



**PATIENT PRESENTING CLINICAL SIGNS**

Rowdy Randolph **PERTINENT CLINICAL HISTORY:** 14 y/o MN Mini Aussie presented 2 days ago for hematochezia. Dx with HGE. Clinically improving with supportive care (on antibiotics, pain meds, and acid reducers). On PE yesterday auscultated grade 3/6 heart murmur. No clinical signs of heart disease and not noted previously on prior exams. On AFAST FS 0/4, but gallbladder sludge noted.

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**BREED**

**RADIOGRAPHIC FINDINGS**

Miniature Australian Shepherd

The body condition score is 8/9.

Both shoulder joints present moderate osteophyte new bone formation.

The extrathoracic soft tissues present homogeneous without abnormalities.

**SEX**

Male Neutered

The caudal contour of the cardiac silhouette is steep and the caudal cardiac waist is lost. The vertebral heart score is 10.4. 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.

**AGE**

14

In the right lateral view of the thorax, moderate dorsoventral flattening of the caudal tracheal segment is seen. The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

**INTERPRETED BY**

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

The lung field is extending up to the level of the intervertebral disc space T9/T10 – expiration. The lung parenchyma presents a generalized unstructured reticular lung pattern; 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.

**HOSPITAL NAME**

Boren Veterinary Medical Teaching Hospital - Oklahoma State University

**RADIOGRAPHIC DIAGNOSIS**

- Obesity
- Mild left sided cardiomegaly – accentuating the left ventricle – without signs of decompensation
- Unstructured interstitial lung pattern
- Degenerative osteoarthritis shoulder joints bilaterally

**REFERRING VET**

Dr. Vasudevan Pillai

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

57193

There is mild left sided cardiomegaly, suggestive for left sided mild volume overload. The most likely underlying cause is mitral valve insufficiency due to myxomatous mitral valve degeneration. There are no signs for decompensation. A cardiac echo has already been performed for further assessment of cardiac chamber size and function.

**DATE**

3-13-23



**PATIENT** The unstructured interstitial lung pattern is considered as a sequela to the nutritional status and age related changes of the lung parenchyma.

Rowdy Randolph

**SPECIES**

Canine

**BREED**

Miniature Australian Shepherd

**SEX**

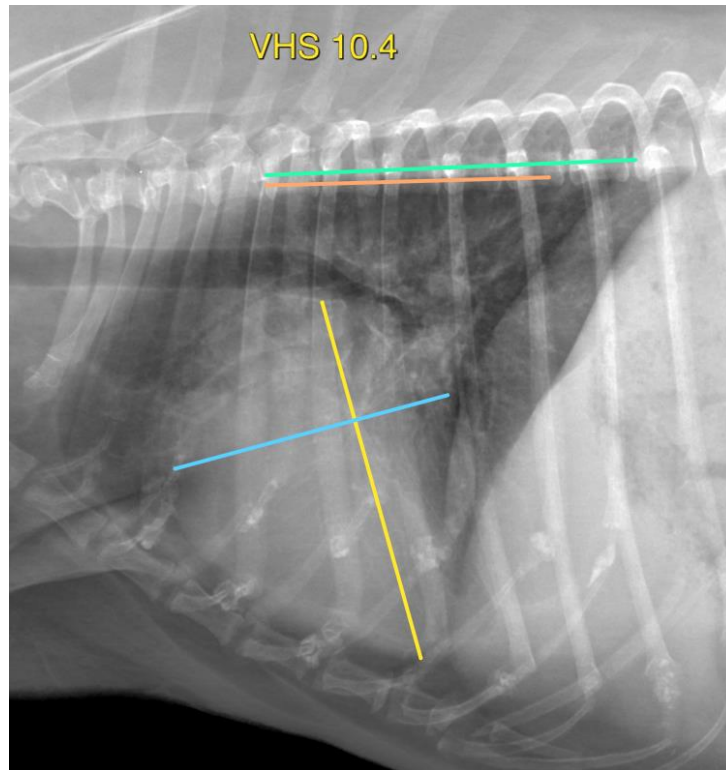
Male Neutered

**AGE**

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**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI



**HOSPITAL NAME**

Boren Veterinary  
Medical Teaching  
Hospital - Oklahoma  
State University

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.

**REFERRING VET**

Dr. Vasudevan Pillai

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

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**DATE**

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