



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Hewitt Little Bear
SPECIES Canine
BREED Terrier Mix

History: Presented 3/12 for increased breathing and paroxysmal coughing for 2 days. Patient still had energy but would not have endurance. Eats a homemade diet of chicken, carrots, peas. Was started on medications from another veterinary hospital for heart murmur (enalapril 2.5mg SID, cough suppressant, furosemide 20mg SID). Owner reported was diagnosed with fatty liver disease and heart failure. Thoracic radiographs taken that day and showed a bronchointerstitial pattern and cardiomegaly. Added low-dose steroid, pimobendan, and reduced furosemide dosing. Returned on 3/25 for recheck. Coughing had stopped within 24 hours, patient was more energetic and as owner started to taper off steroid, coughing started to return. Elected to add Temaril-P and reduce furosemide further and recommended echocardiogram. Presented 3/31 for more thorough cardiac work up. Owner reports coughing in the morning and evening and the Temaril P didn't make much difference. Giving 12.5mg furosemide BID, hydrocodone SID, pimobendan SID, enalapril SID.

SEX Spayed Female

Abnormal PE/Chem/CBC/UA Results: Abnormal laboratory findings: CBC - WBC 17.61 characterized by neutrophilia (13.56) and monocytosis (1.63), plt 605; Chem - ALP 3819, Lipase 5105, remainder of chem 17 WNL Other diagnostics available (ie. Blood pressure, radiographs, etc): BP WNL, echocardiogram being submitted for interpretation

AGE RADIOGRAPHIC STUDY OF THE THORAX

AGE 10 Years
 Radiographs of the thorax in three imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

INTERPRETED BY Multifocal mild spondylosis formation is seen along the thoracic spine.

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

The extrathoracic soft tissues present homogeneous without abnormalities.

HOSPITAL NAME The cardiac silhouette is moderately enlarged, presenting a steep caudal contour with loss of the caudal cardiac waist. The left atrium is prominent and scalloping of the cardiac silhouette level with the left atrial auricular appendage is seen in the VD projection. The left principal bronchus is mildly deviated dorsally. The pulmonary veins are prominent.

REFERRING VET The lung parenchyma presents a moderate ground glass opacification.

Dr. Jolee Stegemoller
 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.

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

14503
 The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

DATE

3/31/22



PATIENT RADIOGRAPHIC DIAGNOSIS

- Hewitt Little Bear
- Left sided cardiomegaly with prominent pulmonary veins and interstitial pattern accentuated in the perihilar region
 - Mild spondylosis deformans

SPECIES INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Canine

The radiographic study is compatible with left cardiac disease – underlying myxomatous mitral valve degeneration with secondary mitral valve insufficiency and left cardiac volume overload and secondary interstitial cardiogenic edema is most likely. A cardiac echo has already been performed for further workup and results are pending.

BREED

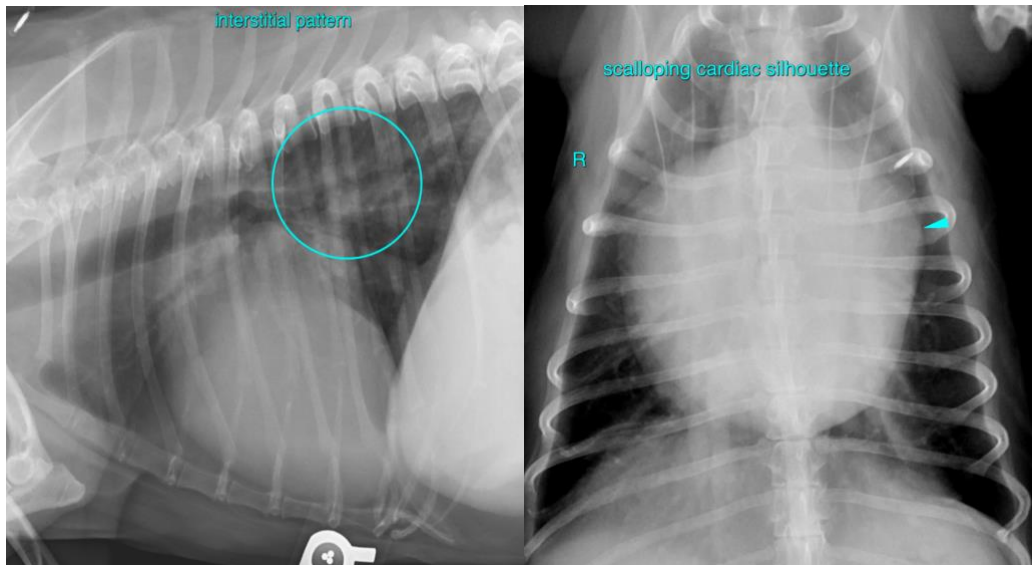
Terrier Mix

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Spayed Female

AGE

10 Years



INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

HOSPITAL NAME

North Idaho AH

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. Jolee Stegemoller

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.

INVOICE

14503

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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