



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Edward Shusta **PRESENTING CLINICAL SIGNS** History: Increasing resting respiratory rate - was consistently 16bpm, now is 22bpm and he has a soft dry, huffing cough

SPECIES Abnormal PE/Chem/CBC/UA Results: Grade 5/6 holosystolic, mitral murmur - unchanged from prior HR 140, lungs clear, pulses strong. Soft cough with tracheal palpation. Lab work 1.5 months ago: Canine stage 2 kidney disease Is already on Pimobendan, benazepril and spironolactone. Has never had chest x-rays or an echo performed.

BREED RADIOGRAPHIC STUDY OF THE THORAX

BREED Chihuahua **RADIOGRAPHIC STUDY OF THE THORAX** Radiographs of the thorax in three imaging planes are provided for review.

SEX RADIOGRAPHIC FINDINGS

SEX Neutered Male **RADIOGRAPHIC FINDINGS** The vertebral endplates T12/T13 to T13/L1 present mild spondylosis formation. The extrathoracic soft tissues present homogeneous without abnormalities.

AGE 16 Years **RADIOGRAPHIC FINDINGS** The caudal contour of the cardiac silhouette is steep, and the caudal cardiac waist is lost. The vertebral heart score is 11.0. A wedge-shaped soft tissue opacity is seen in the region of the left atrium, the left principal bronchus is mildly deviated dorsally. IN the VD view of the thorax, splaying of the main-stem bronchi is appreciated. The pulmonary vasculature is within normal limits.

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

Mild to moderate dorsoventral flattening of the cervical tracheal segment is appreciated.

HOSPITAL NAME Northshore VH **HOSPITAL NAME** The lung parenchyma presents a generalized mild to moderate unstructured reticular pattern. Multifocal mild peribronchial cuffing is noted.

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

REFERRING VET RADIOGRAPHIC DIAGNOSIS

- REFERRING VET** Kristin Williams
- Left sided cardiomegaly without signs of decompensation
 - Mild tracheal collapse
 - Generalized broncho-interstitial lung pattern
 - Spondylosis deformans

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

9/2/22



PATIENT

Edward Shusta

The cardiomegaly in combination with the cardiac murmur is very likely a sequela to myxomatous mitral valve degeneration with mitral valve insufficiency and secondary left atrial enlargement. A cardiac echo would be ideal for further evaluation of cardiac chamber size and function. At this point there is no signs for decompensation.

SPECIES

Canine

The broncho-interstitial lung pattern is likely accentuated by age related changes of the lung parenchyma; however, broncho-pneumonitis is a potential – primary inflammatory non-infectious (e.g. lymphocytic plasmocytic, eosinophilic, mixed) versus infectious (e.g. viral, parasitic, bacterial). Cough might be triggered by the tracheal collapse as well.

BREED

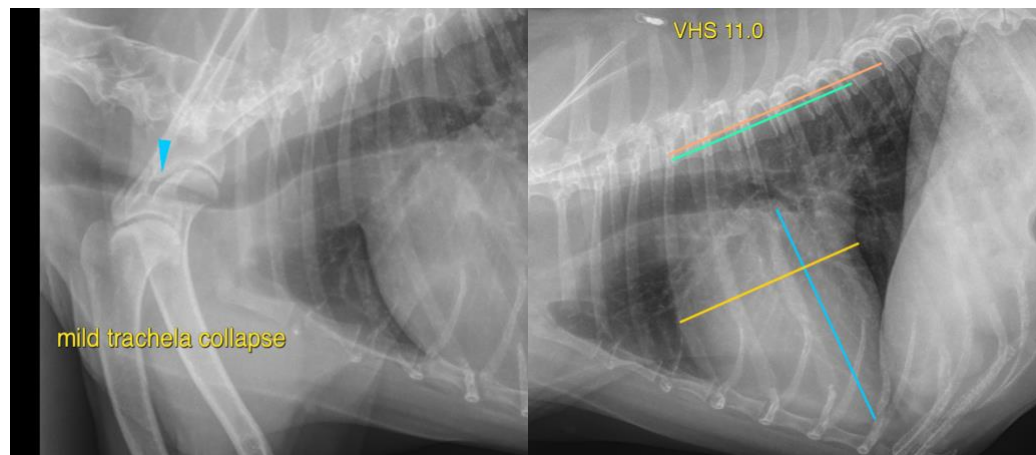
Chihuahua

SEX

Neutered Male

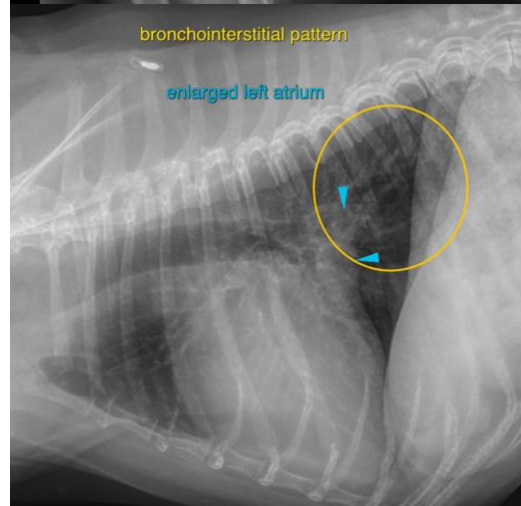
AGE

16 Years



INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI



HOSPITAL NAME

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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.



PATIENT

Edward Shusta

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

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Neutered Male

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