



PATIENT PRESENTING CLINICAL SIGNS

Abby Grant Abby was at our local emergency clinic 5 days ago for a persistent by new cough. Owner describes as a hacking, 'like bringing up a hairball' type cough--not sure wet or dry? The cough was of a few days duration. At the time chest rads were declined, no blood work was done. She did have a TFAST and they felt edema was likely given B lines. She was sent home with vetmedin and furosemide and the owner feels that her cough is vastly improved--but is really only getting the diuretic into her. Has had only a few/parital doses of vetmedin . She presents today with no discernable resp rate increase or resp signs--no cough. Her murmur is indeed 5/5, holosytolic. She is very pu/pd on her diuretic and is clinically dehydrated. She has a reduction in appetite since starting her meds, but her weight is stable vs a month ago. Survey chest rads (5d post diuretic) were taken today--I find them somewhat underwhelming other than some RA enlargement and maybe some perihilar consolidation? I do see some prominent bronchial vessels, but no obvious air bronchograms or edema. As recently as 6 months ago, she had no discernable murmur and had a full GA for dental extractions. She has not lost any weight in the past 6 months.

SPECIES Canine

BREED Maltese X

SEX Abnormal PE/Chem/CBC/UA Results: Lab work today shows no abnormalities other than mild hemoconcentration and moderate renal value shift--stage 2 IRIS, which is presumed diuretic effect (renal values 4 months ago were normal).
FS

RADIOGRAPHIC STUDY OF THE THORAX

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

12 Years **RADIOGRAPHIC FINDINGS**

INTERPRETED BY The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

The caudal contour of the cardiac silhouette is steep and the caudal cardiac waist is lost. A small wedge shaped soft tissue opacity is seen in the region of the left atrium in the lateral view. 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.

In the right lateral view of the thorax, moderate dorsoventral flattening of the caudal tracheal segment is seen. 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.

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.

RADIOGRAPHIC DIAGNOSIS

- DATE** • Left sided cardiomegaly without signs of decompensation

3-9-23

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME
Lacombe Veterinary
Centre

REFERRING VET
Dr. Laurel Arvidson

INVOICE
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PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abby Grant The radiographic study presents signs of left cardiac enlargement; the most common cause is mitral valve insufficiency due to myxomatous mitral valve degeneration; there are no signs of decompensation. The supposed consolidation in the perihilar region is likely caused by prominent left atrium and end-on projection of a pulmonary vein entering the left atrium.

SPECIES

Canine No additional abnormalities are appreciated and no source for the coughing is appreciated in the radiographic study. However, negative radiographs do not rule out underlying tracheitis/bronchitis.

BREED

Maltese X

SEX

FS

AGE

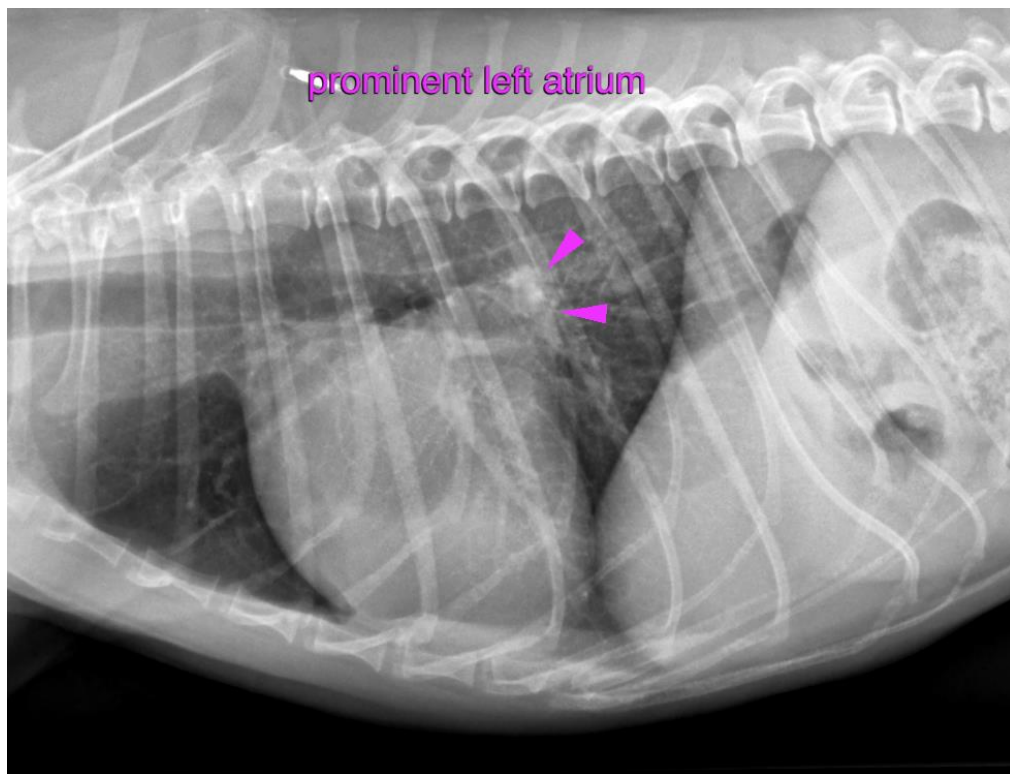
12 Years

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Dr. Laurel Arvidson

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.

INVOICE

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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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DATE

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