



PATIENT PRESENTING CLINICAL SIGNS

Riley Kim Noisier and more labored breathing over the past 3 weeks.

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Canine A pre-contrast CT study of the thorax are provided for review. One soft tissue and one pulmonary window series.

COMPUTED TOMOGRAPHIC FINDINGS

BREED Boston Terrier
SEX MN
 The lumen of the main bronchi is moderately reduced in diameter. The lumen of the left main bronchus is severely reduced, collapse (grade 2/3). The lumen of the lobar bronchus to right cranial lobe (RB1) is severely reduced, collapse (grade 3/3 in some portions). The lumen of the lobar bronchus to right caudal lobe (RB4) is moderately reduced, collapse (grade 2/3). In consequence of the reduced diameter in these bronchi, there is a reduction of volume expansion of the pulmonary parenchyma, associated to a lobar alveolar opacification, more evident at the right cranial lung lobe and left cranial lung lobe (> left side). The left cranial lung lobe is completely collapsed. A multifocal bronchial microlithiasis is also identified. A tiny rounded subpleural soft tissue nodule in the periphery of the aerated right cranial lung lobe portion is noted and measures 2.0mm.

AGE 13 Years
 Widening of the mediastinum is noted and secondary to a moderate to severe amount of abundant fat stores.

The cardiac silhouette is mildly shifted to the right hemithorax. The cardiac silhouette is normal in size and shape. The pulmonary vasculature is normal.

INTERPRETED BY

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

The tracheobronchial lymph nodes are normal.

The sternal, mediastinal, and cranial mediastinal lymph nodes are unremarkable.

The pleural space and diaphragm are normal.

HOSPITAL NAME

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The collimated abdomen is normal.

Multiple cervical and cervicothoracic (C2-3 throughout T1) intervertebral disc spaces are variably narrowed, associated incomplete bridging spondylosis deformans.

The T6 and T9 vertebral bodies are wedge shaped.

REFERRING VET

Dr. Greg Kilburn

Between the cleidocephalic and omotransverse muscles in the right caudal cervical area is a spherical, fat-attenuating mass that is 2.0 cm by 2.8 cm in size.

COMPUTED TOMOGRAPHIC DIAGNOSIS

INVOICE

57338

- Bronchomalacia, affecting the main bronchi, also with significant luminal diameter reduction of the lobar bronchus to right cranial lobe (RB1), lobar bronchus to right caudal lobe (RB4), and left main bronchus.
- Collapse of the cranial pulmonary lung lobes (more left cranial lung lobe). Differential diagnosis: pulmonary fibrosis, resorptive atelectasis as a consequence of bronchial plug inflammation, and/or microlithiasis, concurrent bronchopneumonia (e.g., bacterial) is less likely.

DATE

3-21-23



- PATIENT**
- Small subpleural nodule at the right cranial lung lobe. Differential diagnosis includes inflammatory granuloma, in formation osteoma, less likely small focus of pulmonary metastatic disease.
- Riley Kim
- Multifocal cervical and cervicothoracic chronic disc disease and spondylosis deformans.
 - T6 and T9 hemivertebra, incidental.
 - Widening of mediastinum due to accumulation of fat stores.
- SPECIES**
- Cervical caudal subcutaneous, right side lipoma.
 - Excessive body condition score.

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Boston Terrier

The clinical sign of noisier and more labored breathing is correlated to bronchomalacia and bronchial collapse of the tracheobronchial tree. As consequence, chronic segmental and subsegmental bronchial collapse, a complete atelectasis/chronic fibrosis is seen in the left cranial lung lobe, and partially at right cranial lung lobe. A conservative and symptomatic therapeutical management is suggested, in association of weight loss.

SEX

MN

AGE

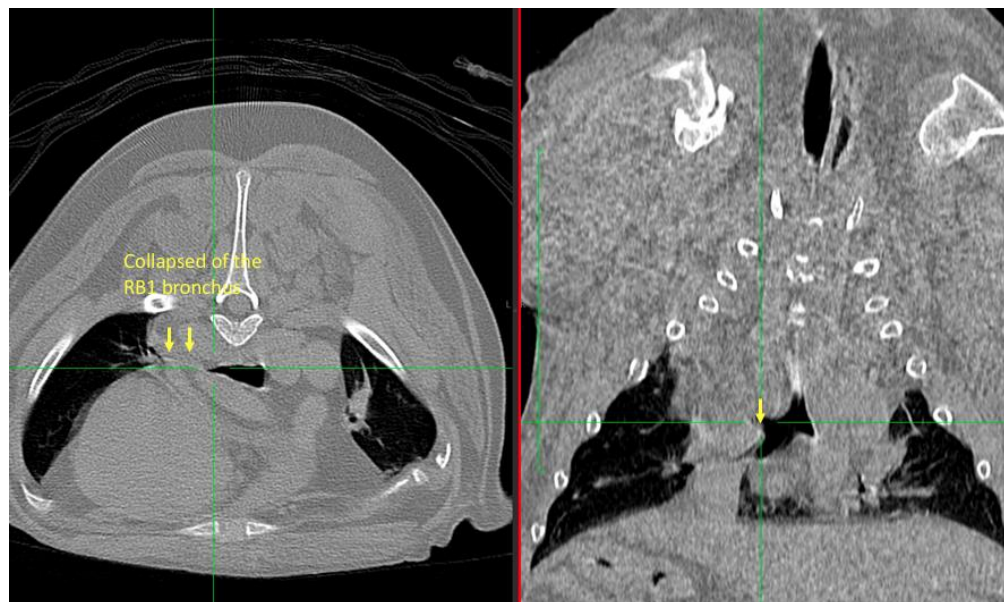
13 Years

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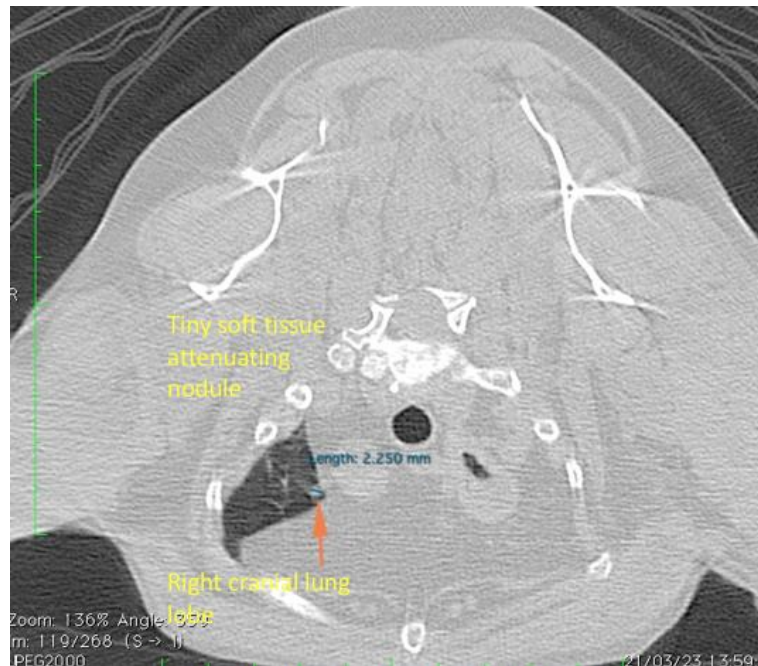
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PATIENT

Riley Kim

SPECIES

Canine

BREED

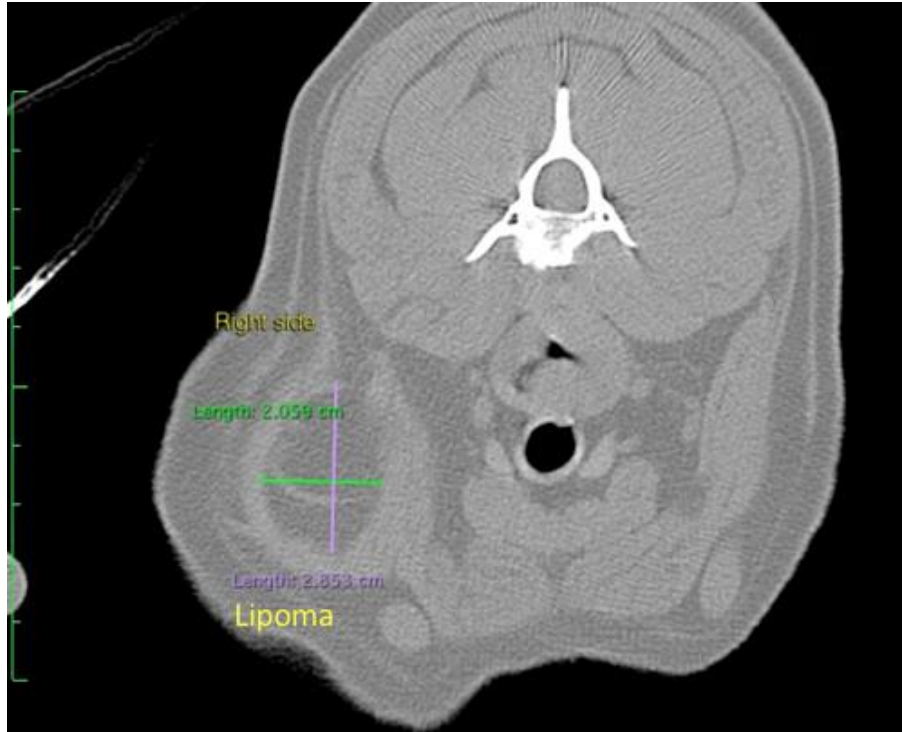
Boston Terrier

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AGE

13 Years



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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.

HOSPITAL NAME

Animal Health
Partners

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.

REFERRING VET

Dr. Greg Kilburn

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

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