



PATIENT PRESENTING CLINICAL SIGNS

Lucky Szmidt Non-productive cough for ~2 months. Cough responded partially to a course of Doxycycline and Cough Tabs and is over all improved, but still persists. Occurs daily, more so when excited or coming in from the cold. Lungs sound clear on auscultation (perhaps very slightly increased lung sounds). No heart murmur nor arrythmia.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Cushings patient on Vetoryl---well-managed CBC: WNL Chem: ALP=204; ALT=139; AST=61 Electrolytes: WNL UA: WNL, except USpG=1.015

BREED

Terrier X

RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax and collimated abdomen, in two imaging planes are provided for review, right lateral and ventral dorsal views.

SEX

Male Neutered

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

AGE

13 Years, 5 Months

A moderate chronic bronchial pattern and unstructured interstitial pattern is present throughout all lung lobes.

The cardiac silhouette and pulmonary vasculature are normal.

Widening of the cranial mediastinum is seen and likely secondary to fat.

INTERPRETED BY

The pleural space is normal.

The liver is mildly enlarged with convex margins.

The stomach is moderately distended, contains gas, and heterogeneous soft tissue ingesta.

A lenticular homogenously fat opaque subcutaneous mass within the left thoracic body wall, measuring 9.2cm x 2.6cm is seen at the level of the fifth to the ninth rib.

HOSPITAL NAME

Long Valley Animal Hospital

Abundant fat stores are seen in the subcutaneous tissues and mediastinum.

No other abnormalities are identified.

REFERRING VET

Russell Earl

The musculoskeletal structures are unremarkable.

INVOICE

56637

DATE

2-8-23

RADIOGRAPHIC DIAGNOSIS

- Moderate generalized bronchial and unstructured interstitial pattern. Differential diagnosis includes allergic lower airway disease, chronic bronchitis, infectious bronchitis.
- Identification of the redundant tracheal membrane. Differential diagnosis includes incidental or dynamic tracheal collapse.
- Hepatomegaly. Differential diagnosis includes metabolic, vacuolar change (endocrinopathy), inflammatory, or less likely infiltrative neoplasia.
- Large left sided thoracic wall lipoma.
- Excessive body condition



PATIENT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The possible cause of the clinical signs is associated with allergic lower airway disease, chronic bronchitis, infectious bronchitis.

SPECIES

Canine

Redundant tracheal membrane could be incidental or correlated to dynamic tracheal collapse, correlate to specific physical exam.

BREED

Terrier X

Continuing medical therapy is suggested. If the patient does not improve, a bronchoalveolar lavage may be useful in obtaining samples for cytology, culture, and sensitivity.

Abdominal ultrasound is suggested for further evaluation of the liver.

SEX

Male Neutered

AGE

13 Years, 5 Months

INTERPRETED BY

Tilde Rodrigues Froes,
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HOSPITAL NAME

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Hospital

REFERRING VET

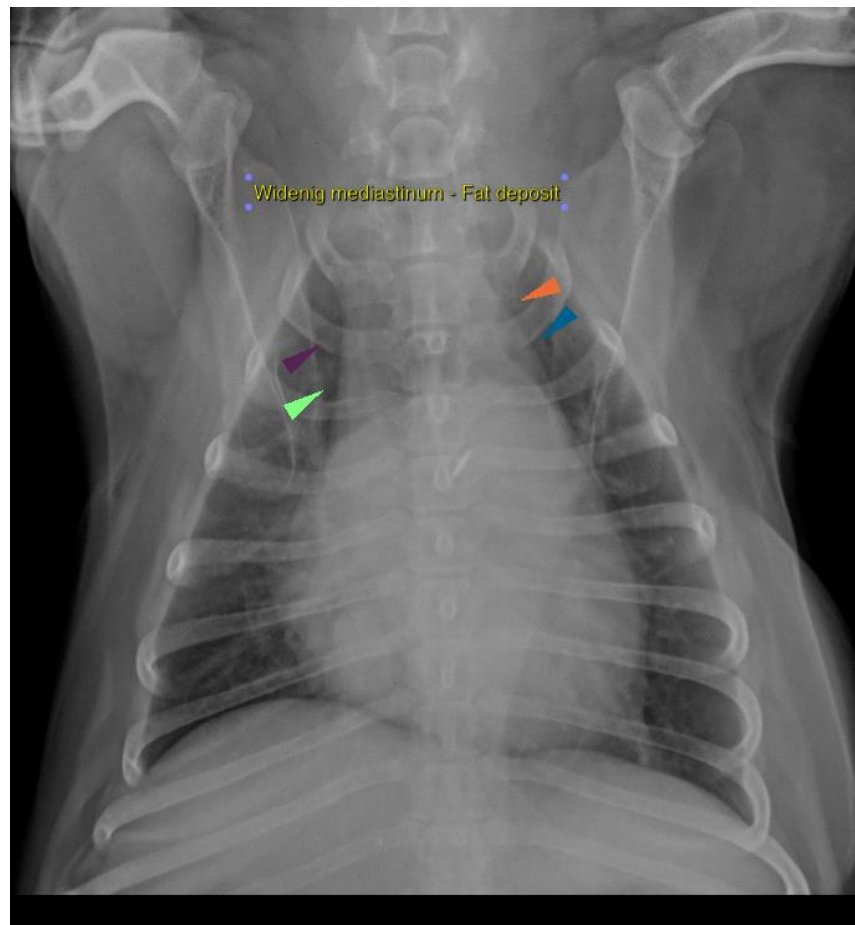
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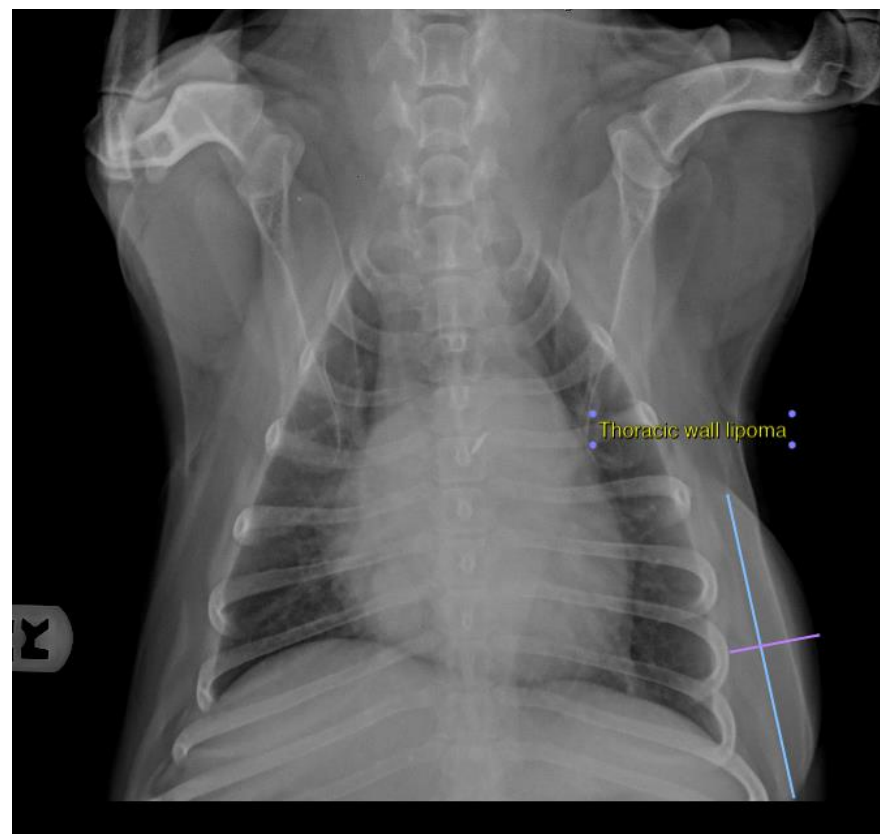
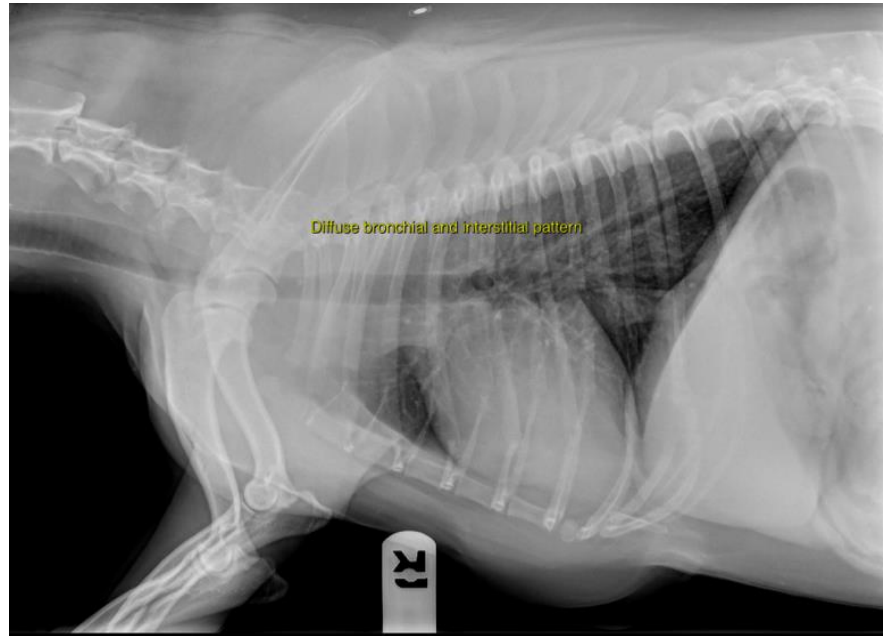
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Terrier X

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