



PATIENT PRESENTING CLINICAL SIGNS

Lucy Toombs Presented today with abdominal press noted respirations -- started suddenly 14 hours prior -- owner reports active and happy -- ate dinner last PM normally - suddenly started with abnormal respirations at bedtime now not eating or drinking today -- clearly muffled cardiac sounds -- no air movement appreciated at exam -- unable to get SpO2 at exam -- history of suspect benign mammary mass 1 year prior but noted local growth at exam today - no murmur appreciated at exam today

Abnormal PE/Chem/CBC/UA Results: No current labs

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

BREED

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

Chihuahua Mix

RADIOGRAPHIC FINDINGS

The caudal cervical spine and the thoracolumbar junction present evidence of chronic discopathy.

SEX

The extrathoracic soft tissues present homogeneous without abnormalities.

FS

The heart is prominent and occupying 80% of the thoracic height.

AGE

12 Years

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.

INTERPRETED BY

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

The lung parenchyma presents a mild irregular ground glass opacification of the lung parenchyma.

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

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

RADIOGRAPHIC DIAGNOSIS

Gentle Doctor Animal
Hospital

- Zones with unstructured interstitial lung pattern
- Subjective cardiomegaly

REFERRING VET

Dr. Bashara

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The unstructured interstitial lung pattern in combination with the acute onset of clinical signs can be a sequela to pulmonary thromboembolism, non-cardiogenic pulmonary edema (e.g. pancreatitis, IMHA, renal disease) or pneumonitis (infectious versus primary inflammatory). Less likely differentials can include fibrosis (would expect more chronic clinical signs), neoplastic infiltration or due to the lack of cardiac murmur cardiogenic pulmonary edema – a cardiac echo has already been scheduled to screen for signs of pulmonary hypertension and ruling out relevant valve disease.

INVOICE

57599

DATE

4-3-23

The cardiomegaly can be a subjective impression do to thoracic conformation, given the muffled heart sounds pericardial effusion would be a potential, but the maintained normal shape of the heart is rendering the odds low.



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SEX

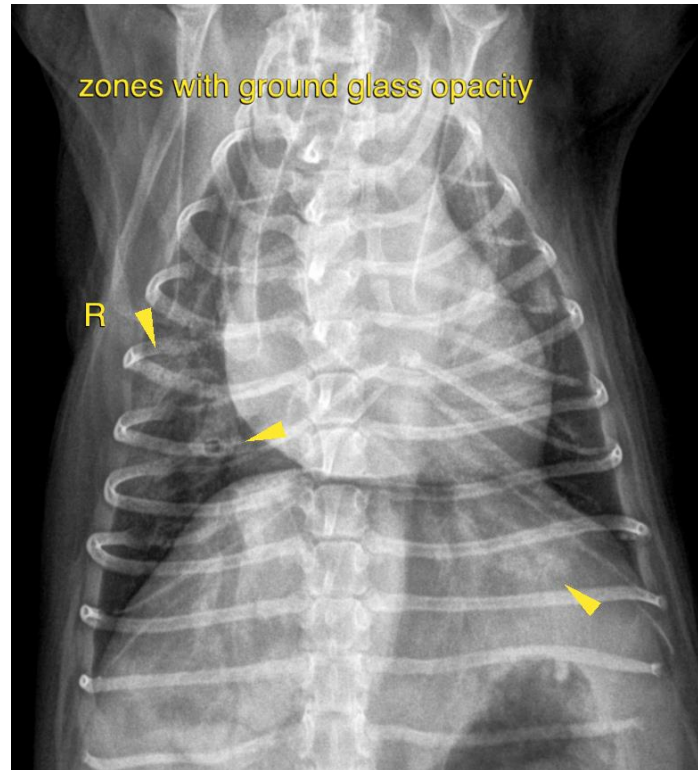
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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