



**PATIENT PRESENTING CLINICAL SIGNS**

**Midnight Arcuri** Pt has hx of URIs, usually responds with convenia injection. Last 2 injections haven't been as effective, pt still wheezing and having nasal discharge.

**SPECIES RADIOGRAPHIC STUDY OF THE THORAX**

**Feline** Radiographs of the thorax and cervical structures in four imaging planes are provided for review, right lateral, left lateral and ventral dorsal views, and oblique views, totaling 6 images.

**BREED RADIOGRAPHIC FINDINGS**

**DLH** Between the lateral views, the air column height of the cervical and cranial intrathoracic trachea is overdilated. The trachea is mildly undulant on contour.

**SEX** An overdistension of the pharynx is also evident.

**SF** The cervical and thoracic esophagus is mildly distended by gas, and a tracheal stripe sign is seen.

A moderate bronchial pattern and thinly mineralized bronchial walls are seen throughout all lung lobes.

**AGE** The diaphragm is tenting on ventrodorsal view.

15.5 Years

The cardiac silhouette is mildly increased in overall size, spans approximately 55% of the thoracic width. (VHS = 9.0 lateral view). It is in a more horizontal position and develops increased sternal contact on the lateral views. The aortic arch is visible as a rounded bulge at the cranial aspect of the cardiac silhouette on the ventrodorsal and lateral views.

**INTERPRETED BY**

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

Thin pleural fissure is visible between the right middle and caudal lung lobes on the ventrodorsal view.

The mediastinum is normal.

**HOSPITAL NAME**

The Pet Hospital of Stratford

On the collimated skull, mild horizontal and vertical bone loss is seen throughout the maxillary arcades.

Multifocal cervical, cervicothoracic, and thoracic intervertebral disc spaces are variably narrowed and associated incomplete bridging spondylosis deformans is seen. A faint mineral opacity is seen superimposed over the T1-T2 intervertebral space.

**REFERRING VET**

Dr Giuliani

**RADIOGRAPHIC DIAGNOSIS**

- Moderate diffuse bronchial pattern with tree-in-bud appearance and tenting diaphragm. Differential diagnosis includes chronic bronchitis, feline asthma, infectious bronchitis.
- Mild cardiomegaly, differential diagnosis includes compensated cardiac disease.
- Overdistention of the nasopharynx and trachea likely correlated to respiratory distress.
- Fissure line identification, differential diagnosis includes scant pleural effusion, radiographic artifact, or pleuritis.
- Changes in the cardiac position and bulge appearance of the aortic arch, differential diagnosis includes an age-related change, systemic hypertension.

**INVOICE**

57613

**DATE**

4-4-23



**PATIENT** Midnight Arcuri

- Mild esophageal aerophagy.
- On collimated skull, mild diffuse periodontal disease at maxillary teeth is suspected.
- Multifocal cervical and thoracic disc disease and spondylosis deformans, with or without spinal nerve root impingement.

**SPECIES** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**Feline** The pulmonary and diaphragm radiographic findings correlate to bronchial disease which can explain the clinical signs of wheezing and nasal discharge. If the clinical signs of nasal discharge persist, a rhinoscopy and/or computed tomography are suggested for better analysis of the nasal cavity.

**BREED** DLH There is mild cardiac enlargement, correlated to the presence or absence of a cardiac murmur; the differential diagnosis of mild cardiac enlargement is hypertrophic cardiomyopathy, thyrotoxic cardiomyopathy, other cardiomyopathies, less likely valvular disease, or anemia. An echocardiogram may be recommended for further evaluation of cardiac structure and function.

**SEX** SF Medical therapy for chronic bronchitis/ feline asthma disease is suggested. If the patient does not improve, a bronchoalveolar lavage may be useful in obtaining samples for cytology, culture, and sensitivity.

**AGE** 15.5 Years Correlate the collimated skull findings of periodontal disease with oral exam.

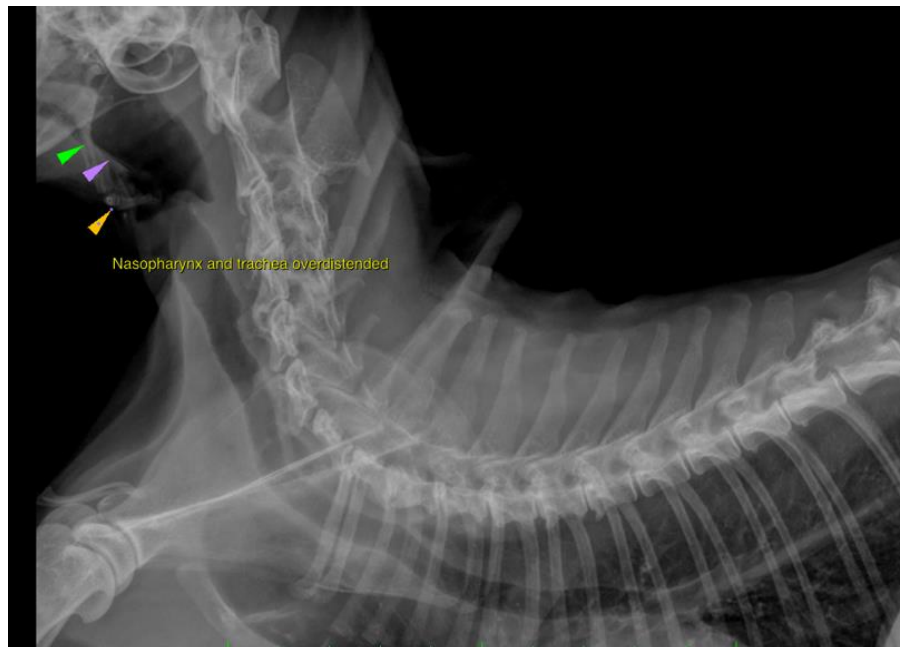
**INTERPRETED BY**  
Tilde Rodrigues Froes,  
DMV, MSc., Dr. Med  
Vet., Dipl. CBraRVet

**HOSPITAL NAME**  
The Pet Hospital of  
Stratford

**REFERRING VET**  
Dr Giuliani

**INVOICE**  
57613

**DATE**  
4-4-23





**PATIENT**

Midnight Arcuri

**SPECIES**

Feline

**BREED**

DLH

**SEX**

SF

**AGE**

15.5 Years

**INTERPRETED BY**

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

**HOSPITAL NAME**

The Pet Hospital of  
Stratford

**REFERRING VET**

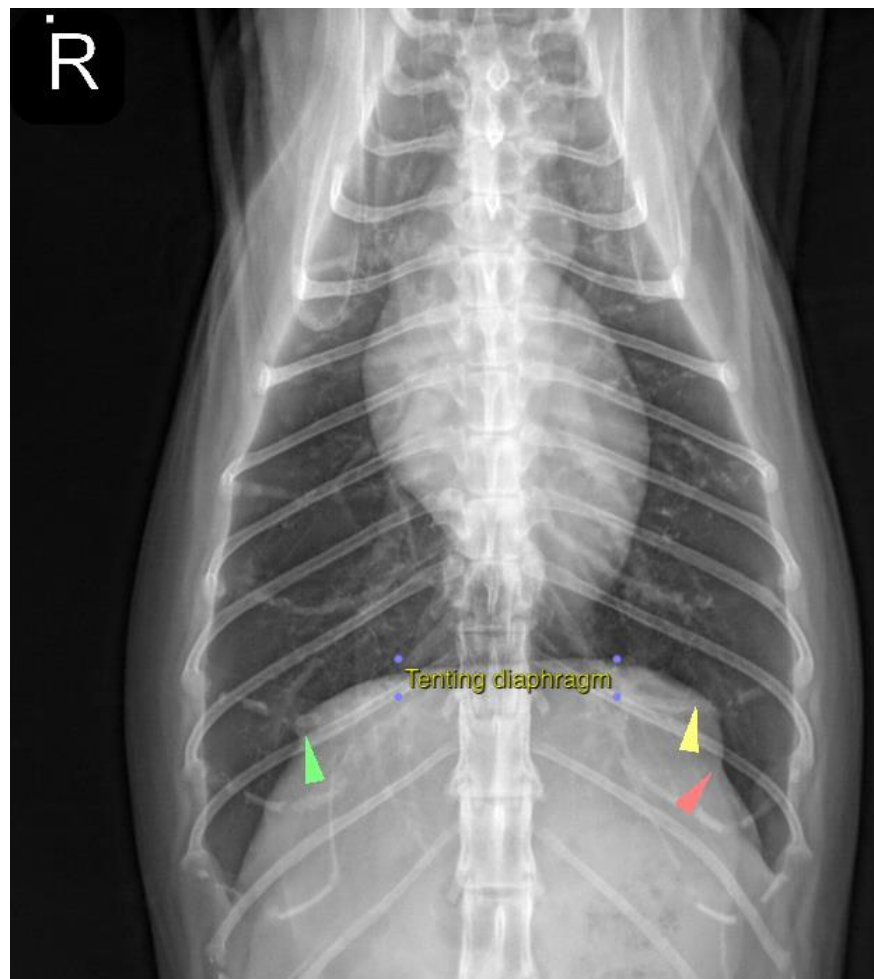
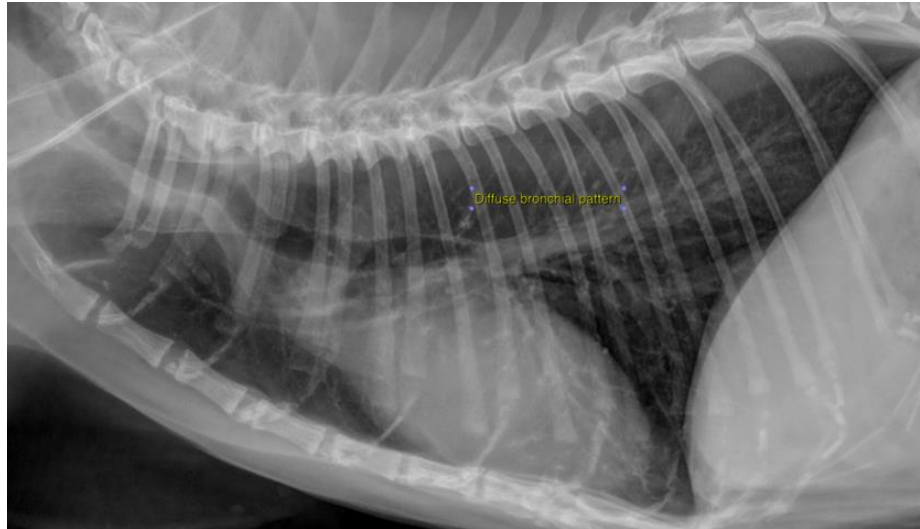
Dr Giuliani

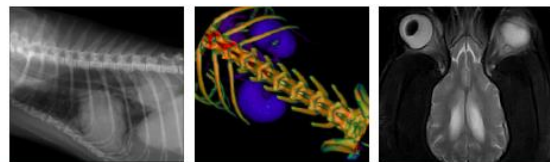
**INVOICE**

57613

**DATE**

4-4-23





**PATIENT**

Midnight Arcuri

**SPECIES**

Feline

**BREED**

DLH

**SEX**

SF

**AGE**

15.5 Years

**INTERPRETED BY**

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

**HOSPITAL NAME**

The Pet Hospital of  
Stratford

**REFERRING VET**

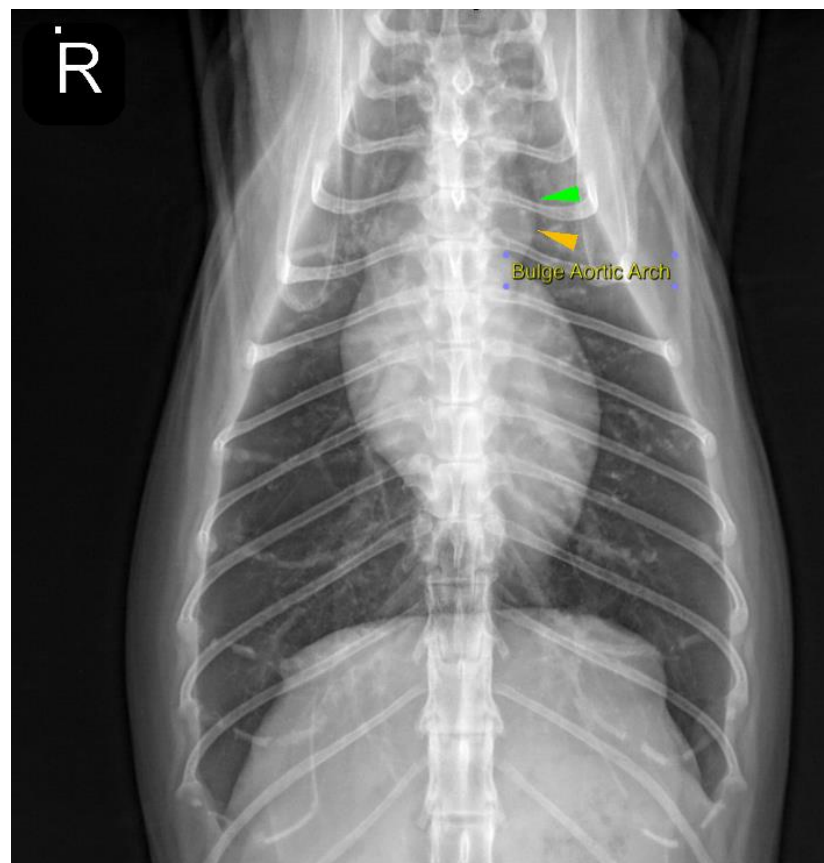
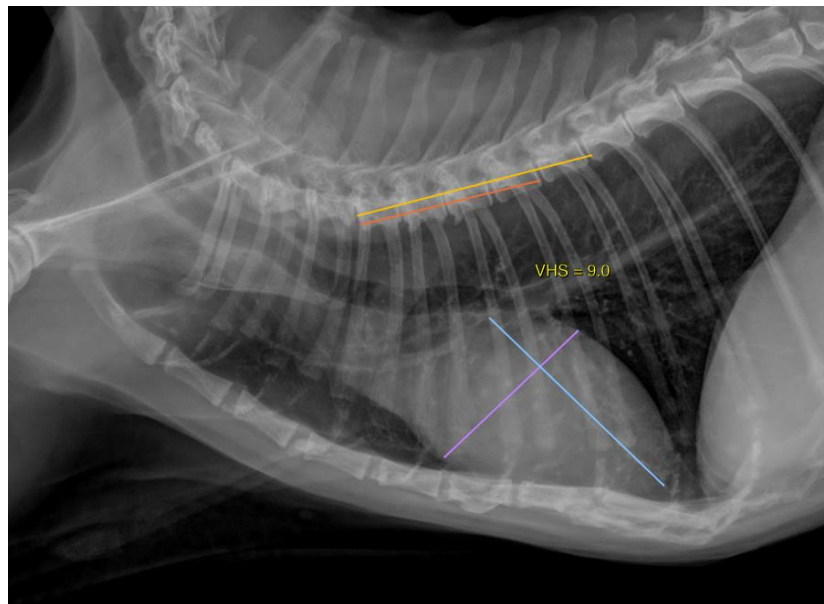
Dr Giuliani

**INVOICE**

57613

**DATE**

4-4-23





**PATIENT**

Midnight Arcuri

**SPECIES**

Feline

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.

**BREED**

DLH

**Tilde Rodrigues Froes**, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet  
info@sonopath.com

**SEX**

SF

**AGE**

15.5 Years

**INTERPRETED BY**

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

**HOSPITAL NAME**

The Pet Hospital of  
Stratford

**REFERRING VET**

Dr Giuliani

**INVOICE**

57613

**DATE**

4-4-23