



PATIENT

Teddy Armpriester

SPECIES

Canine

BREED

Goldendoodle

SEX

MN

AGE

12Y, 5M

WEIGHT

58

INTERPRETED BY

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

IMAGING PERFORMED BY

Cathy Bond

HOSPITAL NAME

Pocono Peak
Veterinary Center

REFERRING VET

Dr. Christine Coyle

INVOICE

74345

DATE

3-25-26

PRESENTING CLINICAL SIGNS

Constant hacking, bring up white foam, tracheal coughing

RADIOGRAPHIC STUDY OF THE THORAX

Orthogonal views of the thorax are available for review totaling two images. One ventrodorsal views. One right lateral view.

RADIOGRAPHIC FINDINGS

The cervical and thoracic trachea are within normal limits, with a mild superimposed increased soft tissue opacity noted in the region of the carina.

The pulmonary parenchyma shows a diffuse mixed pattern, characterized by predominant unstructured interstitial pattern, mild bronchial component, areas of increased opacity with faint alveolar tendency, more evident in the caudal lung regions.

The cardiac silhouette is mildly enlarged, occupying approximately 3.5 intercostal spaces and 65% of the thoracic width. Vertebral Heart Score (VHS): 12.1 (upper limit of normal). Vertebral Left Atrial Size (VLAS): 2.2 (upper limit of normal). Mild loss of definition of the caudodorsal cardiac border, suggestive of left atrial involvement

Pulmonary vessels are poorly defined, particularly in the lateral projection

Pleural fissure lines are visible on the right side in the ventrodorsal view, scant pleural effusion or artifact.

The mediastinum is unremarkable

The ribs, thoracic wall, and diaphragm are within normal limits

The cranial abdomen is unremarkable

RADIOGRAPHIC DIAGNOSIS

- Diffuse mixed pulmonary pattern, more pronounced in the caudal lung regions, associated with mild cardiomegaly and suspected left atrial enlargement.
- Primary differential diagnosis is most consistent with cardiogenic pulmonary edema. Additional differential diagnoses include non-cardiogenic pulmonary edema, chronic inflammatory airway disease (e.g., pneumonitis, chronic bronchitis).
- Mild cardiomegaly, with suspected left atrial enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings demonstrate a marked, diffuse mixed pulmonary pattern, more prominent in the caudal lung lobes, associated with mild cardiomegaly, including suspected left atrial enlargement. These findings are most consistent with cardiogenic pulmonary edema as the primary differential diagnosis.



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A concurrent bronchial component is noted, which may broaden the list of differentials; however, bronchial changes can also be observed in cases of more chronic pulmonary edema and in large-breed dogs.

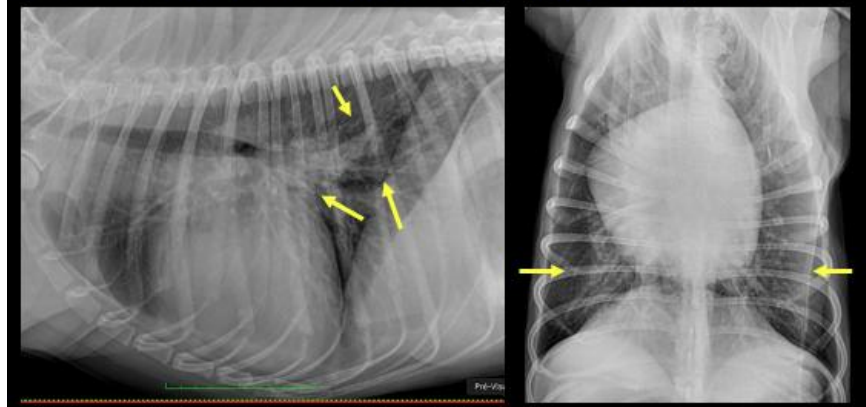
Correlation with clinical findings is recommended, particularly cardiac auscultation to assess for the presence of a murmur.

Initiation of appropriate therapy for suspected pulmonary edema should be considered based on the radiographic findings.

Follow-up thoracic radiographs approximately 24 hours after initiation of therapy are recommended to assess response and support diagnostic confirmation.

Echocardiography is recommended for further evaluation of cardiac structure and function, if the patient is clinically stable for this procedure.

Diffuse mixed pulmonary pattern, more pronounced in the caudal lung regions, associated with mild cardiomegaly and suspected left atrial enlargement.



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.

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