



## PATIENT

Bear Hall

## SPECIES

Canine

## BREED

Australian Cattle Dog

## SEX

MN

## AGE

13Y

## WEIGHT

51.4

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Ashlee Lee CVT

## HOSPITAL NAME

Valley Veterinary  
Service

## REFERRING VET

Dr. Kimberly  
Riddlebaugh

## INVOICE

74288

## DATE

3-19-26

## PRESENTING CLINICAL SIGNS

- Heart murmur patient presented for worsening coughing.
- Current meds: Cough tabs, Trazodone, Pimobendan, Provable, Zenrelia, Carprofen, Ursodiol, Interceptor Plus, Seresto, Librela, Dasuquin
- Clear lung sounds. No heart murmur auscultated, but did not an arrhythmia and pulse deficits.

Abnormal PE/Chem/CBC/UA Results: No recent labwork.

## RADIOGRAPHIC STUDY OF THE THORAX

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

## RADIOGRAPHIC FINDINGS

Along the caudal segment of the thoracic spine, moderate spondylosis formation is seen.

The extrathoracic soft tissues present homogeneous without abnormalities.

The caudal contour of the cardiac silhouette is steep, and the caudal cardiac waist is lost. 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.

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

In the hilar region and the caudodorsal lung field present a diffuse moderate ground glass opacity – partially effacing the pulmonary vasculature.

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

## RADIOGRAPHIC DIAGNOSIS

- Unstructured interstitial lung pattern, accentuated in the perihilar region of the lung and caudodorsal lung field
- Mild left sided cardiomegaly
- Spondylosis deformans

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the distribution of the unstructured interstitial pattern, the odds for cardiogenic pulmonary edema are increased – although no overt vascular enlargement is appreciated – rule out underlying mitral valve disease versus cardiomyopathy such as dilated cardiomyopathy. A cardiac echo is indicated to rule in/out cardiogenic pulmonary edema entirely.

Other differentials for the unstructured include fibrosis, pneumonitis (inflammatory versus infectious), systemic disease (e.g. pancreatitis, IMHA, renal disease), neoplasia (e.g. carcinoma).



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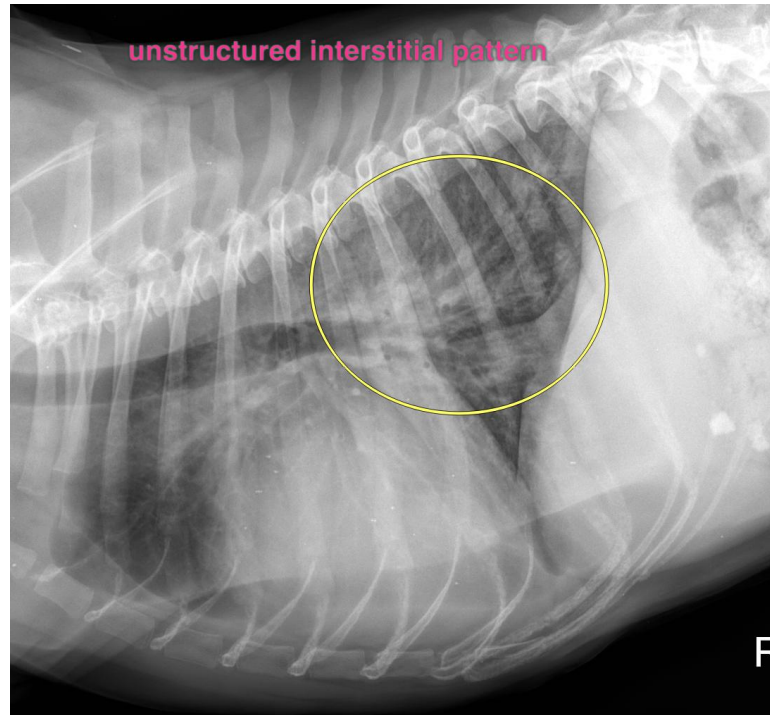
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
[info@sonopath.com](mailto:info@sonopath.com)