



**PATIENT**

Annie Bobbie

**PRESENTING CLINICAL SIGNS**

Decreased appetite over the weekend and did not eat this am. No v/d/c/s. Abnormal PE/Chem/CBC/UA Results: newly ausculted heart murmur 3/6. edema ventral thorax. bw/u/a - pending

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**BREED**

Poodle

**RADIOGRAPHIC FINDINGS**

The intervertebral disc spaces T12/T13 and T13/L1 are moderately narrowed and the respective vertebral endplates

The subcutaneous tissue along the cranioventral thoracic wall is swollen and presents a fat-opacity.

**SEX**

Female Spayed

The caudal contour of the cardiac silhouette is steep, and the caudal cardiac waist is lost.. The pulmonary vasculature is within normal limits.

**AGE**

15 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**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

A mild to moderate increased visibility of the bronchial walls is appreciated.

In the lateral projection, the caudodorsal lung field presents a ground glass opacity - not appreciated in the VD view of the thorax.

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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**

**REFERRING VET**

Dr. Claudia Giuliani,  
DVM

- History of edematous swelling ventral thoracic wall
- Left cardiac enlargement
- Unstructured interstitial lung pattern caudodorsal lung field
- Bronchial lung pattern
- Chronic discopathy T12/T13 and T13/L1
- Obesity

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The unstructured interstitial pattern of the caudodorsal lung field is only appreciated in the lateral projections and not the VD view and might be artefactual due to the nutritional status of the patient in combination with hypoinflation of the lung parenchyma. Differentials include cardiogenic edema (but no signs for vascular enlargement), fibrosis, pneumonitis (inflammatory

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versus infectious), systemic disease (e.g. pancreatitis, IMHA, renal disease), hemorrhage, neoplasia.

The bronchial pattern is suggestive for bronchitis – primary inflammatory non-infectious (e.g. allergic, eosinophilic) or less likely infectious. The clinical relevance is unclear, due to the lack of clinical signs.

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Canine

The most likely underlying cause for the left cardiac enlargement is mitral valve insufficiency due to myxomatous mitral valve degeneration.

**BREED**

Poodle

No underlying cause for the subcutaneous edematous swelling of the ventral thoracic wall is appreciated.

**SEX**

Female Spayed

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**REFERRING VET**

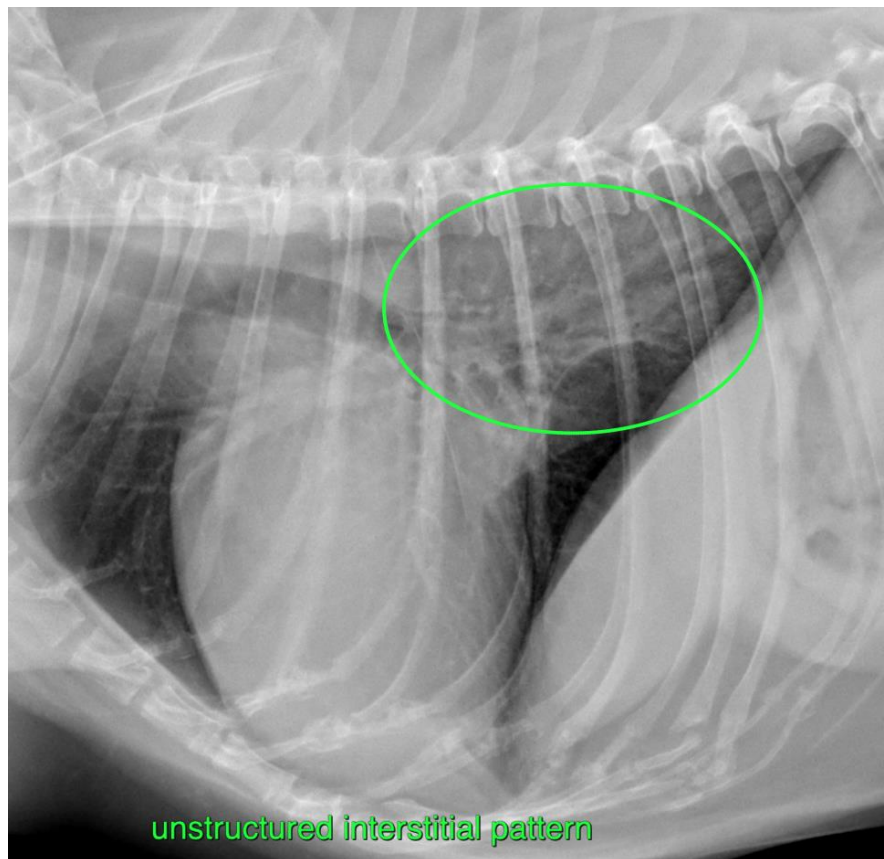
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

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**SEX**

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