



PATIENT PRESENTING CLINICAL SIGNS

Chloe Monroe Stage B2 cardiac disease since 2/22/2022. Had first episode of pulmonary edema last week, treated with the addition of furosemide and sent home after a few hours on oxygen. Has been doing well at home for the past week. She is on Pimobendan 3.75 mg 1/2 PO bid, benazapril 2.5 mg po sid furosemide 12.5 mg 1/2 po bid.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: cbc chem panel wnl. Increase respiratory effort on expiration? could be both inspiration and expiration. Resting respiratory rate has been in the mid 20's over the past week. This is a typical rate for Chloe.

BREED

Terrier Mix

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

SEX

Female Spayed

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

AGE

12 Years

The caudal contour of the cardiac silhouette is steep, and the caudal cardiac waist is lost. The cardiac silhouette is elongated and occupying approximately 80% of the thoracic height; the trachea is paralleling the thoracic spine. A wedge shaped soft tissue opacity is seen level with the left atrium in the lateral view. The vertebral heart score is 13.1. The pulmonary veins of the right caudal lung lobe are mildly prominent in comparison to the accompanying pulmonary arteries.

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

Northshore
Veterinary Hospital

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

The lung parenchyma presents the expected architecture and opacity; 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.

REFERRING VET

Kimberly Barron

RADIOGRAPHIC DIAGNOSIS

- Generalized left cardiac enlargement
- Prominent pulmonary vein right caudal lung lobe

INVOICE

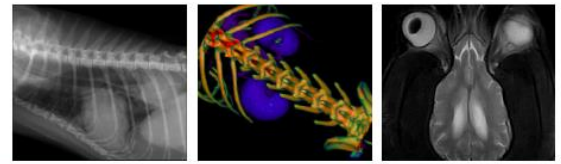
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic changes of the heart are fitting the history of mitral valve insufficiency (given the history of cardiogenic pulmonary edema it is Stage C now). The prominent pulmonary vein of the right caudal lung lobe indicates volume overload and might be accentuated by a jet oriented on the pulmonary vein of the right caudal lung lobe.

DATE

3-22-23



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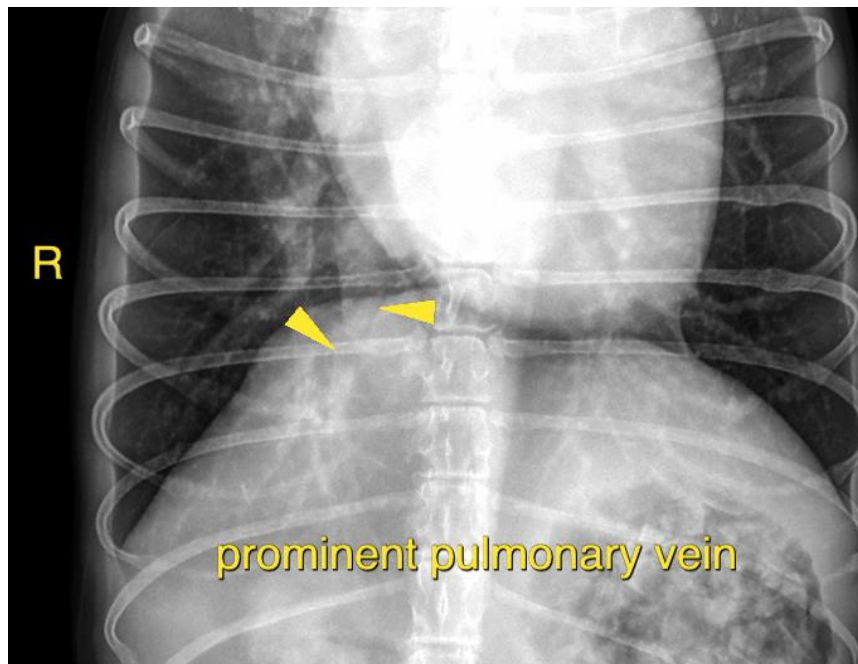
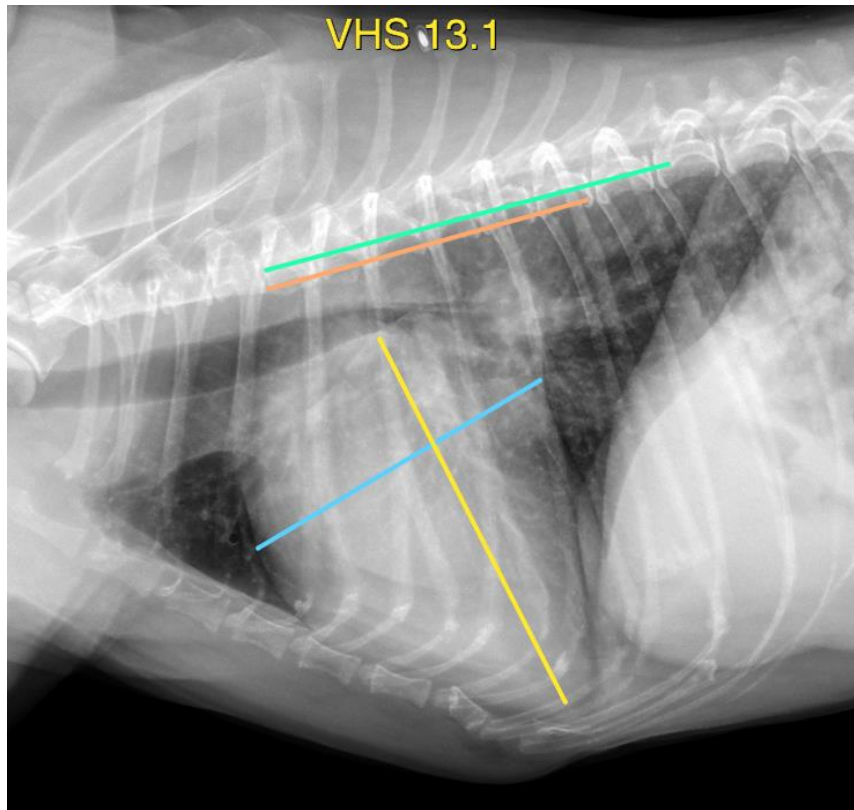
Kimberly Barron

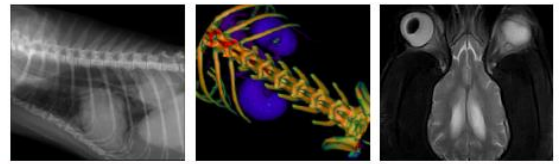
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

BREED

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