5mg/5ml and teva furosemide 20mg

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**BREED**

Miniature Pinscher  
Mix

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

**SEX**

Male

The caudal cardiac contour is steep, and a wedge shaped soft tissue opacity is seen in the region of the left atrium. The left principal bronchus is deviated dorsally. The pulmonary veins are mildly prominent. The caudodorsal lung field presents a mild ground glass opacification.

**AGE**

10 Years

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 trachea is smooth.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

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

**HOSPITAL NAME**

Truscott Animal  
Hospital

**RADIOGRAPHIC DIAGNOSIS**

- Left sided cardiomegaly with signs for mild volume overload of the pulmonary veins
- Mild unstructured interstitial lung pattern

**REFERRING VET**

Medhat Meawad

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The left sided cardiomegaly and prominent pulmonary veins are likely a sequela to myxomatous mitral valve degeneration with secondary mitral valve insufficiency and signs for left sided volume overload. The interstitial lung pattern is concerning for interstitial cardiogenic pulmonary edema in transition.

**INVOICE**

50538

The cardiac changes might be a source for cough and can be accentuated by accompanying inflammatory non-infectious bronchitis (e.g. neutrophilic).

**DATE**

2-23-22



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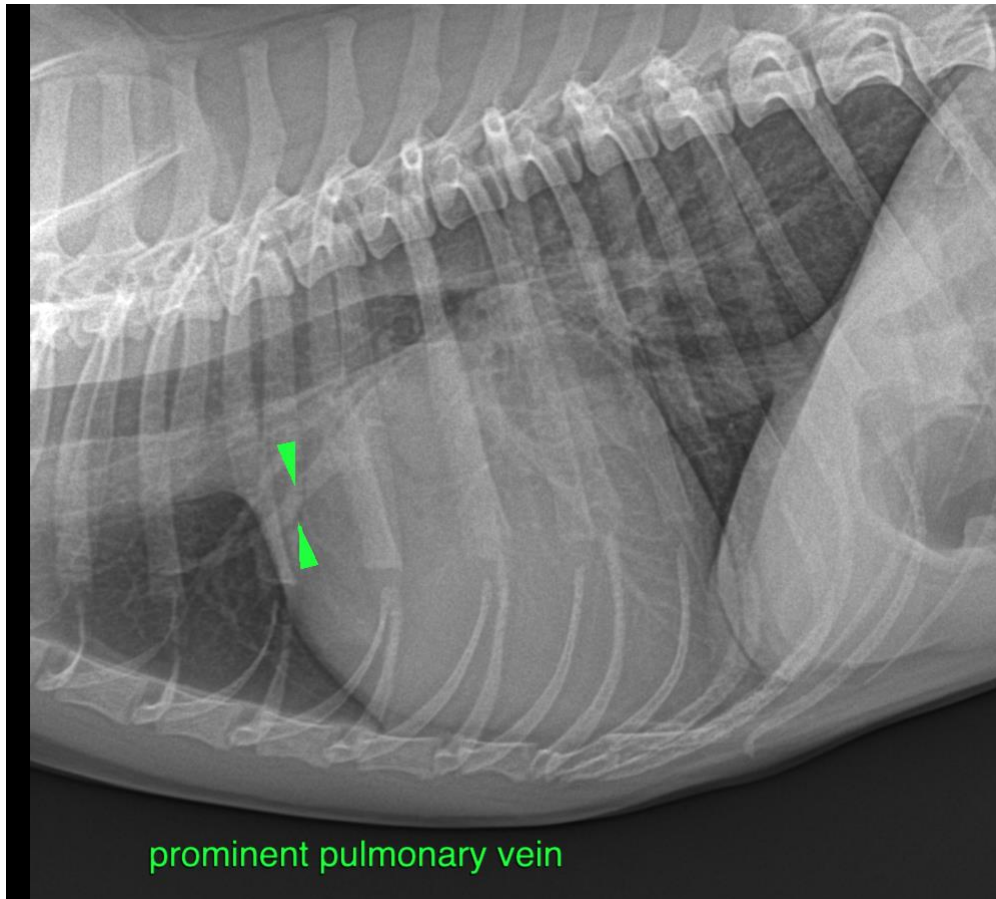
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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