



PATIENT

Noodles McGreal

SPECIES

Canine

BREED

Old English Sheepdog

SEX

Female Spayed

AGE

11Y, 10M

WEIGHT

84.7lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Aly / Ashley

HOSPITAL NAME

Animal Clinic
Northview

REFERRING VET

Derek Howell, DVM

INVOICE

72564

DATE

11-11-25

PRESENTING CLINICAL SIGNS

Chronic wet sounding cough over the past 6 months. Non-responsive to antibiotics, steroids, or cough suppressants. Airway sampling in August grew no bacteria on culture (off antibiotics for a week prior) and negative respiratory PCR. Airway cytology showed moderate to marked neutrophilic inflammation without any evidence of neoplasia, bacteria, or etiologic agents. Cough has persisted and now has developed thick yellow nasal discharge coming from the nose following coughing episodes. Culture of the nasal discharge is pending.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

A pre- and post-contrast CT study of thorax are provided for review totaling 2 series. One pre-contrast series of the thorax, bone algorithm. One post-contrast series of the thorax, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

The caudal cervical and thoracic trachea are within normal limits.

Some peripheral bronchi appear mildly dilated and contain intraluminal fluid material. Scattered tree-in-bud opacities are identified. Within the lobar bronchus to the left cranial lung lobe, there is a moderate amount of heterogeneous intraluminal material, consistent with mucoid impaction.

Mostly, the bronchus-to-artery ratio remains within normal limits.

No pulmonary micronodules, nodules, or mass lesions are identified.

The heart and pulmonary vessels appear normal. The contrast medium adequately opacifies the cardiac chambers and major vessels in the post-contrast series.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are within normal limits.

The pleural space, diaphragm, ribs, and thoracic wall are unremarkable.

The thoracic esophagus is unremarkable.

Multifocal thoracic and lumbar complete vertebral endplate spondylosis deformans, and degenerative changes in the caudal articular joints are noted. Fused T10-T11 spinous processes are observed.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild bronchial wall dilation with intraluminal fluid material and scattered tree-in-bud opacities. Differential diagnoses include mild lower airway disease such as chronic inflammatory or infectious bronchitis.
- Mucoid impaction within the left cranial lobar bronchus.
- Multifocal thoracolumbar spondylosis deformans and incidental fused T10-T11 spinous processes.



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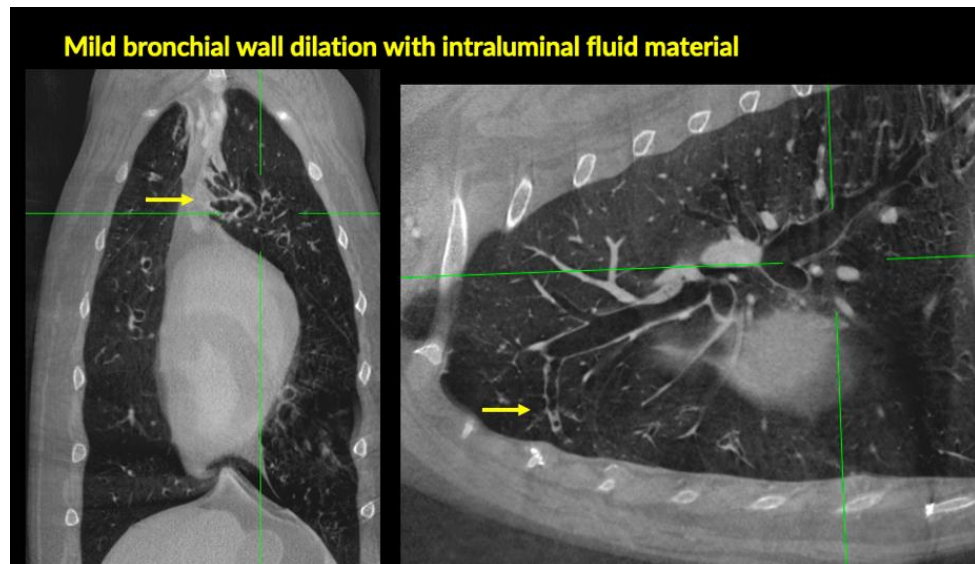
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings indicate mild bronchiolar and bronchial changes, with luminal fluid and mucoid impaction in the left cranial lobar bronchus. Differential diagnoses include mild lower airway disease, such as chronic inflammatory or infectious bronchitis.

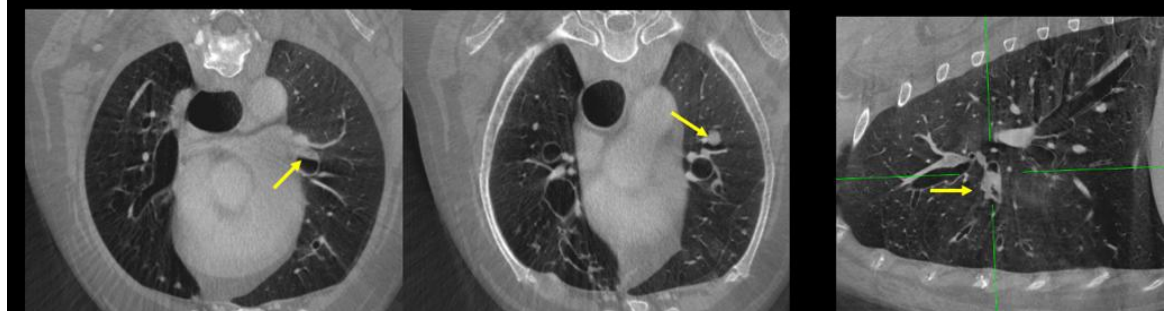
A longer treatment period may be required for bronchitis. The peripheral dilation of some peripheral bronchi may indicate mild segmental bronchiectasis, which could predispose to mucus accumulation and recurrence of clinical signs.

No evidence of pulmonary nodules or mass lesions is observed.

The vertebral and articular degenerative changes are likely incidental.



Within the lobar bronchus to the left cranial lung lobe, there is a moderate amount of heterogeneous intraluminal material, consistent with mucoid impaction





Teleradiology

Educational Teleconsultation Services™

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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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com