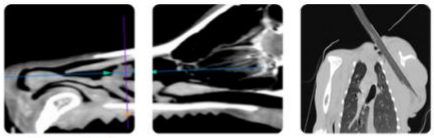

PATIENT

Shorty Ross

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed Female

AGE

14 Years 2 Months 18 Days

WEIGHT

15.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

AS

HOSPITAL NAME

Green Dog Dental & Wellness

REFERRING VET

Dr. Geist

INVOICE

36101

DATE

3/3/26

PRESENTING CLINICAL SIGNS

History: Shorty Ross presents for episodes of collapse with altered mentation and abnormal breathing.

RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax, in three imaging planes, are provided for review, one right lateral, one left lateral, and one ventral dorsal view, totaling 3 images.

RADIOGRAPHIC FINDINGS

The cervical and thoracic trachea appear within normal limits. The esophagus is unremarkable.

The pulmonary parenchyma demonstrates diffusely increased opacity characterized by an unstructured interstitial pattern associated with diffuse bronchial and peribronchial wall thickening.

Mild multifocal foci of patchy alveolar opacification are present, predominantly affecting the cranial lung lobes, most evident in the left cranial lung lobe.

There is a reduction in the degree of pulmonary expansion, more evident on the lateral projections, possible expiration phase – or concurrent atelectasis.

The cardiac silhouette margins are mildly obscured due to adjacent pulmonary opacification; however, the overall cardiac size and shape appear preserved. The vertebral heart score (VHS) measures 10.3 and the vertebral left atrial size (VLAS) measures 1.9, both within normal limits.

The mediastinum demonstrates mild widening compatible with mediastinal fat accumulation.

On the left lateral projection, a faint radiopaque line is observed ventral and superimposed to the cardiac silhouette, compatible with a pleural plaque, likely associated with focal adipose tissue deposition.

The diaphragm is intact and normally positioned.

The thoracic cage, including the thoracic spine, sternum, and ribs, does not show significant radiographic abnormalities.

The liver appears mildly enlarged, with smooth contours, extending caudally beyond the costal arch and slightly beyond the xiphoid region.

Tiny, mineralized foci are present within the dorsal subcutaneous adipose tissue overlying the scapular region.

RADIOGRAPHIC DIAGNOSIS

- Diffuse pulmonary interstitial pattern associated with bronchial thickening and mild multifocal alveolar opacities, predominantly affecting the cranial lung lobes. Reduced pulmonary expansion. Differential diagnoses include inflammatory lower airway disease, chronic bronchitis (inflammatory or infectious), and mild bronchopneumonia or aspiration pneumonia, concurrent atelectasis.

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- Cardiac silhouette within normal limits.
- Mild mediastinal widening compatible with mediastinal fat accumulation and suspected pleural plaque.
- Mild hepatomegaly with smooth margins. Differential diagnoses include metabolic, inflammatory, or infiltrative hepatopathy.
- Incidental mineralized foci within the dorsal subcutaneous adipose tissue. Differential diagnoses include dystrophic mineralization, calcified fat necrosis, or calcinosis circumscripta.

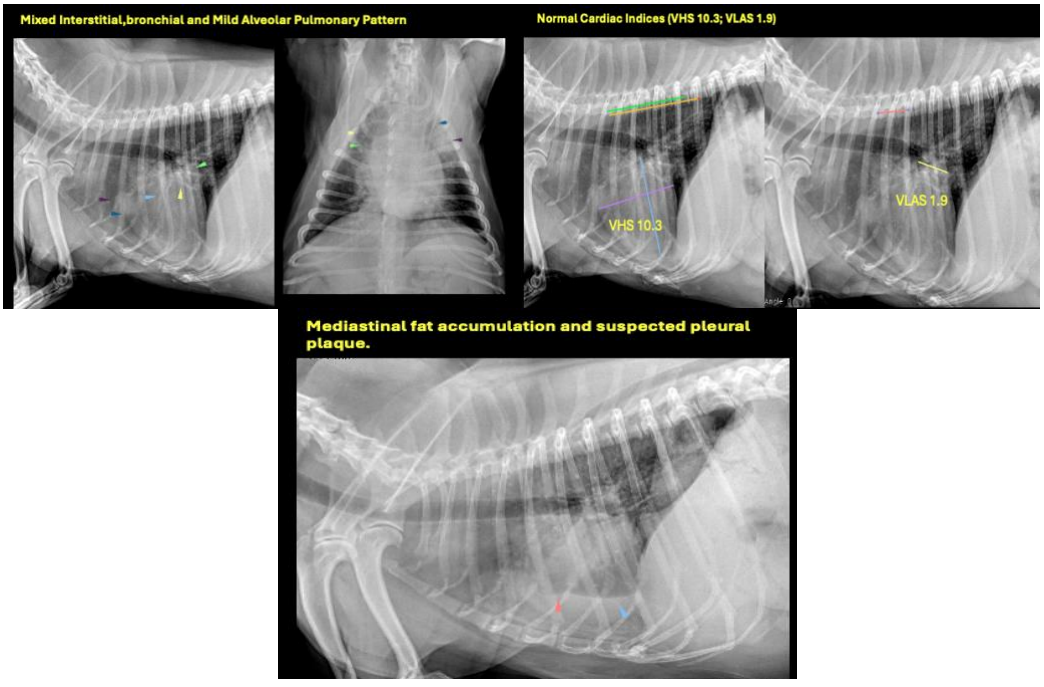
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thoracic radiographs demonstrate a diffuse pulmonary interstitial pattern with bronchial thickening and mild multifocal alveolar opacities, predominantly affecting the cranial lung lobes. These findings are most consistent with inflammatory lower airway disease, with possible concurrent bronchopneumonia or aspiration pneumonia.

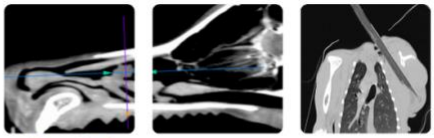
Given the reduced pulmonary expansion, interstitial pneumonia and/or pulmonary fibrosis cannot be completely excluded, particularly in the appropriate clinical context.

If clinical improvement is not observed with empirical treatment, airway sampling (tracheal wash or bronchoalveolar lavage) is recommended as the next diagnostic step.

Mild hepatomegaly is also noted and should be correlated with biochemical findings and abdominal ultrasonography, if clinically indicated.



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



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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