



PATIENT

Veloria Baron

PRESENTING CLINICAL SIGNS

14y 8m old SF Japanese Chin presents for coughing since yesterday afternoon and all night. This morning noted respirations included increased abdominal effort. No exercise in tolerance. Activity level is great and keeps up with younger japanese chins. Physical Examination Key -- (N= Normal, A= Abnormal) CV/Respiratory: Normal heart rate and rhythm, grade IV/VI heart murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: OU: immature cataracts. AU: mild yellow waxy cerumen, no erythema or swelling present. No nasal discharge. Non-productive cough on tracheal palpation. Oral cavity: Missing all teeth Musculoskeletal: BCS = 4/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities

SPECIES

K9

BREED

Japanese Chin

Abnormal PE/Chem/CBC/UA Results:) CBC: RBC 4.78 (5.65-8.87), HCT 31.2 (37.3-61.7), HGB 11.0 (13.1-20.5), LYM 0.66 (1.05-5.10) 2) CHEM: SDMA 45 (0-14), CREA 3.0 (0.5-1.8), BUN 52 (7-27), ALKP 20 (23-212) 3) TT4: WNL 4) UA (cysto): SG 1.014, pH 5.0, LEU 500Leu/uL, BLD 50Ery/uL, WBC >50/hpf, RBC 9/hpf, rods present, no crystal detected

SEX

SF

RADIOGRAPHIC STUDY OF THE THORAX

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

AGE

14 Years, 8 Months

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The extrathoracic soft tissues present homogeneous without abnormalities.

The caudal contour of the cardiac silhouette is steep,

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and the caudal cardiac waist is lost. The left principal bronchus is elevated. 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.

REFERRING VET

Dr. white

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.

INVOICE

51565

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.

DATE

4-17-22

Pumice like multifocal mineralization of the hepatic parenchyma is appreciated.



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RADIOGRAPHIC DIAGNOSIS

- Left sided cardiomegaly without signs of decompensation
- Calcifying hepatopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the left heart enlargement and given the history of cardiac murmur, underlying myxomatous mitral valve degeneration with mitral valve insufficiency is likely. A cardiac echo can be used for further assessment of cardiac chamber size and function. The clinical relevance for the presenting clinical signs is unclear.

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The lung parenchyma presents without abnormalities, however this does not rule out tracheitis/bronchitis as source for the cough.

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The hepatic mineralization can be a sequela to chronic hepatopathy, parasitic infection or less likely mineralizing hepatic neoplasia.

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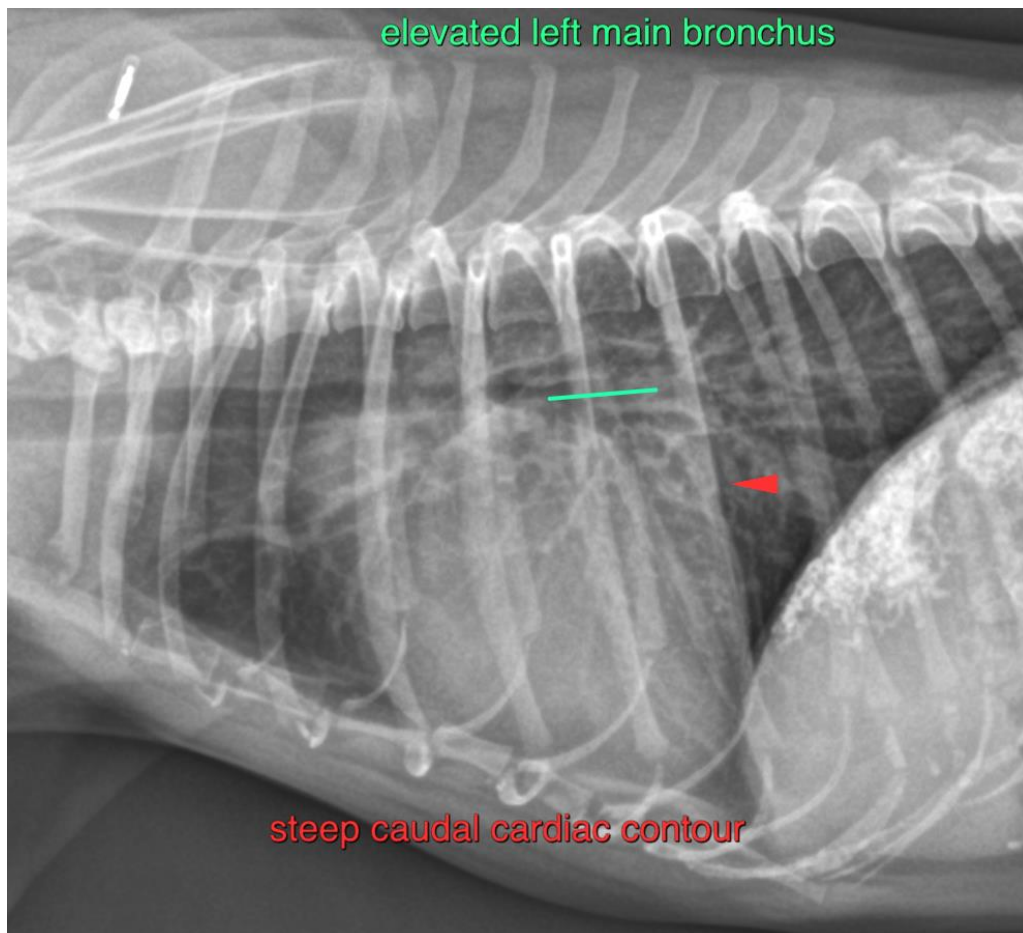
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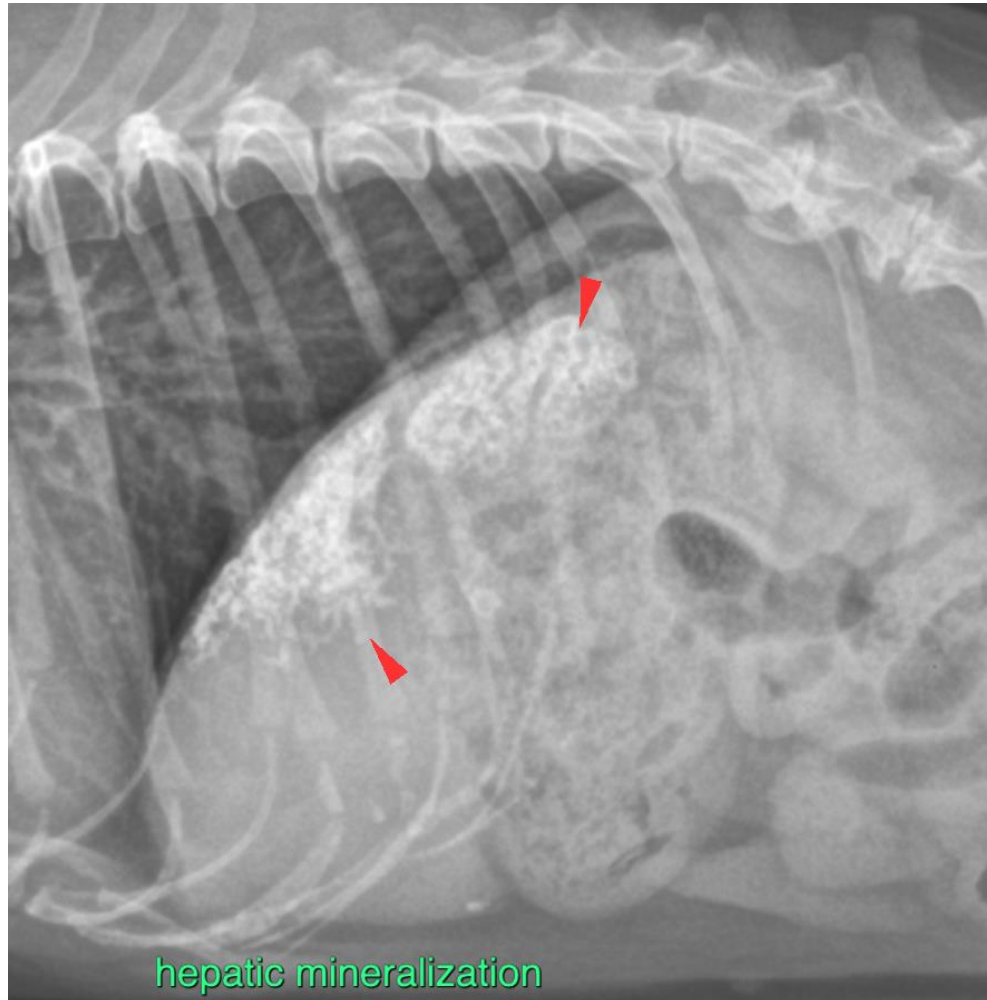
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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