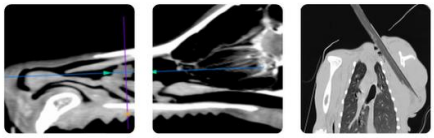

PATIENT

Clara Topilko

SPECIES

Canine

BREED

French Bulldog

SEX

FS

AGE

9Y

WEIGHT

11.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Shana Halfon

HOSPITAL NAME

Oxford County Veterinary Clinic

REFERRING VET

Dr Shana Halfon

INVOICE

74626

DATE

4-15-26

PRESENTING CLINICAL SIGNS

bilateral caudal mammary masses - new - painful, firm
met check completed with thoracic radiographs
pet has severe yeast dermatitis, excessive skin folds, very enlarged teats due to prior pregnancies;
- pet has a new skin lesion on the inner right thigh that is also painful and infected and it is located near the mammary mass
- pet is very pruritic with thin coat, weight loss (Despite great appetite) and several areas of alopeica and scabing (at face and ears);
- demodexx not yet treated/scraped for
- pet has done well on skin treatments in the past but owner discontinued them over the winter
- Restarted on Ketoconazole, Simplicef, Gabapentin, novel protein diet (VetLife FP), Isaderm Gel and/or may add in atocollar
Abnormal PE/Chem/CBC/UA Results: Owner is concerend for QOL; met check today to see how significant mammary masses might be Will consider bloodwork as next step along with skin treatment
Owner does not wish to biopsy and/or put under GA

RADIOGRAPHIC STUDY OF THE THORAX

Three thoracic radiographic views were provided for review. Mild obliquity is present on the lateral projections, resulting in rotational artifact.

RADIOGRAPHIC FINDINGS

There is apparent widening and increased soft tissue opacity of the cranial mediastinum. The trachea is mildly deviated to the right on VD and dorsally in the lateral views. The cardiac apex is mildly rotated toward the right hemithorax. These findings are considered compatible with patient positioning and/or brachycephalic conformation.

The lungs show mildly reduced inspiratory volume. A focal region of increased opacity with a patchy alveolar pattern is identified within the left cranial lung lobe (left cranial subsegment). Additionally, there is a mild diffuse unstructured interstitial pulmonary pattern. No pulmonary nodules or masses are identified.

The pulmonary vessels are within normal limits in size and distribution.

The cardiac silhouette is within normal limits in size and shape. Evaluation of the cranial cardiac border and vertebral heart score (VHS) is limited due to summation with the widened cranial mediastinum.

The trachea is normal in diameter. Incidental mild dystrophic mineralization of the tracheal rings is present.

Multiple thoracic hemivertebrae are noted. There is an incidental fusion of the spinous processes at the level of T9–T10.

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

At least two enlarged nipples are superimposed over the ventral thoracic soft tissues.

RADIOGRAPHIC DIAGNOSIS

- Mild focal alveolar pulmonary opacity in the left cranial lung lobe, with a concurrent mild diffuse interstitial pulmonary pattern. Primary differential diagnoses include pulmonary

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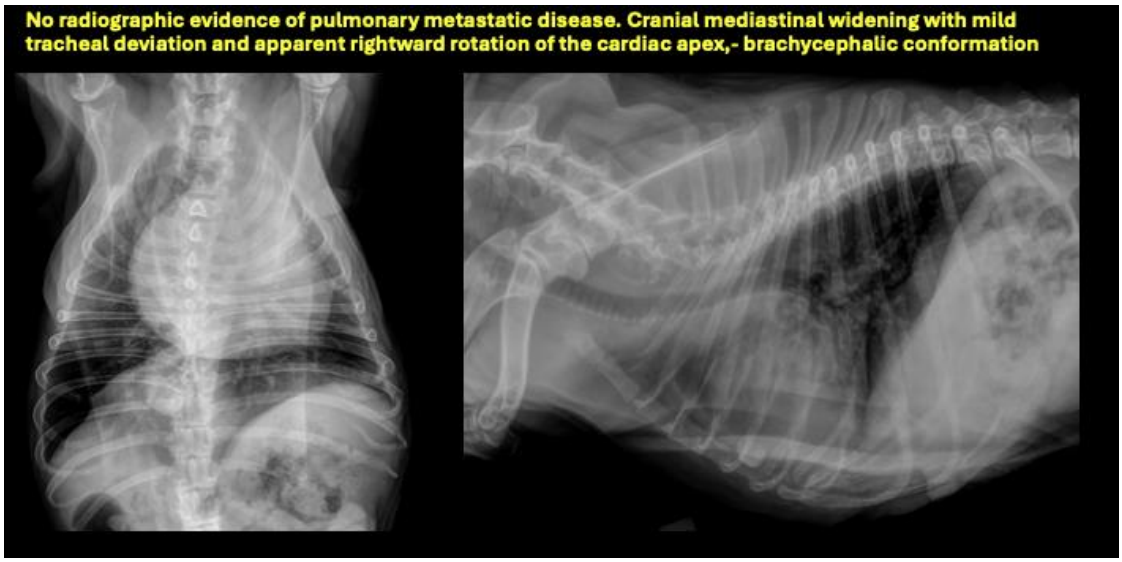
atelectasis, likely related to brachycephalic conformation and suboptimal lung inflation. Less likely, mild focal bronchopneumonia or aspiration pneumonia
- No radiographic evidence of pulmonary metastatic disease
- Cranial mediastinal widening with mild tracheal deviation and apparent rightward rotation of the cardiac apex, most consistent with breed conformation and positioning artifact in a brachycephalic patient. Less likely: cranial mediastinal mass
- Congenital thoracic vertebral malformations (multiple hemivertebrae) with T9 –T10 spinous process fusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pulmonary findings are mild and most consistent with atelectasis, particularly involving the left cranial lung lobe, likely influenced by brachycephalic conformation, positioning, and reduced inspiratory effort.

The apparent cranial mediastinal widening, tracheal deviation, and cardiac apex rotation are most consistent with conformational and positional effects rather than true mediastinal pathology. A mediastinal mass is not completely excluded, but less likely.

No radiographic evidence of pulmonary metastatic disease



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
info@sonopath.com