



PATIENT PRESENTING CLINICAL SIGNS

Cupcake Rehley
Presented for cough few weeks ago, progressing, heart murmur 4/6 notes at time of exam. Severe dental disease - pre-anesthetic initially however pet getting worse and x-rays today revealed possible mass/soft tissue opacity. Echo pending but technician reported heart appeared possible displaced from normal location. On k/d diet due mild BUN elevation (41). No response to oral abx trial.

SPECIES

Canine
Abnormal PE/Chem/CBC/UA Results: BUN 41, wbc 21.8, neut 18029, alp 430, lipase 444

BREED

Pom Mix

RADIOGRAPHIC STUDY OF THE THORAX AND CERVICAL SOFT TISSUE

Radiographs of the thorax and cervical soft tissue in two imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

SEX

FS

The extrathoracic soft tissues present homogeneous without abnormalities.

Within the right middle lung lobe is a poorly marginated soft tissue opaque mass measuring at least 4.2 cm x 3.4 cm, and an associated lobar sign is seen on the right cranial lung lobe. In addition, a mildly diffuse bronchointerstitial pulmonary pattern.

AGE

13 Years

The cardiac silhouette spans approximately 60% of the thoracic width, 3.5 intercostal spaces, and is convex in the caudodorsal border on the left atrial contour region. The pulmonary vessels are normal.

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

The thoracic trachea is dorsally displaced by the enlarged cardiac silhouette due to a concurrent poorly defined regional mass effect seen surrounding the carina. The caudal lobar bronchi are also being displaced abaxially at the distal trachea.

The C2-C3, C3-C4, C4-C5, C5-C6, C6-C7, and C7-T1 intervertebral disc spaces are variably narrowed or collapsed, with incomplete and complete bridged spondylosis deformans.

Mild periarticular ossification is seen at the caudal aspect of both shoulders.

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On the edge of the VD view, a pinpoint patchy mineral material is seen superimposed in both renal silhouettes at the level of the diverticula and pelvis.

The remainder collimated abdomen is normal.

Abundant fat stores are seen in the subcutaneous tissues,

REFERRING VET

Dr. Stephanie Welch

No other abnormalities are identified.

INVOICE

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DATE

1-10-23

RADIOGRAPHIC DIAGNOSIS

- Right middle lung lobe mass and a lobar sign.
- Concurrent cranial lung lobe atelectasis, more prominent on the right.
- Left sided cardiomegaly.
- Scant pleural effusion.
- Questionably enlarged tracheobronchial lymph node.
- C2-C3, C3-C4, C4-C5, C5-C6, C6-C7, and C7-T1 disc disease and spondylosis deformans, with or without spinal or nerve root impingement.
- Mineralization of the renal diverticula and pelvis, bilaterally.



- PATIENT**
- Mild shoulder osteoarthritis, bilaterally.
 - Excessive body score.

Cupcake Rehley

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

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The right middle lung lobe mass is most consistent with primary pulmonary neoplasia such as bronchoalveolar carcinoma. Other differentials include pulmonary metastatic disease of unknown origin and pulmonary parasitic granuloma but are less likely. This mass is peripherally located and may be amenable to ultrasound guided fine needle aspiration for cytology evaluation.

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The differential diagnosis for the lobar sign on the right cranial lung lobe can include extramural bronchial compression by the mass causing obstructive atelectasis, passive atelectasis, or less likely focal concurrent lobar bronchopneumonia, and lobar hemorrhage.

SEX

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The left sided cardiomegaly in combination with the cardiac murmur is likely a sequela to myxomatous mitral valve degeneration and secondary mitral valve insufficiency. A cardiac echo can be used for further assessment of cardiac chamber size and function.

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The differential diagnosis for scant pleural effusion includes secondary to tangent beam orientation, pleural fibrosis, minor amount of pleural effusion.

For better analysis of the questionable tracheobronchial enlarged lymph node, a thoracic computed tomography is suggested.

An MRI or CT myelogram is suggested for localized spinal or nerve root impingement if the patient complains of neck pain or neurological impairments.

An abdominal ultrasound and correlation to urinalysis is suggested for further evaluation of the urinary tract.

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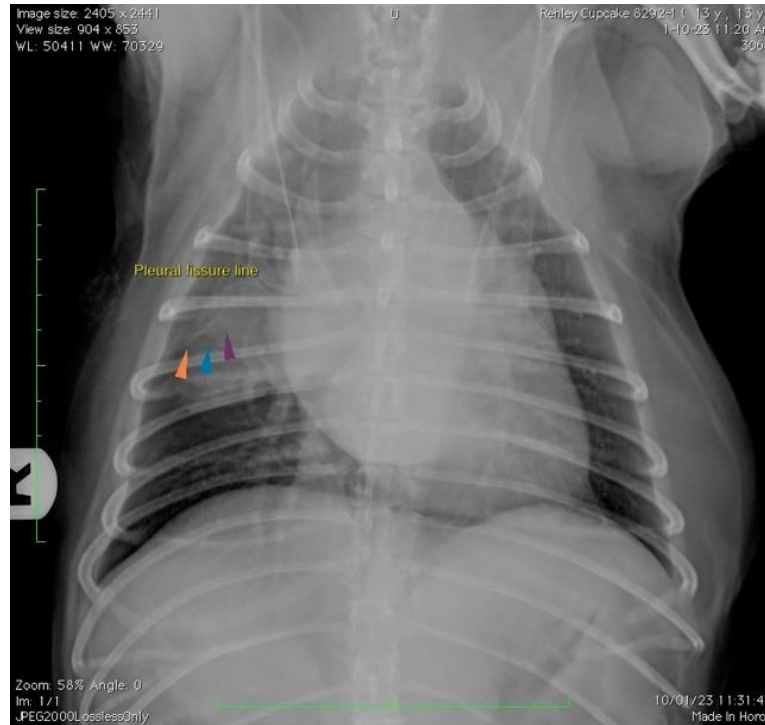
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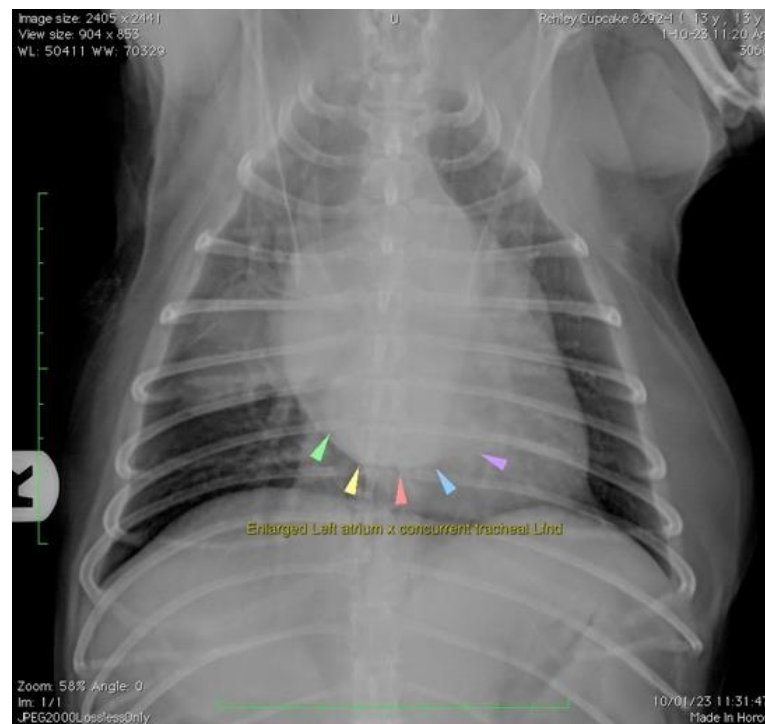
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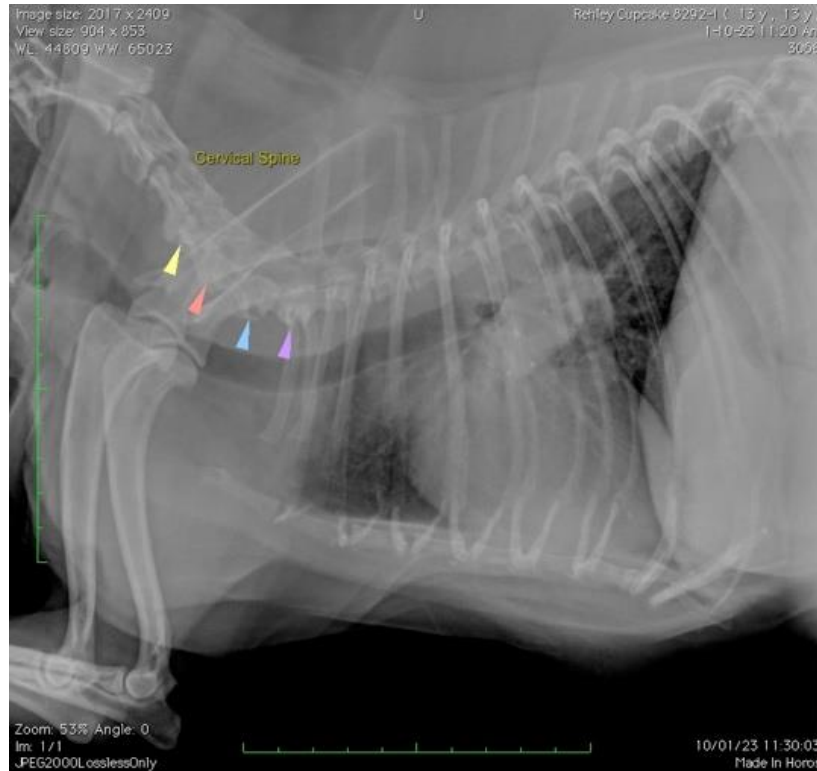
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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