



## PATIENT

Maggie Khan

## SPECIES

Canine

## BREED

Chihuahua

## SEX

FS

## AGE

7Y, 11M, 25D

## WEIGHT

3.07kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

AMC

## HOSPITAL NAME

Green Dog Dental and  
Wellness

## REFERRING VET

Dr. Scott

## INVOICE

74391

## DATE

3-30-26

## PRESENTING CLINICAL SIGNS

- Patient with a recent surgical history (1 week post-insulinoma removal) presents with acute onset tachypnea and increased respiratory effort. No coughing has been reported. On physical exam, lung auscultation is unremarkable (no crackles).
- Recent laboratory findings reveal leukocytosis with neutrophilia and suspected left shift, as well as elevated pancreatic enzymes (amylase and lipase), consistent with suspected pancreatitis. Blood glucose is low-normal (77 mg/dL).

## RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and ventrodorsal views of the thorax totaling 3 images available for review.

## RADIOGRAPHIC FINDINGS

The lungs present a moderate diffuse interstitial pattern throughout all lobes of the right and left lung. Mild multifocal bronchial markings are present. No focal consolidations are seen.

The assessment of the cardiac silhouette is limited since it is obscured by the interstitial opacity of the lung. There appears to be mild nonspecific cardiomegaly without evidence of left atrial enlargement, without signs of left ventricular enlargement, and without radiographic signs of congestive heart failure. The pulmonary arteries are prominent.

Minimal pleural effusion is noted.

The trachea is normal in position and caliber.

Presence of gastric aerophagia is noted.

Multiple spondyloses are seen within the cervical spine.

## RADIOGRAPHIC DIAGNOSIS

- Moderate diffuse interstitial pulmonary pattern likely secondary to inflammatory or interstitial edema processes.
- Prominence of pulmonary arteries raising concern for possible pulmonary thromboembolism (PTE).
- Mild nonspecific cardiomegaly without left atrial enlargement and without evidence of congestive cardiac failure.
- Minimal pleural fluid.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings are nonspecific but raise concern for PTE especially given the recent insulinoma surgery, signs of pancreatitis, and acute respiratory signs. The radiographic presentation of PTE can be subtle. Diffuse interstitial pattern and prominence of pulmonary arteries may be the only clues, especially in small or partial emboli. Other differential considerations include post-surgical inflammatory changes, noncardiogenic pulmonary edema including acute respiratory distress syndrome, infectious or inflammatory interstitial lung disease. Given the patient's acute tachypnea and increased respiratory effort, PTE should be actively considered despite the subtle radiographic findings. Echocardiography is recommended. CT pulmonary angiography, coagulation panel, supportive care including oxygen therapy and empirical treatment for pancreatitis can be considered



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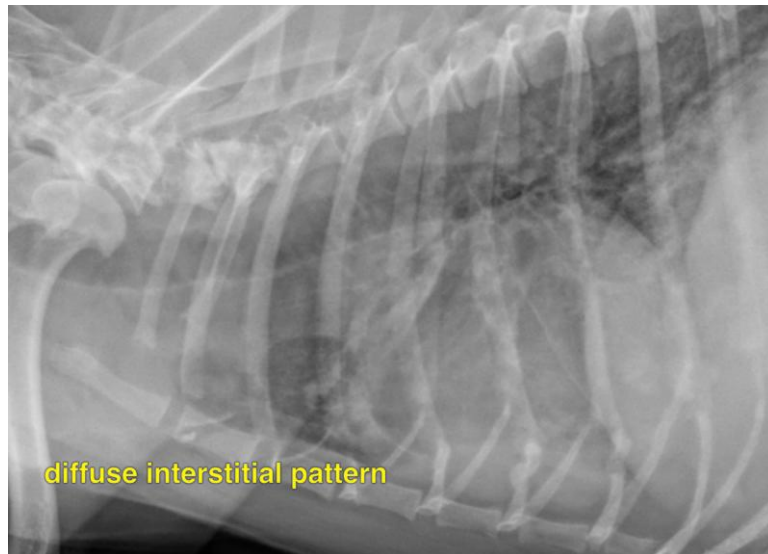
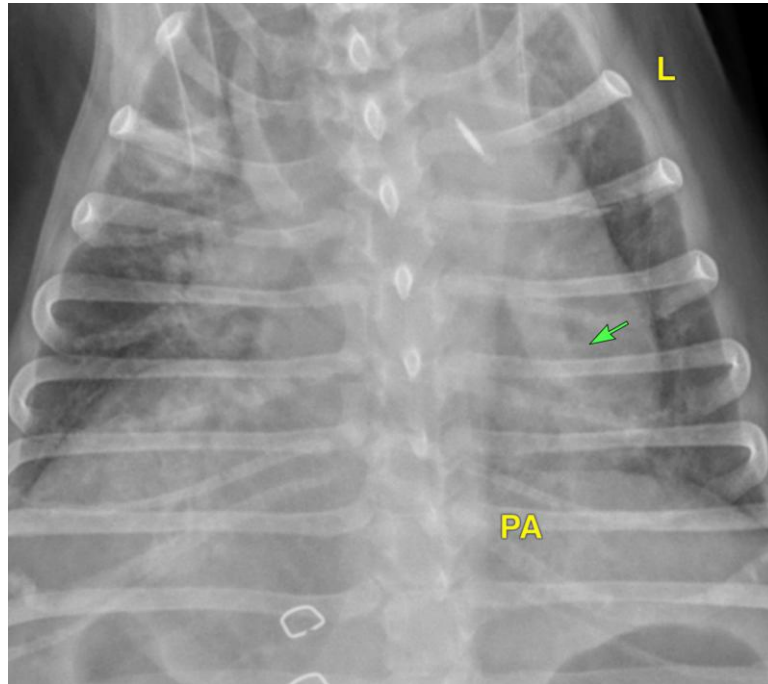
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.

[info@sonopath.com](mailto:info@sonopath.com)