



PATIENT PRESENTING CLINICAL SIGNS

Marley Delgado History: Chronic cough. Grade 4/6 mitral valve murmur. Raspy, harsh lungs. Abnormal PE/Chem/CBC/UA Results:

SPECIES RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

BREED

Chih The surrounding bony structures are within normal limits.

The caudal contour of the cardiac silhouette is steep and the caudal cardiac waist is lost. The heart presents a broad sternal contact. In the VD projection the heart is elongated. The pulmonary vasculature is within normal limits.

SEX

Neutered Male 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.

AGE

12 Years 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 a generalized increased radiopacity, due to ; the intrapulmonary vascular branching is seen up to the third order lung vessels.

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

The diaphragm is well delineated and bulging far cranially into the thoracic cavity.

The abdominal volume is moderately increased and the serosal detail is lost due to generalized soft tissue opacification with interspersed gas filled small intestinal loops.

HOSPITAL NAME

Pacific Avenue VC

RADIOGRAPHIC DIAGNOSIS

- Marked ascites
- Cardiomegaly accentuating the left heart

REFERRING VET

Dr. Sid Bruckert-Frisk

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

13356

The main finding – also not related with the history of cough – is the peritoneal effusion distending the abdomen and causing cranial bulging of the diaphragm. Exudate or transudate are potentials here.

DATE

9/29/21

The heart is enlarged and given the cardiac murmur mitral valve insufficiency due to myxomatous mitral valve degeneration is a potential. However, this finding would not explain the peritoneal



PATIENT

Marley Delgado

effusion but in case of right heart failure (e.g. cardiac mass, tricuspid dysplasia, pulmonary hypertension (e.g. PTE)).

SPECIES

Canine

Overall I suspect two different entities more likely here. A cardiac echo can be used to check if cardiac disease is responsible for peritoneal effusion. Complete blood work is advised to screen for underlying systemic disease. Tapping the peritoneal effusion is mandatory as well. A complete abdominal ultrasound can be used to check for underlying abdominal disease as source for peritoneal effusion.

BREED

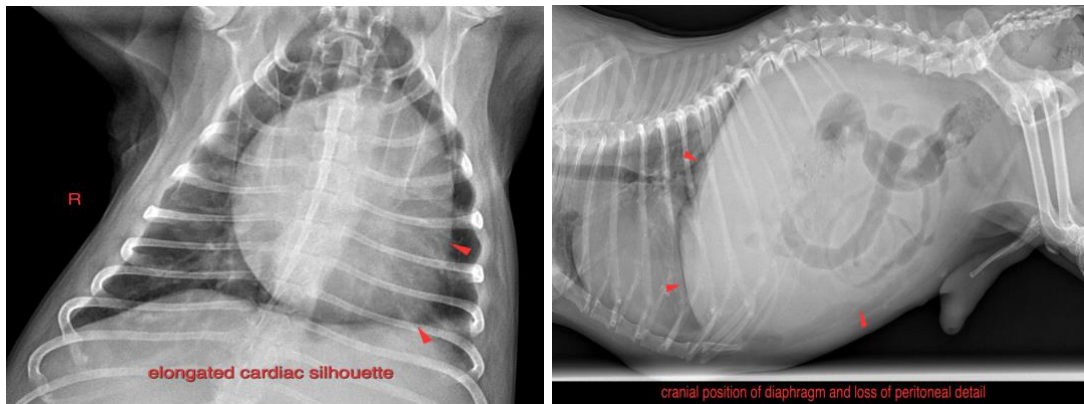
Chih

SEX

Neutered Male

AGE

12 Years



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.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

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
sebast.schaub@gmail.com

HOSPITAL NAME

Pacific Avenue VC

REFERRING VET

Dr. Sid Bruckert-Frisk

INVOICE

13356

DATE

9/29/21