



PATIENT

Machito Osuna

PRESENTING CLINICAL SIGNS

Patient has grade IV heart murmur stage B1 as of September 2021. No current cardiac medication. Patient has a 1 month history of slowly progressive coughing fits. Initially coughing fits only occurred when patient was sleeping or would get excited. Patient started on Hydrocodone 1 week ago for presumptive collapsing trachea but cough is worse today on exam. Currently cough frequency, duration and intensity are increasing. Patient is BAR and normal energy per owners.

SPECIES

K9

Abnormal PE/Chem/CBC/UA Results: Grade IV systolic heart murmur. Non-productive cough when picked up or pulls on leash.

BREED

Chihuahua Mix

RADIOGRAPHIC STUDY OF THE THORAX

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

SEX

Male Neutered

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

AGE

12

The vertebral heart score is 11. In the VD view, the cardiac silhouette is elongated, accentuating the left ventricle. The pulmonary vasculature is within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

DTLAvets

Mild peribronchial cuffing of the right lung lobes is appreciated.

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

REFERRING VET

Dr. Flores

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

RADIOGRAPHIC DIAGNOSIS

INVOICE

50957

- Equivocal left sided cardiomegaly without signs of decompensation
- Mild bronchial pattern right lung lobes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

3-15-22

The prominent left ventricle in the VD view can be caused by tilting of the cardiac silhouette. A cardiac echo might be used to screen if there is progressive chamber enlargement – although the clinical relevance for the current clinical signs is unclear.

The mild bronchial pattern is suggestive for accompanying bronchitis and primary inflammatory causes as well as infectious causes – viral, bacterial, parasitic – are considerations.



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REFERRING VET

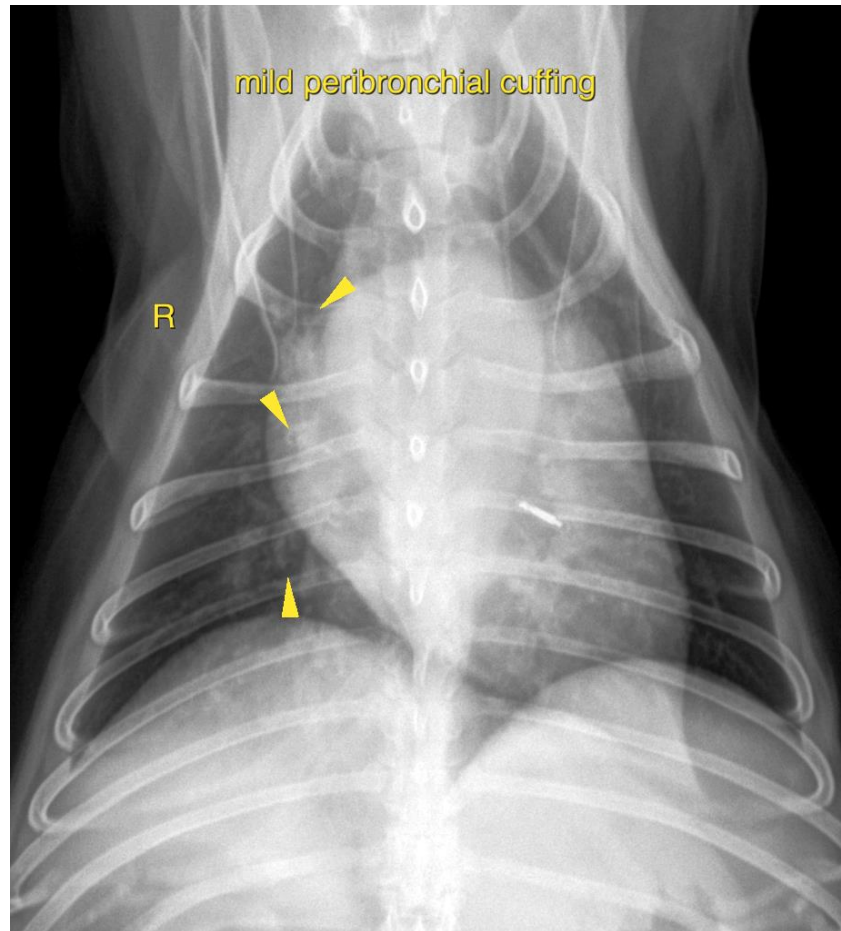
Dr. Flores

INVOICE

50957

DATE

3-15-22



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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