



**PATIENT PRESENTING CLINICAL SIGNS**

**Hobie McDivitt** History: Followup thoracic radiographs after recommendation from last sonopath report. Currently on: Pimobendan 2.5 mg BID, Spironolactone 12.5 mg BID, Benazepril 2.5 mg BID, levetiracetam 125 mg BID.

**SPECIES**

**Canine** Abnormal PE/Chem/CBC/UA Results: Blood pressure: 173/98 MAP 124 Creat and BUN elevated at prior echocardiogram, both normal today. Creat is 0.6, BUN is 12.

**BREED**

**Poodle Schnauzer Mix**

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**RADIOGRAPHIC FINDINGS**

**SEX**

The surrounding bony structures are within normal limits.

**Neutered Male**

The extrathoracic soft tissues present homogeneous without abnormalities.

**AGE**

**11 Years**

The caudal contour of the cardiac silhouette is steep and the caudal cardiac waist is lost. The vertebral heart score is 11.3. A mild wedge shaped bulging in the region of the left atrium is appreciated in the right lateral view of the thorax. 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.

**INTERPRETED BY**

**Sebastian Schaub, DVM Dr. med. vet. DipECVDI**

A soft tissue membrane is bulging ventrally into the lumen of the cervical tracheal segment. The trachea presents the anticipated course. The luminal outline of the trachea is smooth.

**HOSPITAL NAME**

**North Idaho AH**

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected. In the left lateral view, one front limb is partially superimposed on the cranial aspect of the thorax; level with the second intercostal space a roundish soft tissue opacity is seen, measuring 12 mm in diameter.

**REFERRING VET**

**Dr. Talitha Neher**

The roundish soft tissue opacity is not appreciated in the VD or right lateral projections of the thorax. The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

**RADIOGRAPHIC DIAGNOSIS**

**INVOICE**

**16745**

- History of mild left cardiac enlargement without signs of decompensation –(tage B2 mitral valve disease)
- Possible soft tissue nodule right cranial lung lobe
- Redundant tracheal membrane

**DATE**

**7/21/22**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



**PATIENT**

Hobie McDivitt

In the left lateral view, there is evidence of a possible solitary soft tissue nodule in the right cranial lung lobe – potentials include granuloma, round pneumonia, mucus impaction, cyst or neoplasia. As one of the front limbs is superimposed on the cranial aspect of the thorax, a soft tissue nodule of a front limb might superimposed with the cranial lung field as well. Repeating the left lateral view of the thorax with the front limbs extended cranially can be used to rule in/out the pulmonary nodule.

**SPECIES**

Canine

The redundant tracheal membrane can be a precursor for tracheal collapse – at this point the clinical relevance is considered questionable.

**BREED**

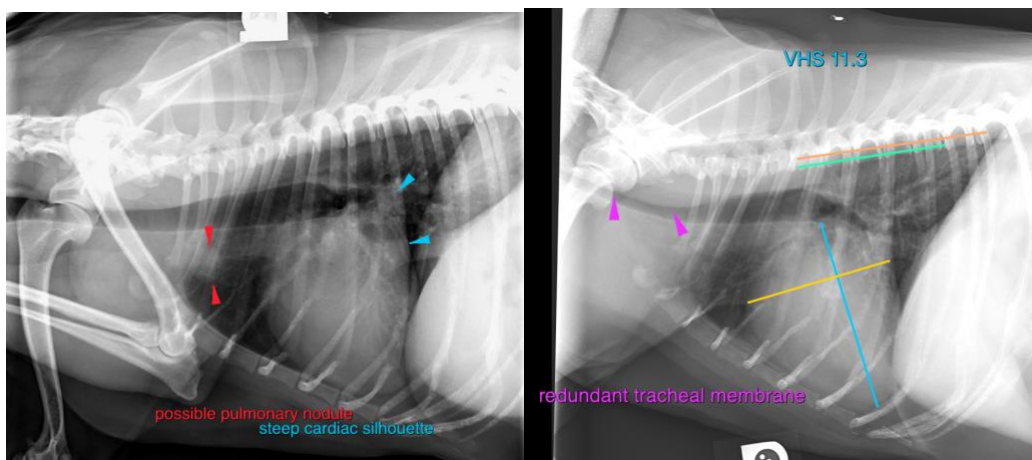
Poodle Schnauzer Mix

**SEX**

Neutered Male

**AGE**

11 Years



**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.**

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

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.

**HOSPITAL NAME**

North Idaho AH

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

**REFERRING VET**

Dr. Talitha Neher

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**DATE**

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