



## PATIENT

Jasper Morgan

## SPECIES

Canine

## BREED

Cavalier King Charles  
Spaniel Mix

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

12 kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVCI

## IMAGING PERFORMED BY

RVT & Vet

## HOSPITAL NAME

Woodridge VC

## REFERRING VET

Dr. Breanne  
Couperthwaite

## INVOICE

36644

## DATE

4/16/26

## PRESENTING CLINICAL SIGNS

History: Jasper was diagnosed with a heart murmur in 2023 (Gr 2-3/6 with PMI on L side at that time). No clinical signs at that time. He has now been coughing for the past few months - sounds like a dry cough/wheeze with gag at the end. Having 6-12 episodes per day; occurring at random times. Is not around other dogs except the ones he lives with (no daycares, boarding, groomers). Has good energy level and appetite.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 7/9, Gr. 3-4/6 heart murmur with PMI on L side (mitral valve?), Panting - mildly increased lung sounds bilat; no wheezes or crackles on auscultation. Cough elicited on tracheal palpation; also coughed when pulling on collar. Moderate to marked periodontal ds. \*Bloodwork/UA not performed today

## RADIOGRAPHIC STUDY OF THE THORAX

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

## RADIOGRAPHIC FINDINGS

The vertebral endplates T4/T5 present moderate spondylosis formation.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is occupying approximately 85% of the thoracic height – the trachea is converging with the thoracic spine – and 80% of the thoracic width. The caudal contour of the cardiac silhouette is steep, and the caudal cardiac waist is lost. The vertebral heart score is 13.5. A wedge-shaped soft tissue opacity is seen level with the left atrium. Splaying of the main-stem bronchi in the VD view is present and the left principal bronchus is deviated dorsally in the lateral views.

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.

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.

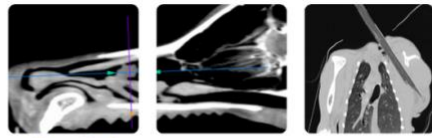
The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

## RADIOGRAPHIC DIAGNOSIS

- Generalized left sided cardiomegaly without decompensation
- Spondylosis deformans

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left sided cardiomegaly is likely a sequela to underlying mitral valve disease and secondary left cardiac volume overload. A cardiac echo can be used for further assessment of cardiac chamber size



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and function. Mechanical interaction of the enlarged left atrium with the principal bronchi can trigger cough as well.

**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**, DVM, Dr. med. vet. DipECVDI  
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