



PATIENT

Molly Robinson

PRESENTING CLINICAL SIGNS

Seen by an emergency hospital 9 days ago (9/18/21) for coughing "over the last week". Harsh cough with tracheal palpation, no murmur, TPR = WNL, coughing small amounts of foam. Eating normal. No boarding. Chest rads "mild lung changes". Dx with kennel cough, dispensed Clavamox 375 mg Q12 and 30 mg codeine Q8-12 prn discomfort. These rads were sent to you by email. Molly seen here on 9/22/21, no better with Rx, BAR eating well harsh cough with tracheal palpation, larynx feels firmer/larger than normal, chest clear, no murmurs. Changed to doxycycline 150mg Q 12 and Torbutrol 10 mg Q 12 and scheduled x-rays and laryngeal exam with light sedation.

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Abnormal PE/Chem/CBC/UA Results: 9/27/21, today, Molly has had a decrease in her appetite the past 48 hours, harsh/dry cough with tracheal palpation (no change), crackles in her cranial lung fields (new), no murmurs. TPR=WNL. from 9/22/21 CBC: normal except Neutrophils 10731 (N=2060-10600), (no bands), Monocytes 1323 (0-800). BCHM; ALP 343 (5-131), normal t4(104) and Ft4 (9.3) . Light sedation of larynx :vocal folds seem to have decreased mobility, scoped upper airway- no visible masses.

SEX

Female Spayed

RADIOGRAPHIC STUDY OF THE THORAX AND NECK

A complete set of radiographs of the neck and thorax are provided for review.

AGE

13 Years, 3 Months

RADIOGRAPHIC FINDINGS

Multifocal moderate spondylosis formation is seen along the cervical spine. No additional abnormalities of the osseous and soft tissue structures of the neck are appreciated.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The shoulder joints present mild to moderate osteophyte new bone formation.

The extrathoracic soft tissues present homogeneous without abnormalities.

HOSPITAL NAME

Four Legs Animal Hospital

The cardiac silhouette presents a steep caudal border with loss of the caudal cardiac waist. A wedge shaped soft tissue opacity is seen level with the left atrium. In the VD view, scalloping of the cardiac silhouette level with the left atrial auricular appendage is seen. The pulmonary vessels are prominent.

REFERRING VET

Natalia Bassford

The lung parenchyma – most pronounced in the perihilar region and the caudal lung lobes – presents a moderate to marked unstructured reticular lung pattern effacing the pulmonary vasculature in the respective region.

The esophagus is moderately distended by gas.

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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.

DATE

9-27-21

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

No overt changes are appreciated approximately 1h post furosemide injection.



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RADIOGRAPHIC DIAGNOSIS

- Moderate to marked unstructured interstitial lung pattern, predominantly perihilar and caudodorsal lung field
- Left sided cardiomegaly
- Vascular lung pattern
- Degenerative osteoarthritis shoulder joints bilaterally
- Mild transient esophageal dilation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overall, the radiographic changes are concerning for decompensated left cardiac failure with cardiogenic pulmonary edema. As no pulmonary edema is appreciated in the clinical examination, underlying cardiomyopathy - such as dilated cardiomyopathy - is a potential here. A cardiac echo would be ideal for further workup.

SEX

Female Spayed

Other potentials for the pulmonary pattern can include pulmonary hemorrhage (would expect ventral distribution over time), non-cardiogenic pulmonary edema (e.g. acute respiratory distress syndrome (pancreatitis, systemic inflammatory reaction,...), pulmonary embolism, neurogenic pulmonary edema, barotrauma (e.g. laryngeal paralysis), severe pneumonitis (e.g. parainfluenza), (neoplasia (e.g. carcinoma, hemangiosarcoma)).

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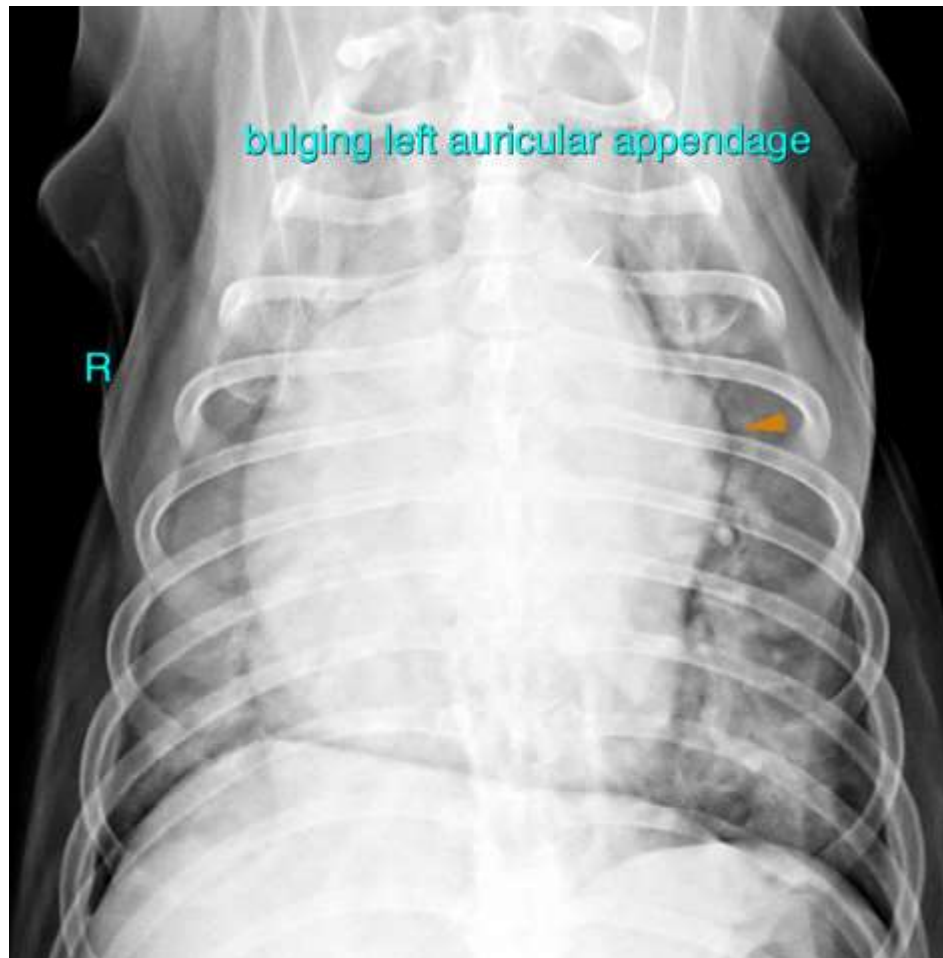
Natalia Bassford

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9-27-21



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.

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