



**PATIENT PRESENTING CLINICAL SIGNS**

Nicholas Kelly History: Housemate had regular show schedule but no so much since end of June. Coughing has been since mid July. Does go to the groomer every 1-2 weeks. Can get under the porch which is damp. (moldy?). Usually about 1-2 daily. Sounds like trying to cough up a hair ball.

**SPECIES RADIOGRAPHIC STUDY OF THE THORAX**

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

**BREED RADIOGRAPHIC FINDINGS**

Tibetan Terrier The surrounding bony structures are within normal limits.  
The extrathoracic soft tissues present homogeneous without abnormalities.

**SEX**

Male The caudal contour of the cardiac silhouette is steep and the caudal cardiac waist is lost. The cardiac silhouette is elongated and occupying approximately 85% of the thoracic height and 70% of the thoracic width in the VD projection; the trachea is paralleling the thoracic spine. A wedge-shaped soft tissue opacity is seen level with the left atrium in the lateral view and a double opacity is noted level with the left atrium in the VD view. Scalloping of the cardiac silhouette in the VD view, level with the left atrial auricular appendage is noted. The vertebral heart score is 12.0. The pulmonary veins are prominent.

**AGE**

13

**INTERPRETED BY**

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

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

The parenchyma of the caudal lung lobes presents a moderate ground glass opacity, most accentuated in the hilar region.

**HOSPITAL NAME**

Blandford AH

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

**RADIOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Dr. Lapierre

- Left sided cardiomegaly
- Unstructured interstitial lung pattern caudal lung lobes/perhilar region
- Prominent pulmonary veins

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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23973

The appreciated changes of the cardiovascular system are highly suggestive for underlying mitral valve disease and secondary volume overload with cardiogenic pulmonary edema. The diagnosis is supported if a cardiac murmur is present and starting respective therapy would be indicated. A cardiac echo would be ideal for further assessment of cardiac chamber size and function as well.

**DATE**

8/15/23



**PATIENT**

Other potentials for the unstructured interstitial lung pattern would include fibrosis, pneumonitis (inflammatory versus infectious), systemic disease (e.g. pancreatitis, IMHA, renal disease), neoplasia.

Nicholas Kelly

**SPECIES**

Canine

**BREED**

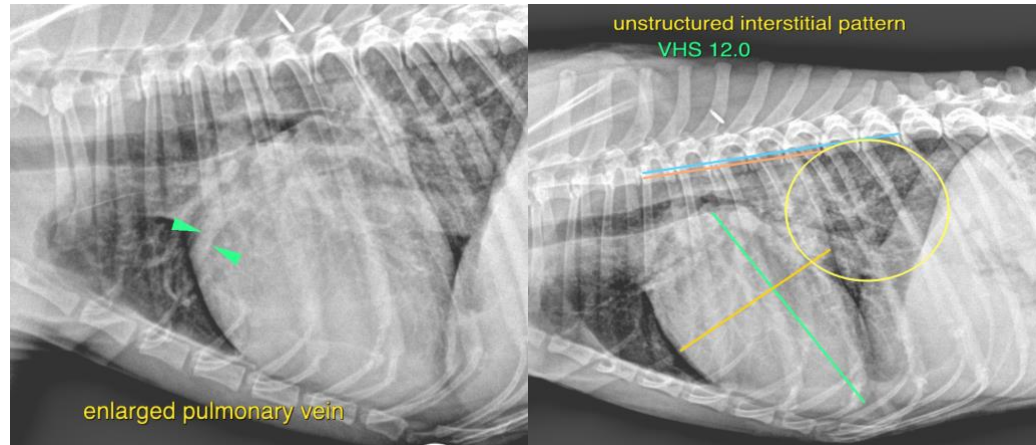
Tibetan Terrier

**SEX**

Male

**AGE**

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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.

**INTERPRETED BY**

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