



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Bitsy Kennedy  
**SPECIES** Canine  
**BREED** Chihuahua  
**SEX** Spayed Female

History: Chief Complaint: fainting History: p is here for fainting, lethargy, drinking less, difficulty breathing since yesterday, p was rough housing with house mate, o mentioned passed out twice yesterday and once out in the parking lot, a few days ago o dewormed p with pet armor because p seemed skinny, eating ok, o was watching p while sleeping RR: 69, abdominal breathing, extending neck to breath C/S/V/D: coughing when excited(always happened)

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, grade IV/VI L systolic murmur, pulses strong and synchronous, increased bronchovesicular sounds. Breathing with neck extended, tachypnea. No crackles or wheezing present. EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: Moderate dental tartar Musculoskeletal: BCS = 5/9. Ambulatory x 4. Grade 2/4 bilateral MPL Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: QAR Hydration: N

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**AGE RADIOGRAPHIC FINDINGS**

10 Years Very mild spondylosis formation is noted multifocal along the thoracic spine. Both shoulder joints present mild osteophyte new bone formation.

**INTERPRETED BY** The extrathoracic soft tissues present homogeneous without abnormalities.

Sebastian Schaub, DVM Dr. med. vet. DipECVDI  
 The heart presents a steep caudal contour and a wedge shaped soft tissue opacity is seen in the region of the left atrium. In the VD view the left ventricle is prominent. The left principal bronchus is deviated dorsally in the lateral projection. The pulmonary veins are prominent.

**HOSPITAL NAME** The lung field in the perihilar region presents a moderate to marked patchy unstructured reticular pattern.

DPC Veterinary H 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.

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

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

**INVOICE** 13269  
**RADIOGRAPHIC DIAGNOSIS**

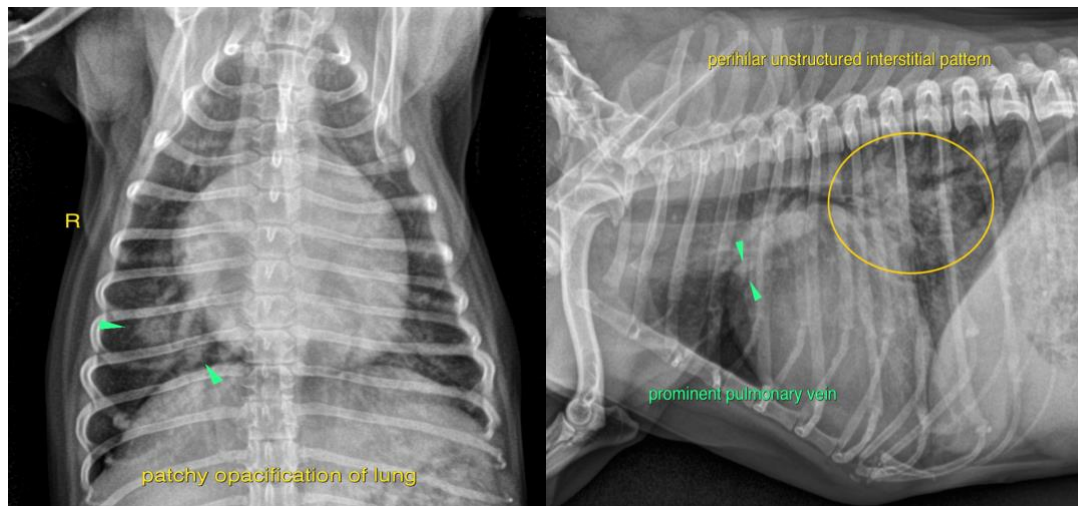
- Left sided cardiac enlargement with signs for decompensation
- Patchy perihilar unstructured reticular pattern

**DATE** 9/23/21  
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



**PATIENT** Bitsy Kennedy  
**SPECIES** Canine  
**BREED** Chihuahua  
**SEX** Spayed Female  
**AGE** 10 Years

The left sided cardiac enlargement, prominent pulmonary veins and the perihilar unstructured interstitial lung pattern indicate left heart failure with cardiogenic pulmonary edema. The most likely underlying cause is myxomatous mitral valve degeneration with mitral valve insufficiency and left cardiac volume overload. Recommend cardiac echo for evaluation of cardiac chamber size and function as well as clinical trial with diuretic drugs. Follow up radiographs under therapy can be used to check if the lung pattern is resolving.



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

The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

**HOSPITAL NAME** DPC Veterinary H

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

Dr. Rivera

**INVOICE**

13269

**DATE**

9/23/21