



PATIENT

Madeline Giardina

PRESENTING CLINICAL SIGNS

12y old SF Maltese presents for exam. O noticed pet seemed comfortable on hind legs while on Metacam, it's been 4-6 weeks since she's been off. O reports pet has started to urinate and defecate in the home more frequently. Also has a dry cough/gag, even coughs in her sleep at times.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)
 Hydration: N Mentation: BAR EENT: diffuse corneal pigment OS Oral Cavity: N Lymph Nodes: N
 Skin: N CV/Respiratory: 3/6 left systolic murmur, lungs clear Abd/GI: N, rectal exam - normal stool, large AG's Uro/Perineum: N Musculoskeletal: N Neurological: N

BREED

Maltese Mix

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

A complete set of radiographs of the thorax and abdomen is provided for review.

SEX

Spayed Female

RADIOGRAPHIC FINDINGS

Thorax

The surrounding bony structures are within normal limits.

AGE

12 Years, 2 Months

The extrathoracic soft tissues present homogeneous without abnormalities.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

The cardiac silhouette is prominent, presenting a steep caudal contour and loss of the caudal cardiac waist. 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.

HOSPITAL NAME

DPC Veterinary Hospital

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

Mild thickening of the bronchial walls is appreciated.

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

REFERRING VET

Dr. Feldt

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

Abdomen

INVOICE

51407

The surrounding bony structures are within normal limits.

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

DATE

4-8-22

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.



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The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and opacity.

SPECIES

Canine

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

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The stomach is in its anticipated position and presents normal content.

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

The colon is seen in the expected position and presents with appropriate content.

RADIOGRAPHIC DIAGNOSIS

SEX

Spayed Female

- Mild left sided cardiomegaly without signs of decompensation
- Mild bronchial lung pattern
- Normal abdomen

AGE

12 Years, 2 Months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely underlying cause for the cardiomegaly is myxomatous mitral valve degeneration with secondary mitral valve insufficiency. There are no signs fore decompensation. A cardiac echo can be used as advanced imaging modality, for further assessment of cardiac chamber size and function.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The mild bronchial pattern is suggestive for bronchitis and primary inflammatory non-infectious origin (e.g. eosinophilic, lymphocytic plasmocytic, mixed) bronchitis is considered more likely than primary infectious (e.g. viral, bacterial, parasitic) bronchitis.

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The abdomen presents without abnormalities, explaining the abnormal urination/defecation behavior.

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REFERRING VET

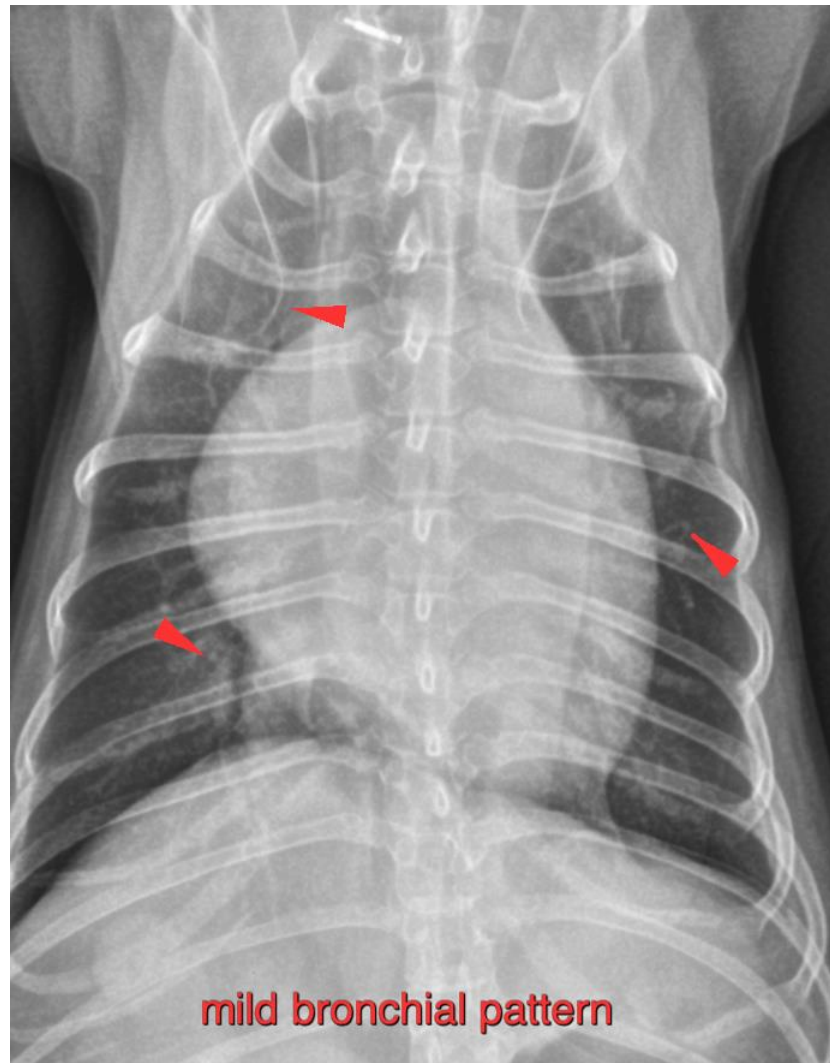
Dr. Feldt

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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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