



## PATIENT

Dottie Monte

## SPECIES

Canine

## BREED

Pomeranian

## SEX

FS

## AGE

6

## WEIGHT

9lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

James Hornbuckle

## HOSPITAL NAME

Golden Isles Animal  
Hospital

## REFERRING VET

James Hornbuckle

## INVOICE

74434

## DATE

4-2-26

## PRESENTING CLINICAL SIGNS

- Dottie presented for dyspnea of 3 days duration. She was recently seen at a critical care facility for what was reported as a seizure episode. Have been no additional seizure episode sense. She coughed the 1st day after returning home from the ER and hasn't since then. However owners noticed that she seemed to be breathing harder and at a higher rate. Lab work from ER was generally within normal limits notable findings included hematocrit of 67% and Increased CRP of 1.4. Total bilirubin was also increased at 1. There were no additional laboratory abnormalities. X rays were taken to evaluate observed and reported dyspnea.

Abnormal PE/Chem/CBC/UA Results: Dyspnea was observed on physical exam. There were no notable rales heart murmur was not present. notable Laboratory findings included hematocrit of 67% and Increased CRP of 1.4. Total bilirubin was also increased at 1. There were no additional laboratory abnormalities.

## RADIOGRAPHIC STUDY OF THE THORAX

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

## RADIOGRAPHIC FINDINGS

A small, semicircular soft tissue opacity is identified superimposed over the dorsal aspect of the cervical trachea, most consistent with a redundant dorsal tracheal membrane.

Within the thorax, there is marked dorsal displacement of the thoracic trachea, associated with a rounded soft tissue opaque mass effect centered in the cranial mediastinum, predominantly on the left side. This structure also partially superimposes the cardiac silhouette base, especially the region of main pulmonary trunk on the ventrodorsal projection.

The cardiac silhouette is mildly enlarged, with a vertebral heart score (VHS) of approximately 11.2. On the lateral projection, the cardiac silhouette occupies approximately 3.5 intercostal spaces, and on the ventrodorsal projection, approximately 60-65% of the thoracic width. The cardiac apex is mildly wide and mildly displaced toward the left hemithorax.

The right pulmonary artery appears enlarged and mildly tortuous.

The pulmonary parenchyma demonstrates a diffuse mixed pulmonary opacity, characterized predominantly by a marked bronchointerstitial pattern with patchy alveolar foci.

Pleural fissure lines are visible in the right hemithorax on the ventrodorsal projection.

The diaphragm, ribs, cervicothoracic vertebral column, and visible thoracic musculoskeletal structures are within expected radiographic limits.

The cranial abdomen demonstrates hepatomegaly, with the liver extending caudal to the costal arch and exhibiting a more convex contour.



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## RADIOGRAPHIC DIAGNOSIS

- Rounded cranial mediastinal thoracic mass effect, causing marked dorsal displacement of the thoracic trachea and silhouette effacement of the region of the base, especially the region of main pulmonary trunk.
- Mild generalized cardiomegaly.
- Mild enlargement and tortuosity of the right pulmonary artery.
- Diffuse marked bronchointerstitial pulmonary pattern with patchy alveolar foci.
- Visible pleural fissure lines. Differential diagnoses include scant volume pleural effusion, pleuritis or artifact.
- Mild redundancy of the dorsal cervical tracheal membrane. Differential diagnoses include superimposed artifact, indirect evidence of tracheal collapse.
- Hepatomegaly.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings demonstrate multiple abnormalities, which may be related or unrelated.

The principal radiographic abnormality is a space-occupying mass effect within the cranial mediastinum, and displacing to the left side, resulting in marked dorsal displacement of the thoracic trachea and obscuration of the cardiac base/pulmonary trunk region.

Differential diagnoses for this lesion include a heart base mass, such as chemodectoma or other neoplastic processes, as well as marked enlargement of the main pulmonary artery or pulmonary trunk, which may occur secondary to conditions such as chronic pulmonic stenosis or heartworm disease. A cranial mediastinal mass should also be considered, including lymphoma, thymoma, other cranial mediastinal neoplasms, or ectopic thyroid neoplasia.

The diffuse pulmonary opacity may reflect a combination of bronchointerstitial pulmonary disease, pneumonitis, or metastatic pulmonary disease.

The enlargement and mild tortuosity of the right pulmonary artery raise concern for concurrent pulmonary hypertension and possible cor pulmonale, although this cannot be confirmed radiographically.

The hepatomegaly may be secondary to hepatic congestion, reactive hepatopathy, steroid or vacuolar hepatopathy, metabolic disease, or other hepatobiliary disorders, and should be interpreted in conjunction with the patient's clinical presentation and laboratory findings.

Recommendations:

Thoracic ultrasonography (TFAST), including a focused mediastinal ultrasound examination, may be useful if the lesion is sonographically accessible. A TFAST examination may also help confirm and further define the radiographically detected abnormalities. If an adequate acoustic window is present, ultrasound-guided fine-needle aspiration (FNA) may be considered.

Echocardiography is recommended to further assess the mild cardiomegaly, right pulmonary artery enlargement, and to investigate for pulmonary hypertension and/or concurrent cardiac disease.



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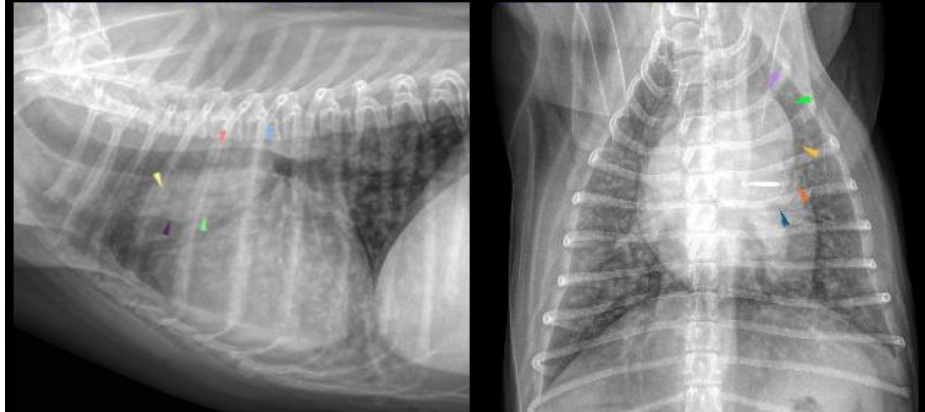
4-2-26

Testing for heartworm disease is recommended, given the pulmonary arterial changes and as a potential differential for pulmonary hypertension.

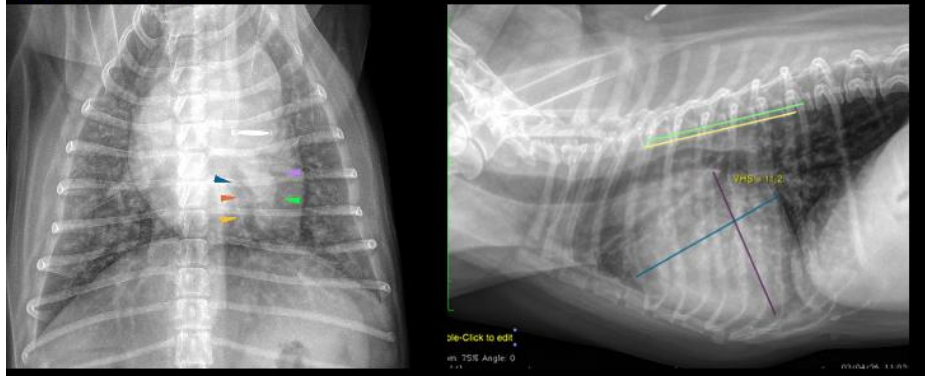
Thoracic CT angiography would be valuable for further characterization of the cranial mediastinal or cardiac base mass effect, including assessment of its origin, extent, and relationship to the trachea, heart base, pulmonary trunk, and great vessels.

If clinically indicated, abdominal ultrasonography may be considered for further evaluation of the hepatomegaly.

### Rounded cranial mediastinal mass effect with marked dorsal displacement of the thoracic trachea and effacement of the cardiac base silhouette,



### Mild generalized cardiomegaly with mild enlargement and tortuosity of the right pulmonary artery





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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.

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**  
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