



## PATIENT

Parker Furry Friends

## SPECIES

Canine

## BREED

Poodle Mix

## SEX

MN

## AGE

8Y

## WEIGHT

33lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Amanda Causey

## HOSPITAL NAME

Furry Friends Humane

## REFERRING VET

Dr. Koehler

## INVOICE

72685

## DATE

11-19-25

## PRESENTING CLINICAL SIGNS

Patient has intermittent periods of cyanotic tongue. Mucous membranes stay pink. No respiratory distress. No syncopal episodes noted. No exercise intolerance. No coughing. Patient appears BAR and apparently normal during episodes.

Abnormal PE/Chem/CBC/UA Results: Chest rads - unremarkable Echo - WNL

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast CT study of the head and thorax are provided for review totaling 3 series. One pre-contrast series of the head, soft tissue algorithm. One pre-contrast series of the thorax bone algorithm. One post-contrast series of the thorax soft tissue algorithm

## COMPUTED TOMOGRAPHIC FINDINGS

### HEAD

There is severe and diffuse thickening of the soft palate measuring 1.3 cm, resulting in significant luminal narrowing and partial obstruction.

The tonsils, hyoid apparatus, thyroid cartilage, and larynx are within normal limits.

The nasal cavities and turbinates are normal.

The cribriform plate is intact.

The frontal sinuses are unremarkable.

No intracranial mass effect, ventriculomegaly, or falx cerebri shift is identified.

The tympanic cavities and external auditory canals are within normal limits.

The globes and retrobulbar spaces are normal.

Triadan 107, 207, and 209 are absent.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal and mandibular lymph nodes are unremarkable.

The mandibular, parotid, and zygomatic salivary glands are unremarkable.

The thyroid glands are unremarkable.

### THORAX

The trachea and main bronchi are within normal limits.

There is mild reduction in pulmonary volume expansion affecting the peripheral and gravity-dependent regions of the caudal lung lobes, associated with peripheral pulmonary consolidations, likely reflecting atelectasis. The remaining pulmonary parenchyma exhibits normal attenuation, with no evidence of nodules or masses.



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The bronchial tree shows normal branching and tapering, with thin, smooth bronchial walls and a normal bronchus-to-artery ratio.

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The cardiac silhouette and pulmonary vessels appear normal, with adequate post-contrast opacification.

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A single cranial mediastinal lymph node is mildly enlarged, measuring 1.4 cm × 0.9 cm. The sternal and tracheobronchial lymph nodes are within normal limits.

## SEX

MN

The pleural space, diaphragm, and thoracic wall are unremarkable. The thoracic esophagus is unremarkable.

There is multifocal, discrete, incomplete bridging thoracic spondylosis deformans.

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## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe diffuse soft palate thickening causing marked luminal narrowing and partial oropharyngeal obstruction. Differential diagnosis includes chronic inflammation of the soft palate, pharyngitis, less likely neoplasia, diffuse.
- Mild cranial mediastinal lymphadenomegaly; differential diagnoses include reactive lymphadenitis undetermined cause.
- Mild peripheral dependent pulmonary atelectasis with peripheral consolidations, likely positional or anesthesia related. Otherwise, normal pulmonary parenchyma.
- Multifocal thoracic spondylosis deformans, incidental.
- Missing teeth: Triadan 107, 207, 209.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The computed tomographic findings demonstrate severe, diffuse soft palate thickening resulting in marked luminal narrowing and partial oropharyngeal obstruction. Differential diagnoses include chronic inflammation of the soft palate, pharyngitis, and—less likely—diffuse neoplasia. These changes may contribute to intermittent episodes of cyanotic tongue through dynamic airflow impairment, particularly during stress, excitement, or altered respiratory effort. Upper airway endoscopic evaluation is recommended to further assess soft palate morphology, with biopsy performed if feasible.

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The mild cranial mediastinal lymph node enlargement is likely reactive and of uncertain clinical significance in the absence of systemic illness. Routine monitoring of this lymph node is advised, with repeat imaging recommended only if clinical signs evolve.

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Dr. Koehler

## TECHNICAL COMMENTS

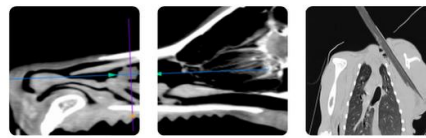
The pre-contrast scan is incorrectly labeled.

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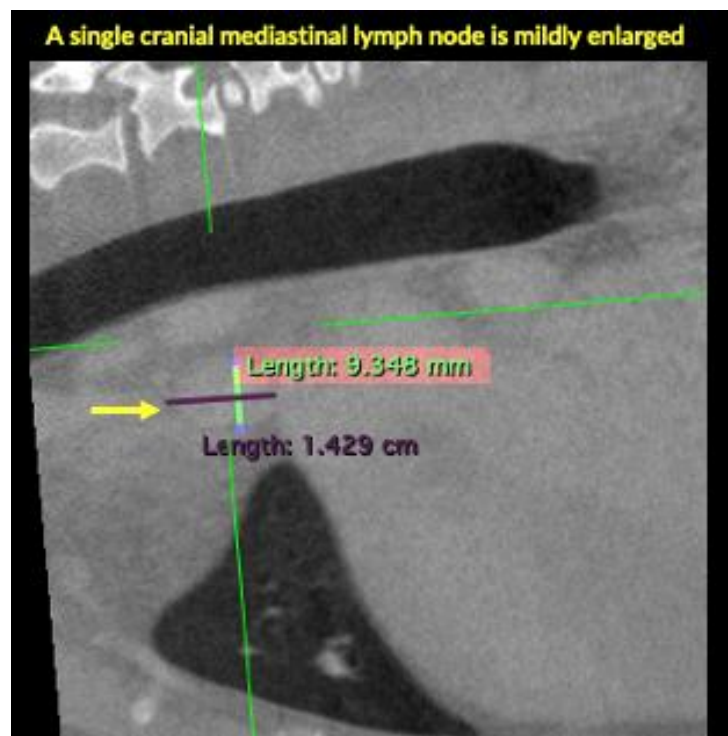
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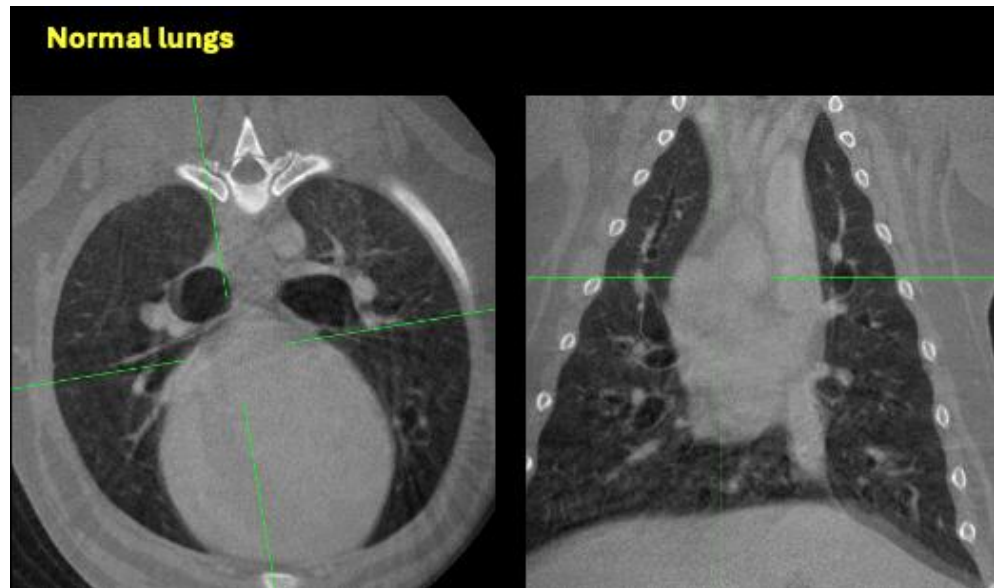
Dr. Koehler

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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**  
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