



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Oliver Brown

SPECIES
Canine

BREED
King Charles Spaniel

Coughing for the last 1-2 weeks, especially in the mornings after he gets up. It seems productive. Seems fine for the rest of the day. No shortness of breath, no exercise intolerance. Has a grade V/VI systolic murmur - echo was done 6 months ago, and the results are as follows: Degenerative mitral valve disease This examination demonstrates mild to moderate regurgitation of blood across Oliver’s mitral valve resulting from degenerative valve disease. Secondary to his regurgitation, Oliver has mild dilation of both his left atrium and left ventricle, though his left ventricular systolic function is well-preserved. As only mild left heart chamber dilation is present, Oliver’s current risk for the development of clinical signs secondary to his disease, such as coughing, exercise intolerance, syncope, and labored breathing, appears to be relatively low He is currently on Vetmedin 2.5mg bid

RADIOGRAPHIC STUDY OF THE THORAX

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

SEX RADIOGRAPHIC FINDINGS

SEX
MN

Multifocal mild spondylosis formation is seen along the thoracic spine.

The extrathoracic soft tissues present homogeneous without abnormalities.

AGE
8 Years

The caudal contour of the cardiac silhouette is steep, and the caudal cardiac waist is lost. The vertebral heart score is 12.7. The pulmonary vasculature is within normal limits.

INTERPRETED BY

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.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

HOSPITAL NAME

Generalized mild increased visibility of the bronchial walls is seen.

Balmy Beach Pet Hospital

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.

REFERRING VET RADIOGRAPHIC DIAGNOSIS

- Dr. Singh
- Mild bronchial pattern
 - Left sided cardiomegaly without signs of decompensation – history of mitral valve insufficiency
 - Spondylosis deformans

INVOICE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

53551

DATE
8-17-22

The bronchial lung pattern is suggestive for bronchitis and primary inflammatory non-infectious causes – such as lymphocytic plasmocytic, eosinophilic, mixed – and infectious causes (e.g. viral, bacterial, parasitic) need to be considered. The acute onset of clinical signs, might increase the odds for infectious origin of bronchitis. Bronchoscopy including BAL can be used as advanced diagnostic tool, empirical management can be considered alternatively.



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HOSPITAL NAME

Balmy Beach Pet
Hospital

REFERRING VET

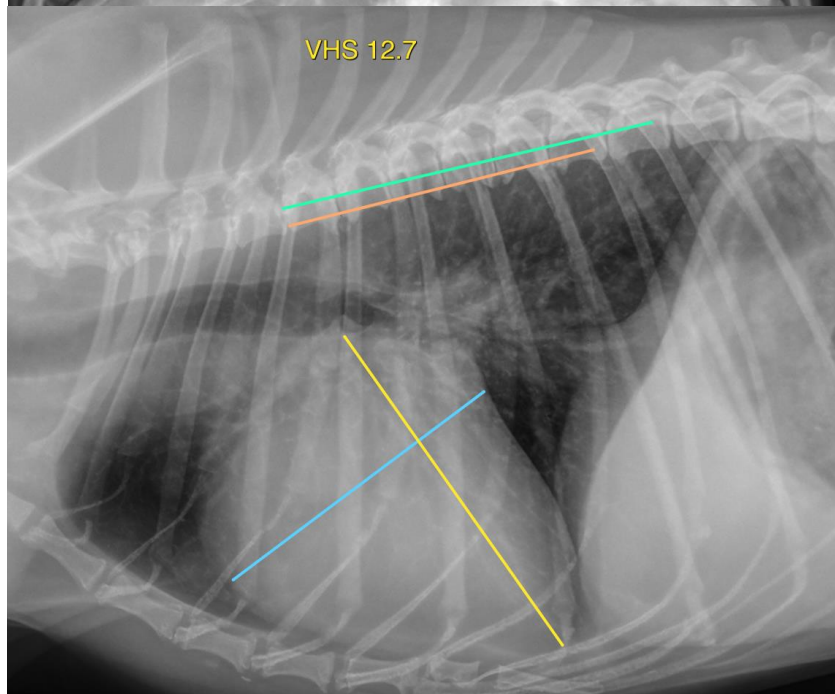
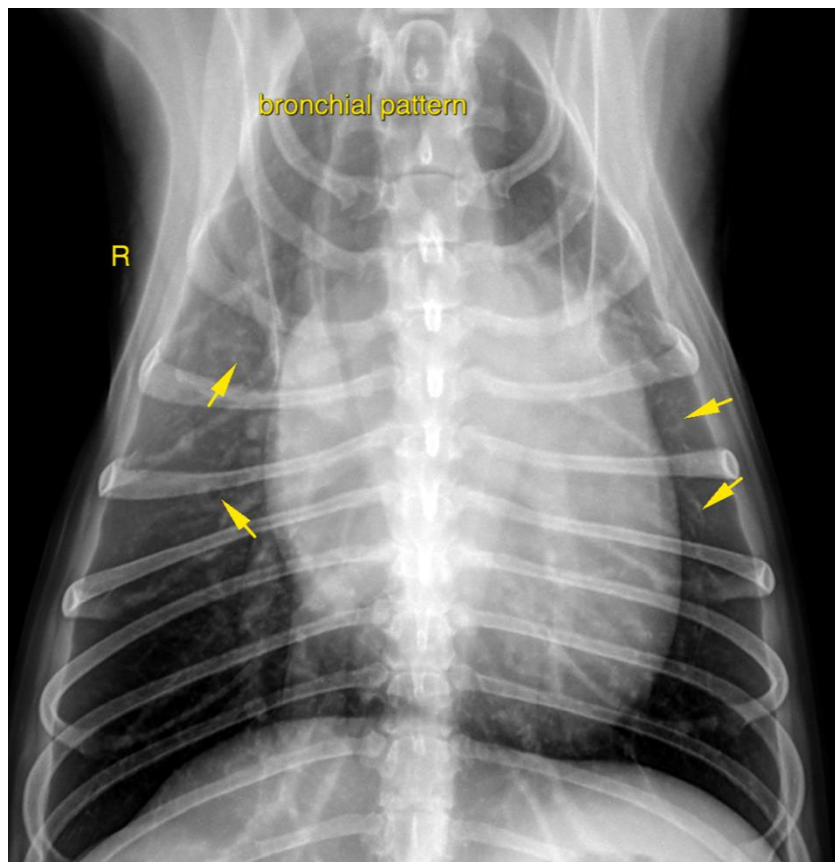
Dr. Singh

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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
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