



PATIENT

Axle Circle

SPECIES

Canine

BREED

Rottweiler

SEX

Male N

AGE

7Y

WEIGHT

104lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

CG Vet Clinic

HOSPITAL NAME

Cottage Grove
Veterinary Clinic

REFERRING VET

Damewood

INVOICE

73664

DATE

2-9-26

PRESENTING CLINICAL SIGNS

- Coughing, increased respiration, lethargy, loss of appetite, abdominal breathing, dyspnea.
- Duration 2 weeks

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The VD view of the thorax is significantly rotated to the right.

Along the thoracic spine, multifocal spondylosis formation is seen.

The extrathoracic soft tissues present homogeneous without abnormalities.

The cardiac silhouette is extending over 4 intercostal spaces and occupying approximately 80% of the thoracic height. The caudal contour of the cardiac silhouette is steep, and the caudal cardiac waist is lost.

The lung parenchyma presents a generalized significant ground glass opacity, accentuated in the hilar region and caudodorsal lung field – partially effacing the pulmonary vasculature. The pulmonary veins are prominent.

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.

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

RADIOGRAPHIC DIAGNOSIS

- Generalized cardiomegaly
- Unstructured interstitial lung pattern, accentuated in the perihilar region
- Prominent pulmonary veins
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings are highly suggestive for underlying cardiomyopathy – dilated cardiomyopathy is most likely. Primary mitral valve disease or pathology of the lung (e.g. fibrosis, pneumonitis, neoplastic infiltration) is considered unlikely here. If not done so yet, complementing workup by a cardiac echo is advised.



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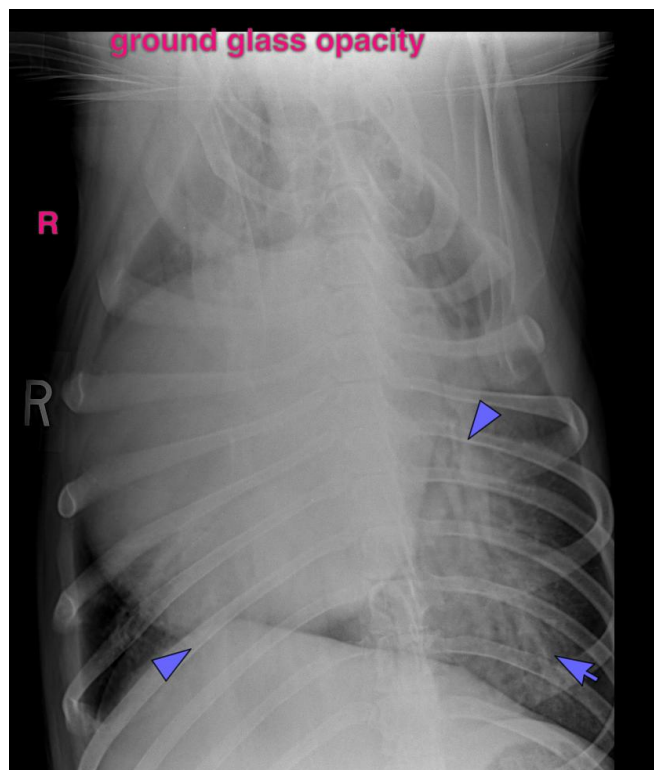
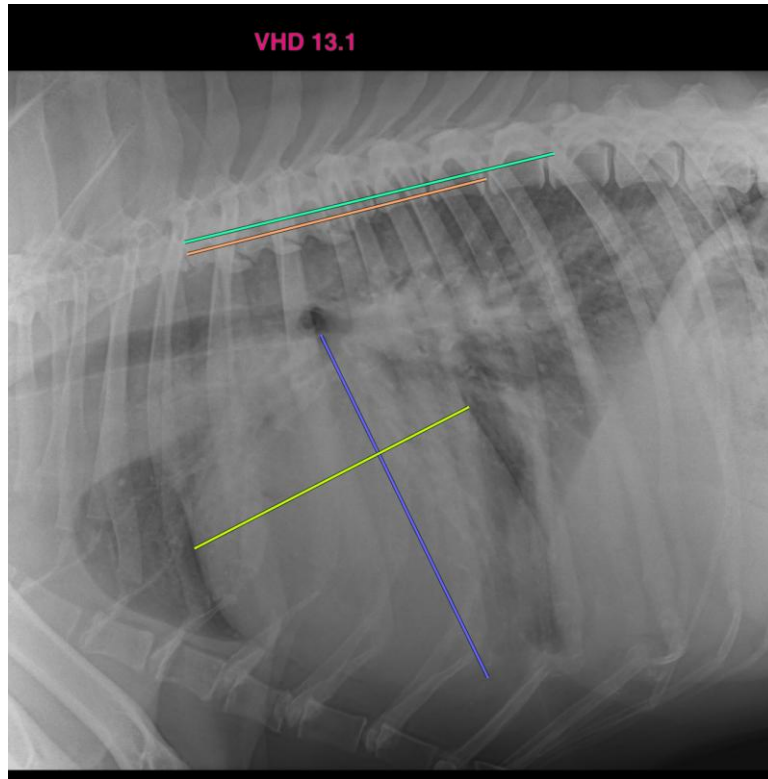
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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