



PATIENT

Dejah Armstrong

PRESENTING CLINICAL SIGNS

P is a 10yr 2m old SF poodle presented for collapsing after coughing. Last night P had an episode of reverse sneezing (happens every once in a while). This then turned into deeper coughs, which P then collapsed after the third cough. O says cough sounded as if P was hacking something up. O thought P might have ate something and not swallowed all the way. O describes P as "completely limp" and "lifeless" when she collapsed. Ps breathing was very abnormal throughout this episode. Per O, Ps breathing is still not normal/synchronous. O notes that P sounds congested as well. O says P always has nasal and ocular discharge. O describes Ps energy as low and lethargic - has been a slow decline over time. Physical Examination Key -- (N= Normal, A= Abnormal)
 CV/Respiratory: Normal heart rate and rhythm, grade IV/VI murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear AU. OU: lenticular sclerosis. No nasal discharge. No cough on tracheal palpation. Oral cavity: Missing some teeth, moderate dental tartar/calculus Musculoskeletal: BCS = 4/9. Ambulatory x 4. Bilateral grade 2/4 MPL
 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. Appears distended. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Generalized thinning hair coat. Very dry/flaky and thin skin. No ectoparasites seen Mentation: BAR

SPECIES

Canine

BREED

Poodle

SEX

SF

AGE

10 Years

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

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 wedge shaped soft tissue opacity is seen in the region of the left atrium. Mild splaying of the main stem bronchi in the lateral projection is noted. The pulmonary veins are prominent.

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 caudodorsal lung field presents with a generalized moderate increased radiopacity, caused by an unstructured interstitial pattern. Multifocal moderate peribronchial cuffing is appreciated.

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

RADIOGRAPHIC DIAGNOSIS

- Left sided cardiomegaly
- Broncho-interstitial lung pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left sided cardiomegaly is likely a sequela to underlying myxomatous mitral valve degeneration with subsequent mitral valve insufficiency. The mild to moderate unstructured

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

DPC Veterinary
 Hospital

REFERRING VET

Rivera



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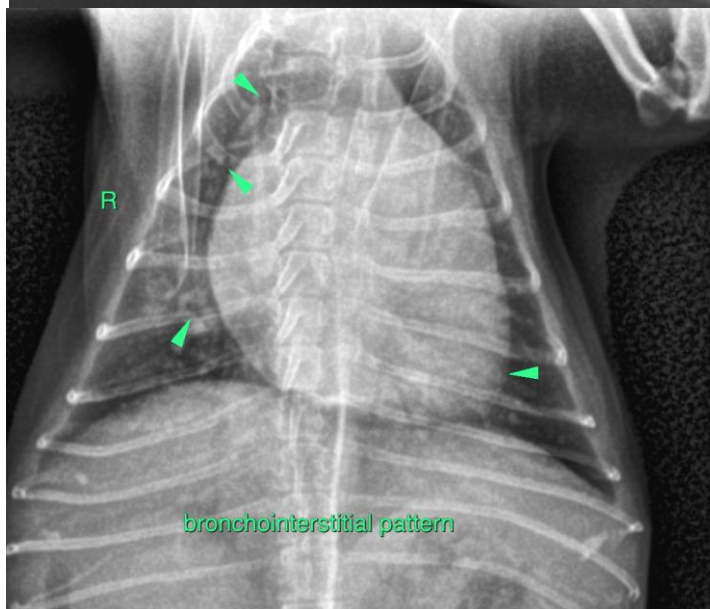
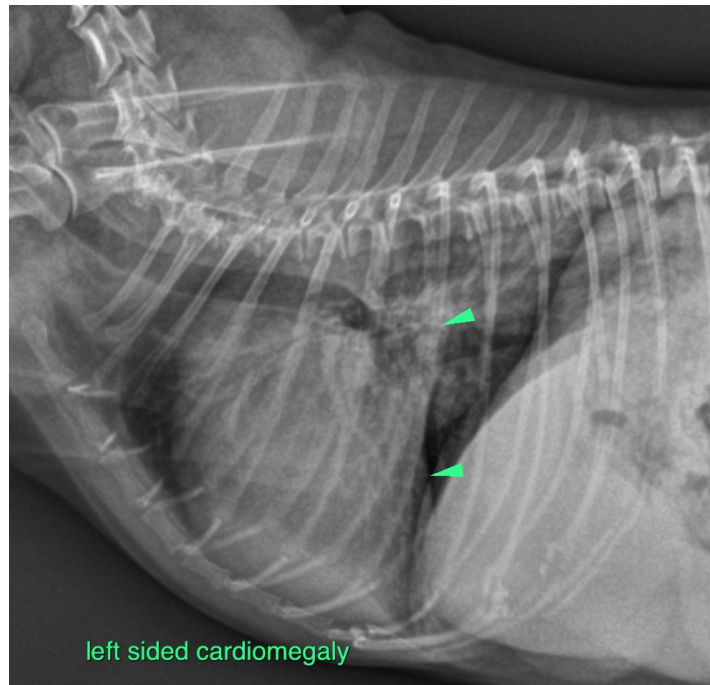
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interstitial pattern of the caudodorsal lung field can be accentuated by hypoinflation of the lung, however in combination with the left cardiomegaly, cardiogenic interstitial pulmonary edema in transition is a potential (normal heart rate will decrease the odds for cardiogenic edema). As there is a generalized broncho-interstitial pattern, the odds for bronchopneumonitis are considered higher, which can be primary inflammatory (e.g. lymphocytic plasmocytic, eosinophilic, mixed) or infectious (viral, bacterial, parasitic) in origin. A cardiac echo might be used as advanced diagnostic tool for further assessment of cardiac chamber size and function.





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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.

BREED

Poodle

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.

SEX

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