



PATIENT

FLOWER
SWIERCZYNSKI

SPECIES

Canine

BREED

Chihuahua

SEX

SF

AGE

12 Years, 9 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Ward

INVOICE

53728

DATE

8-25-22

PRESENTING CLINICAL SIGNS

Reason for Visit: mammary mass History: p presents to check mammary mass. o noticed it about 2 months ago, not sure if it has grown. doesnt seem to be bothering p. o also feels p's breathing has been labored while laying down since monday. energy level has not changed, o mentions p coughs intermittently but usually after drinking water.

Abnormal PE/Chem/CBC/UA Results: Hydration: Adequate Mentation: BAR EENT: Corneal edema and aqueous flare OD. menace intact OU. Immature cataracts OU. AU clear, no debris. No cough on tracheal palpation. Oral cavity: Moderate dental calculus Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, grade 3/6 systolic murmur pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful, no fluid wave, no palpable masses or organomegaly. Uro/Perineum: Left fifth mammary gland--firm fluctuant swelling that palpably extends into SQ fat pad, approximately walnut-sized Musculoskeletal: BCS = 5/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs. Neurological: Alert and appropriate. No deficits noted. Diagnostic Testing Needed: Thoracic radiographs--consult pending; LA enlargement on in-house review FNA of mammary mass--approximately 10ml of bloody turbid fluid passively aspirated from mass (no suction applied). FNA of solid structure underlying fluid-filled cystic component. IOP: 11mmHg OD/4mmHg OS Fluorescein stain: negative OU

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

The caudal contour of the cardiac silhouette is steep and the caudal cardiac waist is lost. A wedge shaped soft tissue opacity is seen level with the left atrium and in the VD view, mild splaying of the main-stem bronchi is noted. The left principal bronchus is deviated dorsally. 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.

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

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

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.



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RADIOGRAPHIC DIAGNOSIS

- Left sided cardiomegaly without signs of decompensation
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiomegaly in combination with the cardiac murmur is suggestive for underlying myxomatous mitral valve degeneration with mitral valve insufficiency. A cardiac echo would be ideal for further evaluation of cardiac chamber size and function. Based on the radiographic changes, cardiac medication is appears indicated.

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There are no signs for pulmonary metastatic disease.

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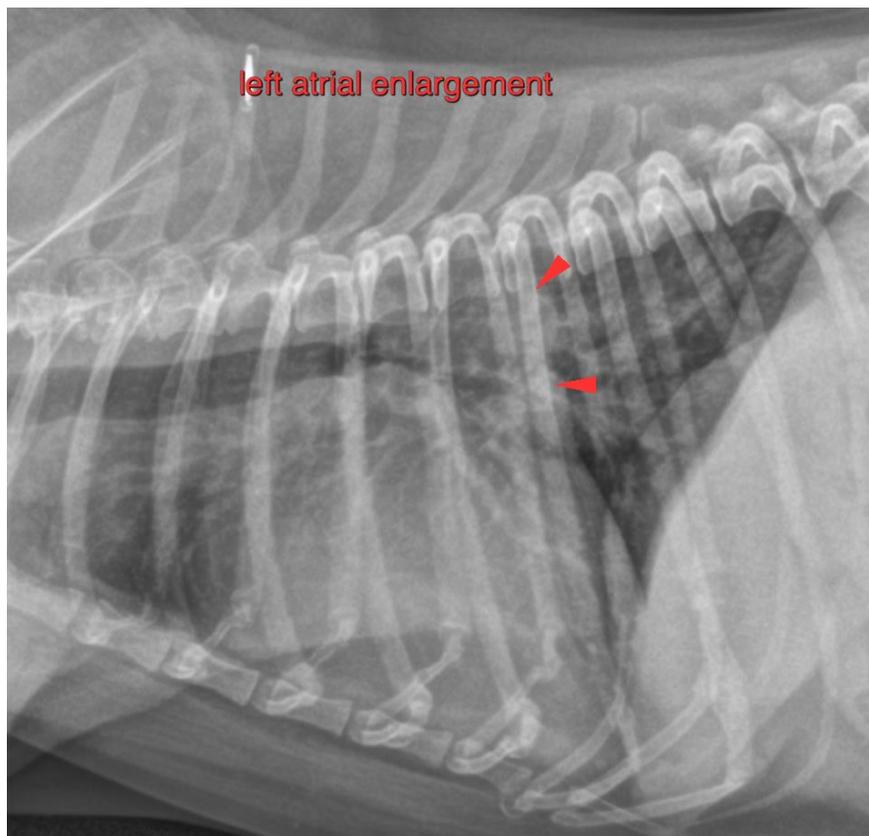
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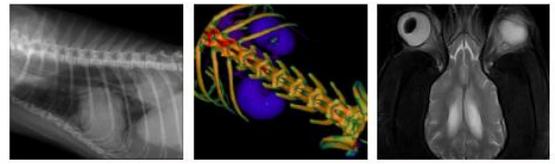
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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