



**PATIENT PRESENTING CLINICAL SIGNS**

Tiger Vermette

Reason for Visit: CHECK FOR FLUID History: P IS HERE TO CHECK FOR FLUID IN LUNG P IS COUGHING MORE FREQUENTLY, NO SIGNS OF FAINTING EPISODES, Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, grade VI/VI heart murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear AU. OU: lenticular sclerosis. No nasal discharge. No cough on tracheal palpation. Oral cavity: Severe dental tartar/calculus, halitosis. Moderate gingivitis. Musculoskeletal: BCS = 5/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N

**SPECIES**

Canine

**BREED**

Shih Tzu

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**SEX**

**RADIOGRAPHIC FINDINGS**

NM

Superimposed with the dorsal margin of the end portion of the extrathoracic trachea is a thin, fusiform soft tissue opaque structure, visible on the edge of the lateral view.

**AGE**

12 Years

The cardiac silhouette dorsally displaces the trachea, compresses the lobar bronchi, spans four intercostal spaces on the lateral view, approximately 70% of the thoracic width in the ventral dorsal view, and is convex in the left caudodorsal contour with squaring off of the apex. (VHS = 10.9, VLAS = 2.5).

**INTERPRETED BY**

The pulmonary vasculature and parenchyma are normal.

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The pleural space and mediastinum are normal.

No evidence of soft tissue opaque pulmonary nodules or abnormal intrathoracic lymph nodes.

The thoracic wall and ribs are normal.

**HOSPITAL NAME**

DPC Veterinary Hospital

The collimated cranial abdomen is normal.

The musculoskeletal structures are unremarkable.

**REFERRING VET**

Dr. Rivera

**RADIOGRAPHIC DIAGNOSIS**

- Moderate to severe left sided cardiomegaly.
- Redundant tracheal membrane superimposed.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

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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. No evidence of decompensated cardiac disease. A vertebral left atrial size (VLAS) more than 2.3-2.5 can be used as an indicator of left atrial enlargement and dogs exceeding this cut off likely have hemodynamically important myxomatous mitral valve degeneration.

**DATE**

1-26-23



**PATIENT**

A cardiac echo can be used for further assessment of cardiac chamber size and function.

Tiger Vermette

The identification of the redundant tracheal membrane without clinical signs could be considered an incidental finding.

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**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

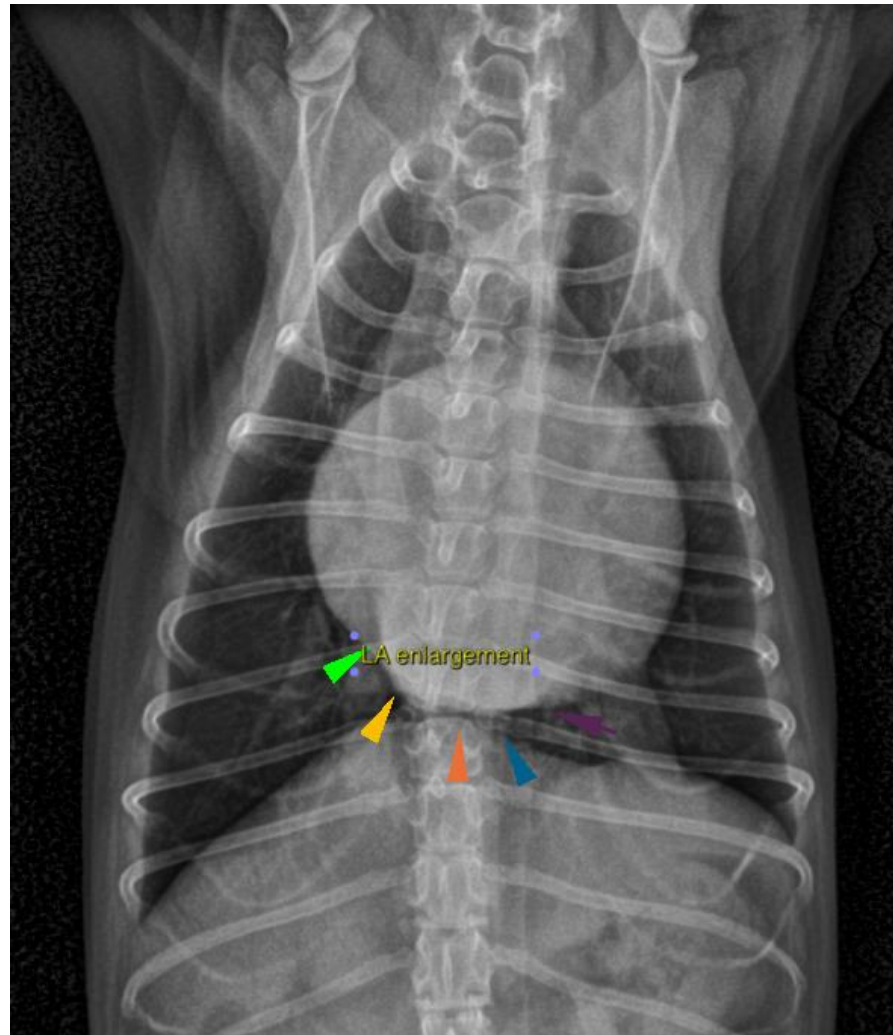
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**PATIENT**

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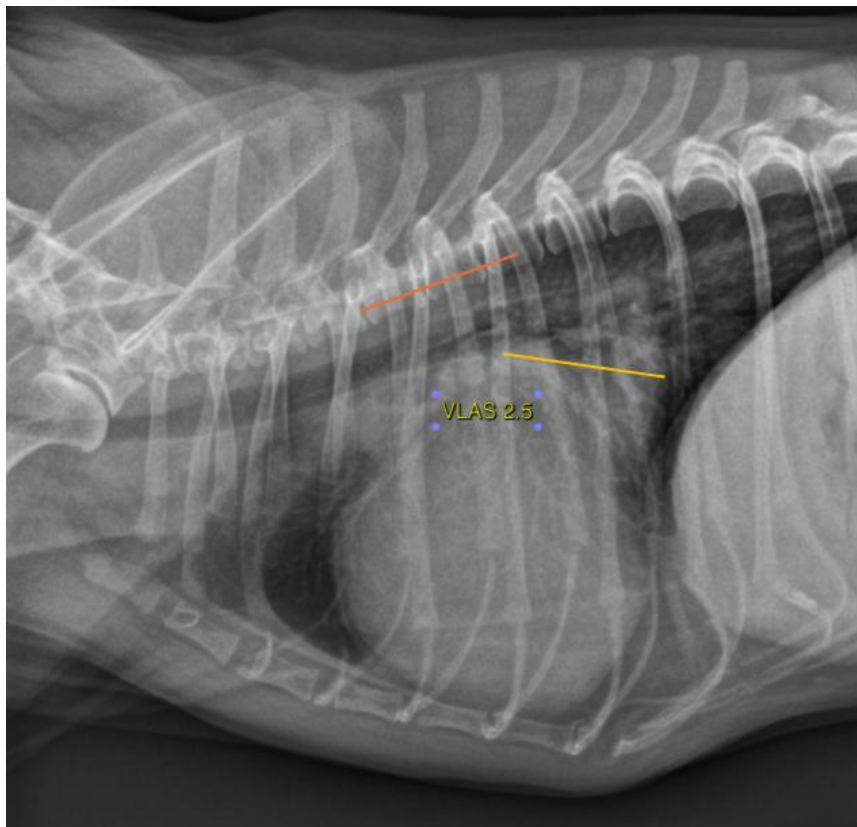
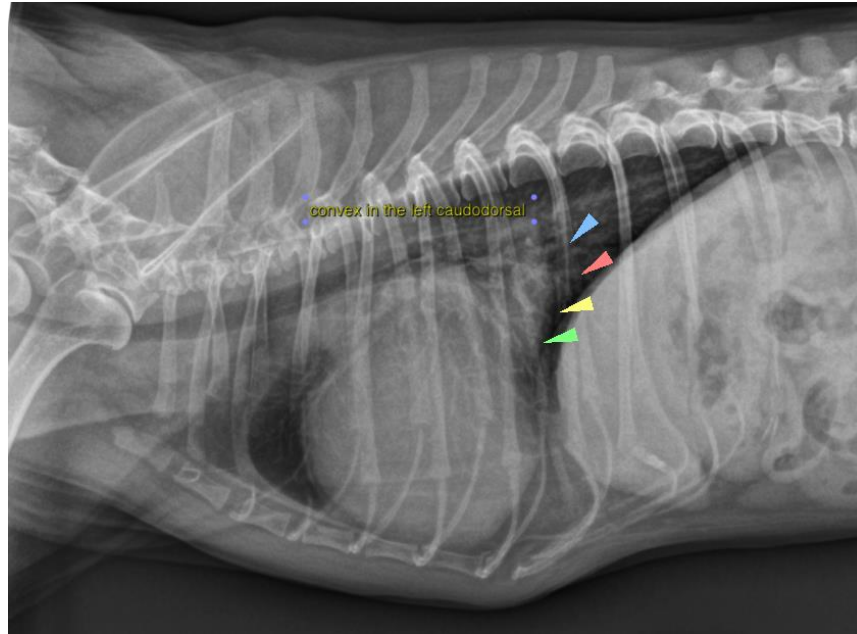
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**PATIENT**

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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.

**SPECIES**

Canine

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.

**BREED**

Shih Tzu

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