



**PATIENT PRESENTING CLINICAL SIGNS**

King Yardimici Coughing since early March, no improvement on doxycycline/prednisolone. No heart murmur on auscultation, but once sedated, a grade 4/6 systolic murmur PMI left apex is heard.  
Abnormal PE/Chem/CBC/UA Results: No BW taken

**SPECIES RADIOGRAPHIC STUDY OF THE THORAX**

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

**RADIOGRAPHIC FINDINGS**

Standard Poodle Mix Spondylosis formation is seen along the thoracolumbar junction. The periarticular bones of both elbow joints present moderate osteophyte new bone formation.

The extrathoracic soft tissues present homogeneous without abnormalities.

**SEX** The caudal contour of the cardiac silhouette is steep and the caudal cardiac waist is lost. The pulmonary vasculature is within normal limits.

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

15 Years A mild increased visibility of the bronchial walls is seen.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

In the lateral projections, the lung field is extending up to the level of T9/T10 – consistent with expiration, accentuating a unstructured interstitial lung pattern, especially of the caudal lung field. The lung parenchyma presents the expected architecture; the intrapulmonary vascular branching is seen up to the third order lung vessels.

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

**RADIOGRAPHIC DIAGNOSIS**

- Mild bronchial pattern with an interstitial component
- Generalized left sided mild cardiomegaly
- Degenerative osteoarthritis elbow joints bilaterally

**REFERRING VET**

Dr. Meredith

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

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The bronchial lung pattern is suggestive for bronchitis and primary inflammatory non-infectious causes – such as lymphocytic plasmocytic, eosinophilic, mixed – and infectious causes (e.g. viral, bacterial, parasitic) need to be considered. Given the more recent onset of clinical signs, the odds for canine infectious respiratory disease complex (CIRDC) are increasing. Bronchoscopy including BAL can be used as advanced diagnostic tool.

**DATE**

3-20-23

The unstructured interstitial pattern is very likely secondary to hypoinflation of the lung parenchyma.

The appreciated cardiomegaly might be artefactual, secondary to sedation as no hear murmur was appreciated in the awake patient. A differential is left sided volume overload due to mitral valve



**PATIENT** insufficiency but would expect heart murmur to be heard in the awake patient as well.

King Yardimici

**SPECIES**

Canine

**BREED**

Standard Poodle Mix

**SEX**

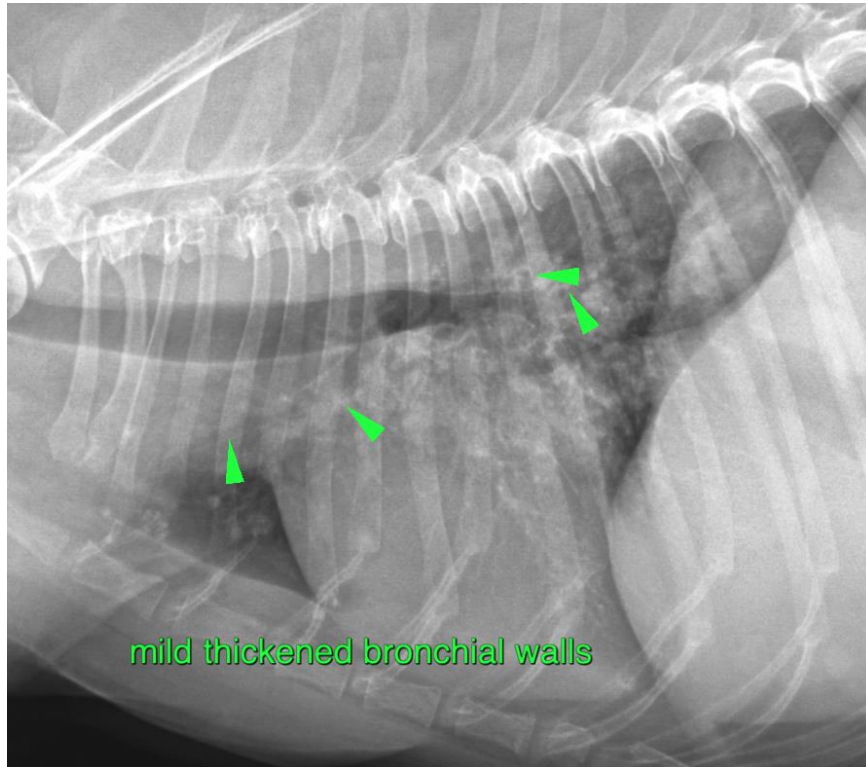
Male

**AGE**

15 Years

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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.

**REFERRING VET**

Dr. Meredith

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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