



**PATIENT**

Bungie Williams

**PRESENTING CLINICAL SIGNS**

Several year history of intermittent cough. Has been worse lately. Seems to be associated with rest and excitement. Sounds wheezy. Eating/acting otherwise.

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**BREED**

Yorkshire Terrier

**RADIOGRAPHIC FINDINGS**

The body condition score is 8/9.

The surrounding bony structures are within normal limits.

**SEX**

MN

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 left atrium is prominent in the lateral projection. In the VD view, the left ventricle appears elongated. The pulmonary vasculature is within normal limits.

**AGE**

13

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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

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

**HOSPITAL NAME**

Healing Paws

The lung parenchyma presents the expected architecture and opacity – the volume of the left cranial lung lobe is mildly decreased, and the lung parenchyma presents a mild to moderate ground glass opacification; the intrapulmonary vascular branching is seen up to the third order lung vessels.

**REFERRING VET**

Jennifer Levitsky

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

**RADIOGRAPHIC DIAGNOSIS**

**INVOICE**

50742

- Obesity
- Suspect left sided cardiomegaly without signs of decompensation

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

3-5-22

The left sided cardiomegaly might be a subjective impression, due to the thoracic conformation and tilting of the heart, if no cardiac murmur is present. If clinically a heart murmur is appreciated, underlying mitral valve insufficiency due to myxomatous mitral valve degeneration is the top differential.



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No additional abnormalities are appreciated as potential source for the cough. The unstructured interstitial pattern of the left cranial lung lobe is likely a sequela to hypoinflation & obesity and the odds for fibrosis, pneumonitis (inflammatory versus infectious), systemic disease (e.g. pancreatitis, IMHA, renal disease), neoplasia are considered low.

**SPECIES**

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Obesity is also a known predisposing factor for cough and weight management appears beneficial.

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**HOSPITAL NAME**

Healing Paws

**REFERRING VET**

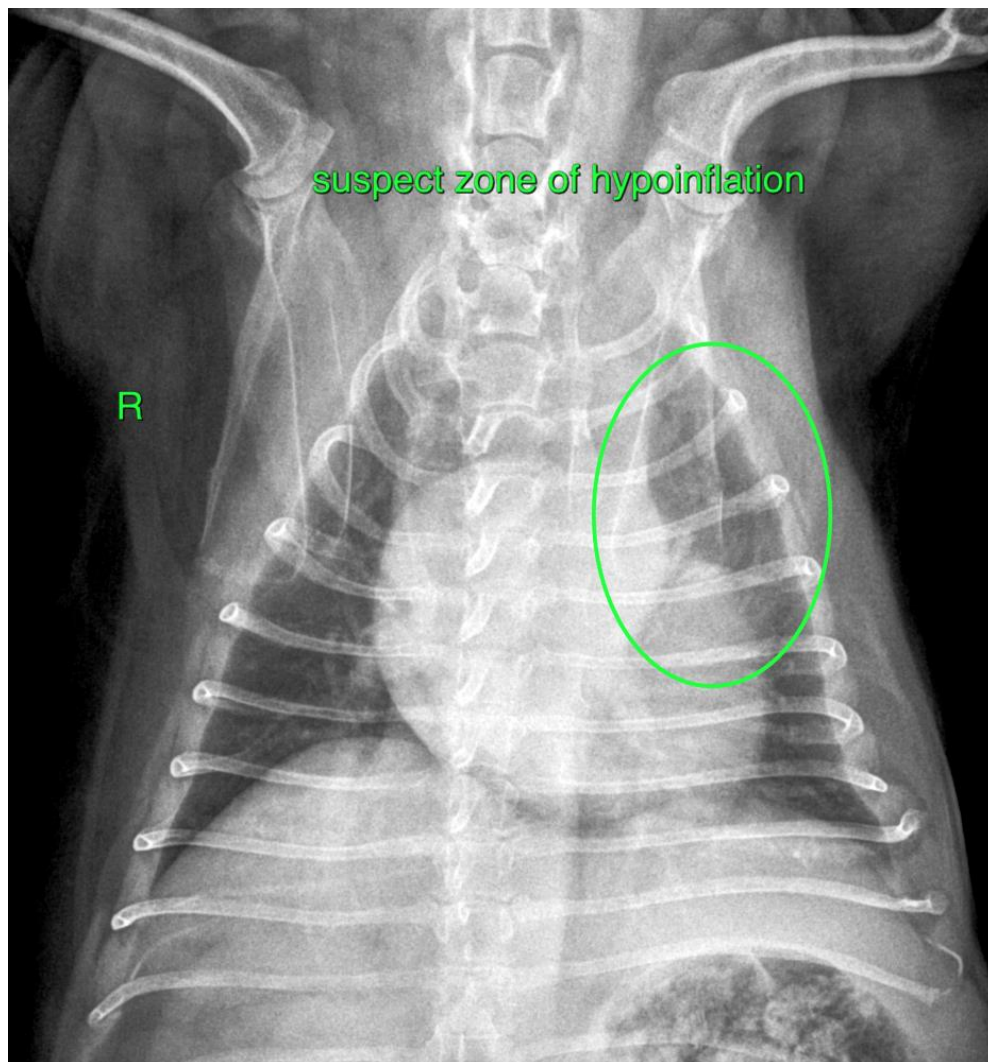
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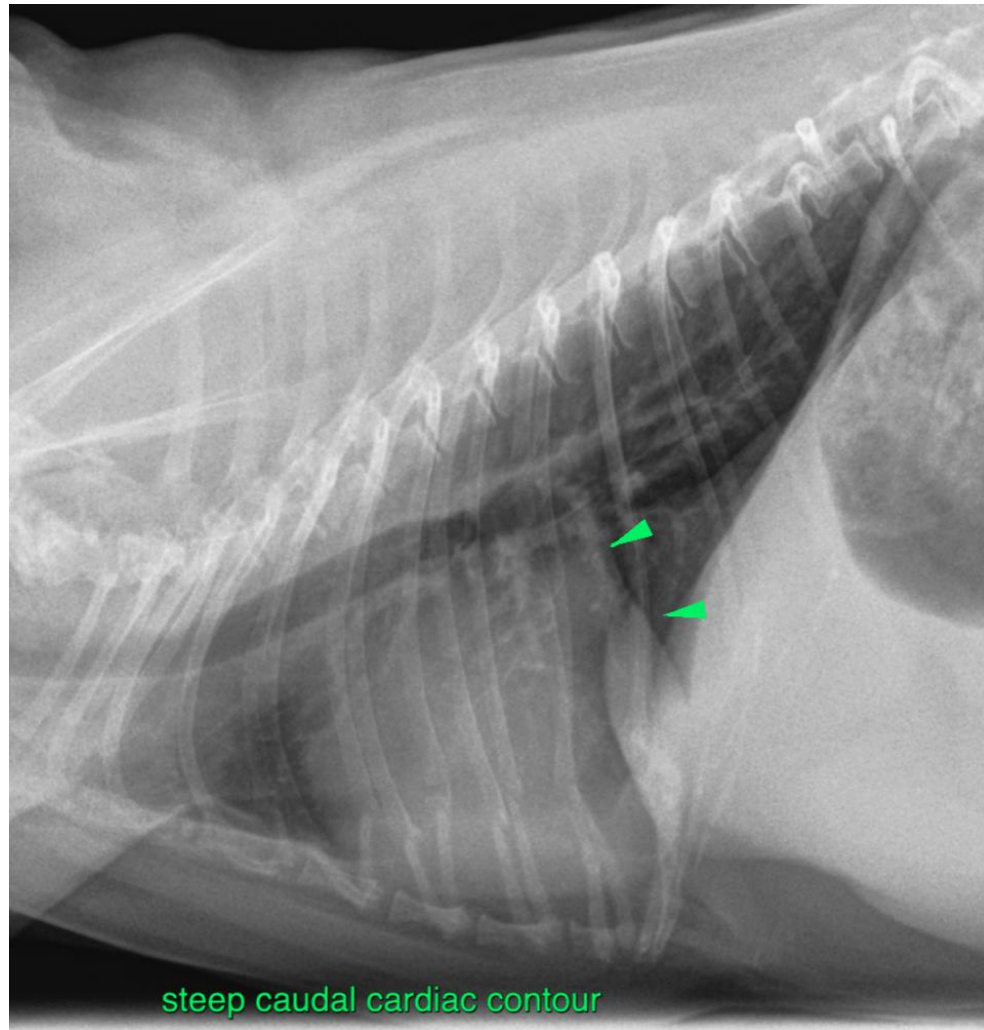
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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