



PATIENT PRESENTING CLINICAL SIGNS

Frickles Harley Dog has presented to ER on 4/17. Had a Hx pneumonia and bronchitis in 3/2021 that was treated. More recently history of coughing episode and coughing up phlegm. Increased BV sounds with no overt wheezes or crackles Radiographic report from the 4/17 appointment. Persistent generalized bronchointerstitial pulmonary pattern, without any obvious alveolar component – nonspecific chronic bronchitis, lingering bronchopneumonia, other. Generalized esophageal distention in all 3 images could indicate megaesophagus associated with neuromuscular dysfunction, versus transient change due to reflux esophagitis; recommend clinical correlation. Thin pleural fissure lines are most likely due to incidental pleural thickening, with lesser consideration given to persistent scant pleural effusion

SPECIES Canine

BREED Chihuahua

Today 4/27, respiratory auscultation was normal. Normal CBC. O is currently giving Pred once daily and doxycycline. They finished Panacur treatment. I do not have the previous rads from the ER at this time to compare.

RADIOGRAPHIC STUDY OF THE THORAX

SEX FS

Orthogonal views of the thorax are provided for review totaling 3 images. Two lateral views, right and left, one ventrodorsal view of the thorax.

RADIOGRAPHIC FINDINGS

AGE 5

Between the lateral views, there is variable identification of a thin fusiform soft tissue opaque structure superimposed with the dorsal margin of the extrathoracic trachea.

Minor intraluminal air retention is seen in the thoracic esophagus on the right lateral view.

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

There is a mild unstructured interstitial pattern and reduced pulmonary volume expansion seen on the lateral views; however, on the ventrodorsal view, the pulmonary expansion is normal with normal opacity.

Identification of thin cranial fissure lines seen on the ventrodorsal view.

The cardiac silhouette and pulmonary vasculature are normal.

HOSPITAL NAME Valley Veterinary Services

The mediastinum is unremarkable.

The thoracic wall and ribs are normal.

The collimated musculoskeletal structures are unremarkable.

REFERRING VET Korin D'Ascenzo

The collimated abdominal structures are unremarkable.

RADIOGRAPHIC DIAGNOSIS

- INVOICE** 58011
- There is variable identification of the tracheal redundant membrane; the differential diagnosis includes summation artifacts of cervical structures, esophagus, or indirect signs of tracheal collapse.
 - The unstructured interstitial pulmonary pattern on the lateral views is likely correlated to the respiratory expiratory phase and reduced volume expansion. Otherwise, normal pulmonary opacity.
- DATE** 4-27-23
- There is no evidence of bronchopneumonia.



PATIENT

Frickles Harley

- The thin cranial fissure lines identification. The differential diagnosis includes a tangent beam orientation artifact and, less likely, a scant pleural effusion.
- Mild esophageal aerophagy, incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

The identification of the tracheal redundant membrane could be an artifact or correlated with dynamic tracheal collapse; a clinical association is suggested. Otherwise, a normal pulmonary parenchyma is seen without evidence of bronchopneumonia.

BREED

Chihuahua

The esophagus is no longer distended, as visible in the prior report. Consider transient changes in the previous exam; however, if coughing is continuous, esophageal reflux or esophagitis should be considered as a differential diagnosis.

SEX

FS

The absence of thoracic radiographic abnormalities does not exclude acute infectious or inflammatory tracheitis or bronchitis, as most affected patients appear radiographically normal, and this is often a diagnosis of exclusion. If signs do not respond adequately to treatment, repeat thoracic radiographs in 7–10 days could be considered to reassess the lungs.

AGE

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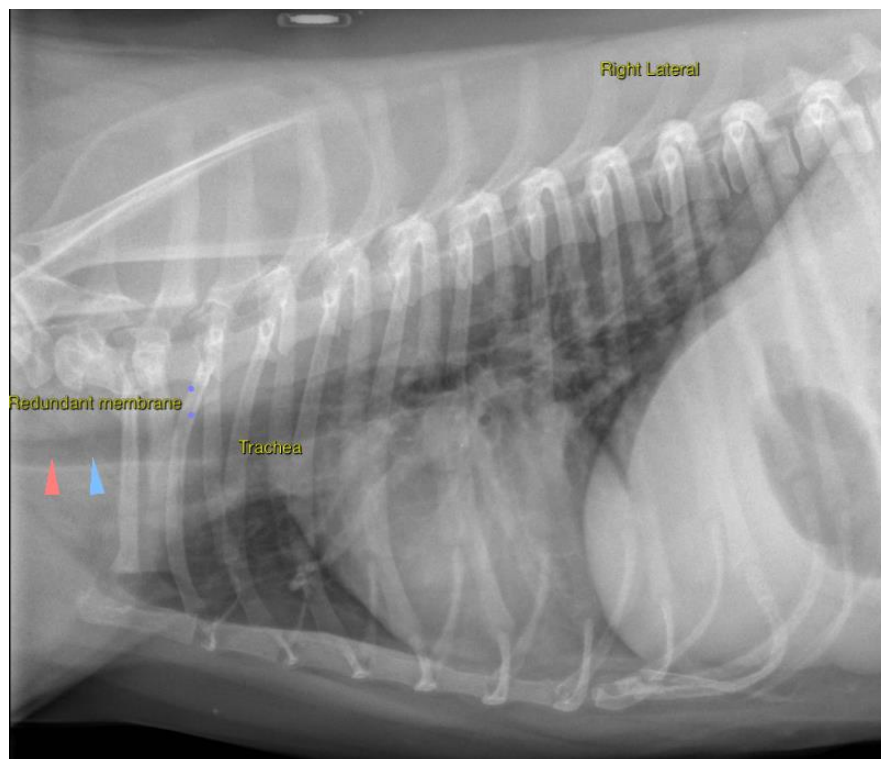
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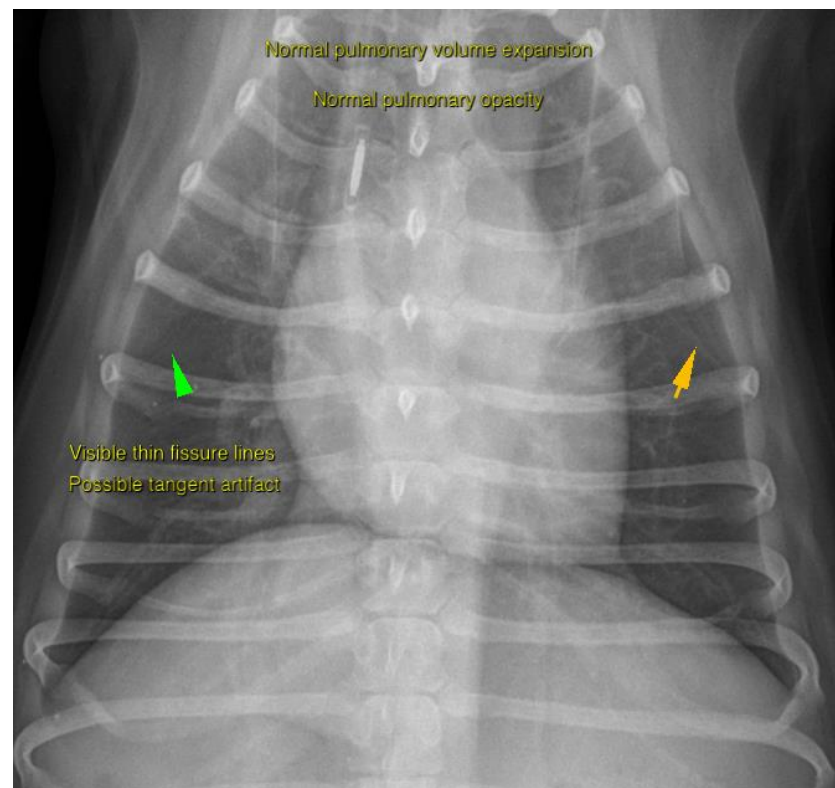
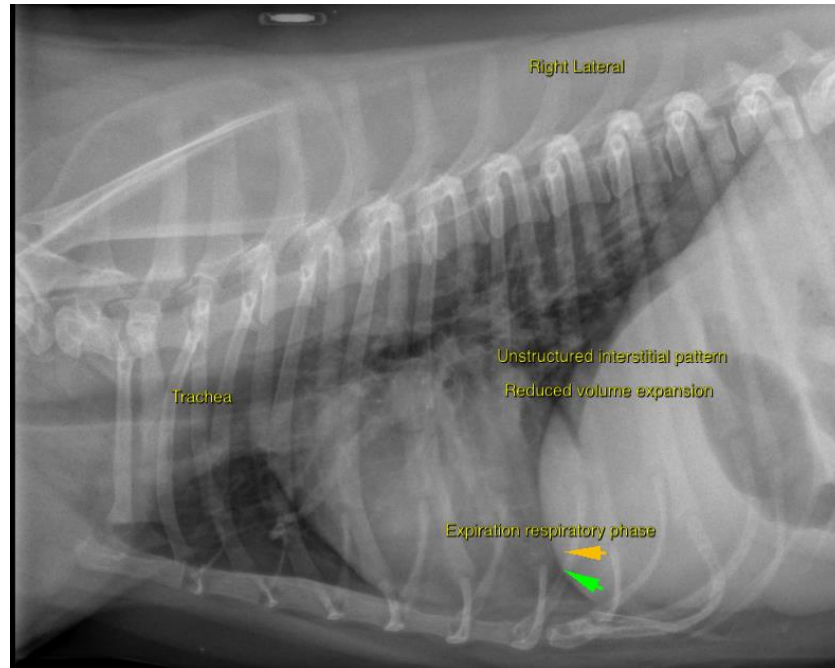
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PATIENT

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SPECIES

Canine

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.

BREED

Chihuahua

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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