



PATIENT PRESENTING CLINICAL SIGNS

Ele Ele Kim
 Known heart murmur, on Vetmedin, Enalapril, and Hydrocodone syrup, but this seems less effective in managing the P's cough as effectively as before.
 Abnormal PE/Chem/CBC/UA Results: Wheezes, mild crackles noted on auscultation Cough is intermittent but more prevalent with fast respiration Grade V/VI heart murmur

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

The surrounding bony structures are within normal limits.

BREED

Pomeranian

The extrathoracic soft tissues present homogeneous without abnormalities.

The caudal contour of the cardiac silhouette is steep, and the caudal cardiac waist is lost.

SEX

Male Neutered

In the VD view, level with the 8th right intercostal space, lateral to the heart, an ovoid shaped soft tissue opacity is visible – blending with the heart medially; in the lateral projections, a roundish soft tissue opacity is superimposed on the left atrium. The lung parenchyma presents a mild ground glass opacification.

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.

AGE

13.4 Years

The esophagus is generalized moderately distended by gas. The intrathoracic segment of the trachea presents a mild undulating course and presents a right sided bending in the VD view.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

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

The hepatic volume is moderately decreased, and the gastric axis is oriented cranially.

RADIOGRAPHIC DIAGNOSIS

HOSPITAL NAME

Boca Park Animal Hospital

- Left cardiac enlargement with significant enlargement of the left atrium
- Ovoid shaped soft tissue opacity hilar region right caudal lung lobe
- Generalized mild to moderate ground glass opacification – most accentuated right caudal lung lobe
- Megaesophagus
- Microhepatica

REFERRING VET

Tifanie Silver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

52710

The main finding is the severe enlargement of the left atrium, and the interstitial pattern is concerning for secondary cardiogenic pulmonary edema. I supposed the ovoid shaped lesion superimposed on the hilar region of the right caudal lung lobe in the VD view is caused by odd projection of the left atrium ± dilated pulmonary vein (jet of MI might be directed towards vein of the right caudal lung lobe). However, a hilar pulmonary mass is a consideration – such as neoplasia, granuloma, cyst, abscess – but I consider this less likely. Complementing workup by a cardiac echo would be ideal as advanced diagnostic tool for assessment of cardiac chamber size and function. A clinical trial with diuretic drugs can be considered as well. If the heart can be rule out as cause for the soft tissue opacity in the hilar region of the right caudal lung lobe, a CT study of the thorax can be used to check for potential mass.

DATE

7-2-22

The megaesophagus is considered as a sequela to stress related aerophagia as there is no history



PATIENT

Ele Ele Kim

of regurgitation or signs for aspiration pneumonia.

The anomalous course of the trachea is considered secondary to positioning of the head, there is no sign for a mass.

SPECIES

Canine

The microhepatica might be a normal anatomical variant, differentials include chronic hepatitis, hepatic cirrhosis or portosystemic vascular malformation.

TECHNICAL COMMENTS

Human fingers are seen in the primary beam, please consider radiation safety guidelines!

BREED

Pomeranian

SEX

Male Neutered

AGE

13.4 Years

INTERPRETED BY

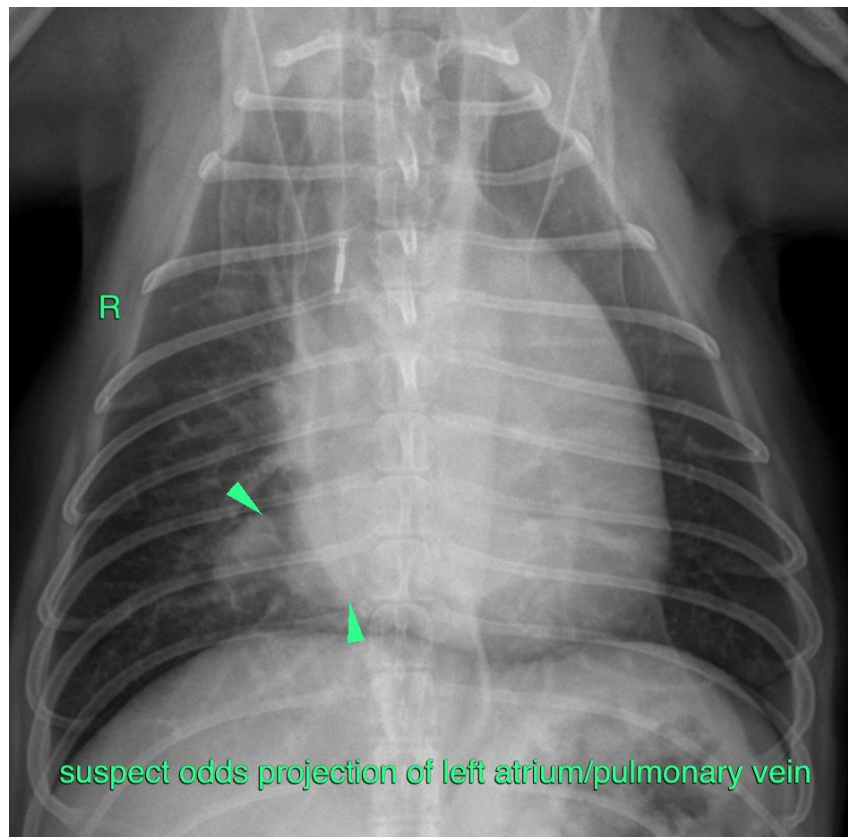
Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Boca Park Animal
Hospital

REFERRING VET

Tifanie Silver



INVOICE

52710

DATE

7-2-22



PATIENT

Ele Ele Kim

SPECIES

Canine

BREED

Pomeranian

SEX

Male Neutered

AGE

13.4 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Boca Park Animal
Hospital

REFERRING VET

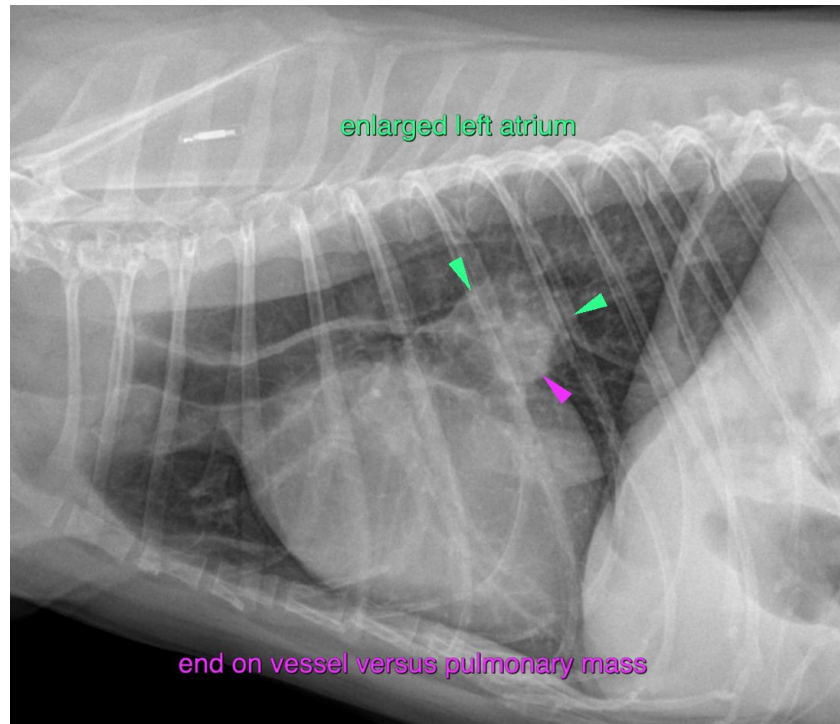
Tifanie Silver

INVOICE

52710

DATE

7-2-22



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.

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