



## PATIENT

Horchata Rowe

## SPECIES

Canine

## BREED

Afghan Hound

## SEX

FS

## AGE

8.5Y

## WEIGHT

30kg

## INTERPRETED BY

Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

## IMAGING PERFORMED BY

MR/DM

## HOSPITAL NAME

Green Dog Dental and  
Wellness

## REFERRING VET

Dr. Geist

## INVOICE

74332

## DATE

3-24-26

## PRESENTING CLINICAL SIGNS

- Moderate-severe BI to miliary pattern throughout the lungs.
- Tested for histoplasmosis back in 2021 when she was diagnosed with PLE.
- Pending fungal titer results.

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies are available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

The ventral thorax is not included. Heart and ventral lung assessment limited.

The lung presents bilateral moderate confluent mixed peribronchial infiltrates noted throughout the included lung fields with central accentuation. Pulmonary volumes appear to be maintained. No discrete pulmonary nodules are identified in the visible portions of the thorax.

There is no evidence of tracheobronchial lymphadenopathy.

No mediastinal or pulmonary masses are identified in the included field.

Heart borders are partially included. No obvious cardiac changes are seen.

The visible portions of pleura present unremarkable.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral moderate mixed peribronchial infiltrates consistent with a diffuse interstitial and peribronchial pulmonary pattern.
- No evidence of discrete pulmonary masses or nodules.
- No evidence of tracheobronchial lymphadenomegaly.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Differential considerations primarily include inflammatory airway disease such as allergic bronchopneumopathy and infectious causes including bacterial, fungal, such as histoplasma given prior history, and other. Early neoplastic or metastatic disease without discrete nodules is considered by far less likely. Correlation with clinical findings and pulmonary function recommended. Fungal serology titers are pending. Complete thoracic CT and endoscopy with bronchoalveolar lavage could be considered.



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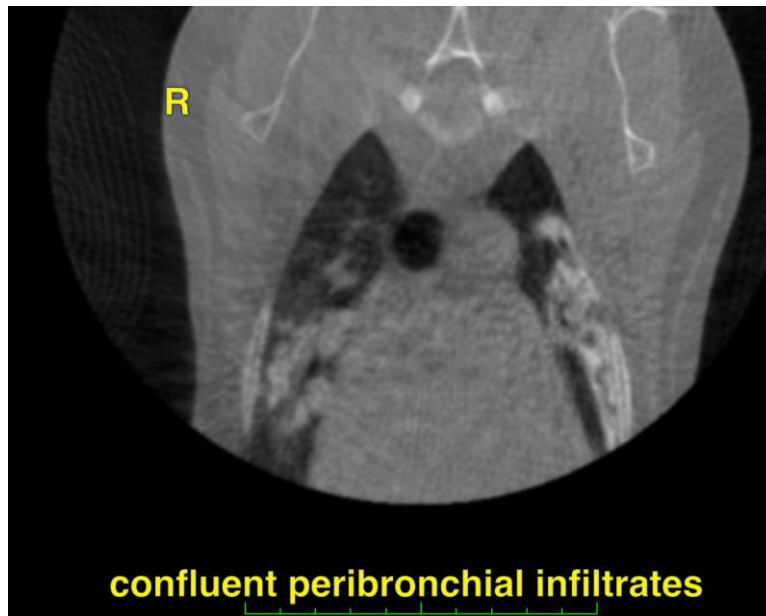
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Nele Eley (Ondreka)**, DVM, Dr. med. vet., DipECVDI  
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