



PATIENT

Arlo Bashkin

SPECIES

Feline

BREED

DLH

SEX

NM

AGE

15Y

WEIGHT

20.2lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jen Amidon

HOSPITAL NAME

The Pet Hospital of
Stratford

REFERRING VET

Dr. Robert Bashkin

INVOICE

74947

DATE

5-11-26

PRESENTING CLINICAL SIGNS

Intermittent cough lasting couple of minutes, happens a few times a day. Going on a few months, happens more when lying down.

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

There is mild diffuse gaseous dilation of the thoracic esophagus throughout its visible extent. The esophageal dilation results in a "double wall" appearance dorsal to the thoracic trachea and mild ventral displacement of the thoracic Trachea. The tracheal lumen remains patent and normal in diameter.

No radiographic abnormality is identified within the visible oro- or nasopharyngeal regions.

A focal alveolar pulmonary opacity is present within topography of the right middle lung lobe. Additionally, there is a mild diffuse bronchointerstitial pulmonary pattern.

The cardiac silhouette is within normal limits for size, shape, and opacity (VHS: 7.2).

Pulmonary vessels are within normal limits.

The pleural space and mediastinum are unremarkable.

The diaphragm, ribs, thoracic wall, visible cranial abdomen, and included musculoskeletal structures are within normal radiographic limits.

RADIOGRAPHIC DIAGNOSIS

- Mild diffuse gaseous dilation of the thoracic esophagus.
- Focal alveolar pulmonary opacity affecting the topography of the right middle lung lobe. Differential diagnoses include aspiration pneumonia, or bacterial pneumonia.
- Mild diffuse bronchointerstitial pulmonary pattern, which may represent mild concurrent lower inflammatory or infectious airway disease, or feline asthma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild diffuse esophageal dilation may be incidental and/or related to multiple factors, including aerophagia (e.g. anxiety or respiratory distress), esophageal hypomotility, reflux esophagitis, or early idiopathic megaesophagus.

Correlation with clinical signs of possible regurgitation is recommended. If clinically indicated, further investigation for underlying causes of megaesophagus may be considered. Follow-up thoracic radiographs are recommended to monitor pulmonary changes and response to therapy.



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Fig. 1. Mild diffuse gaseous dilation of the thoracic esophagus.

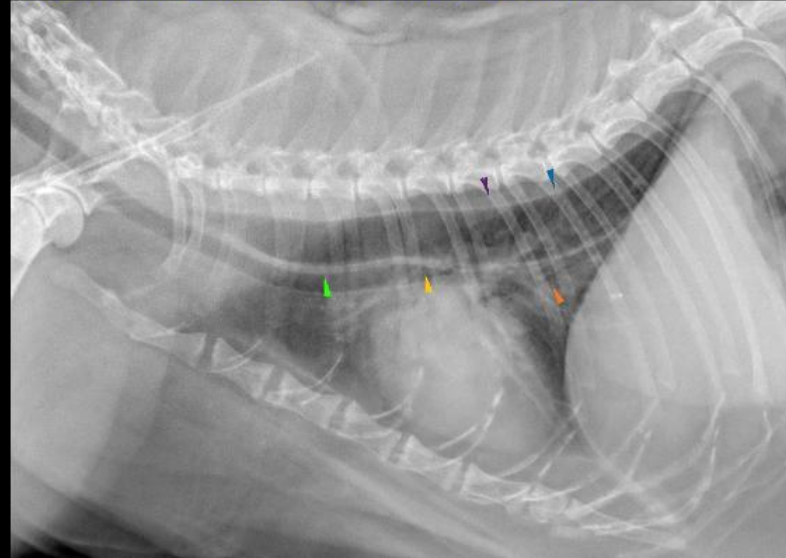
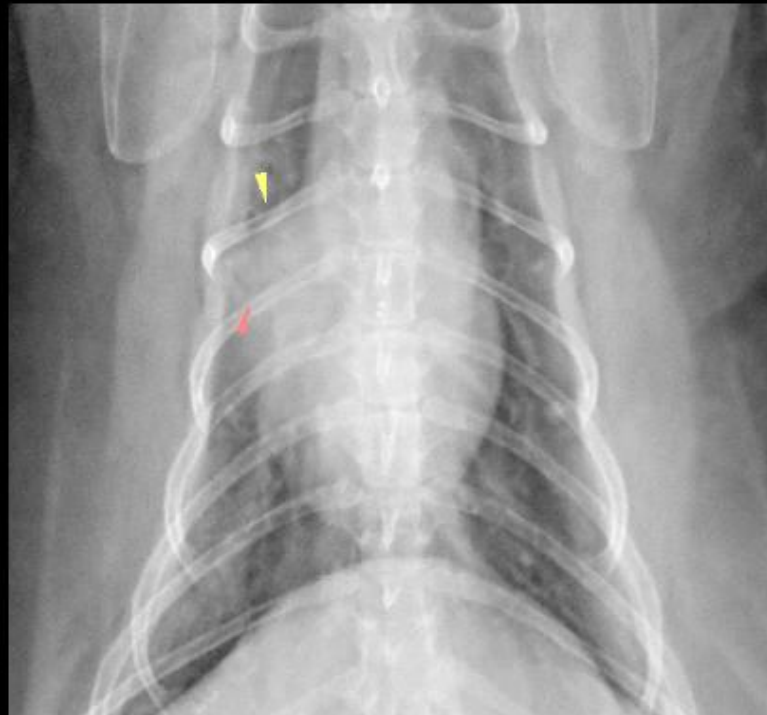


Fig. 2. Focal alveolar pulmonary opacity affecting the topography of the right middle lung lobe.





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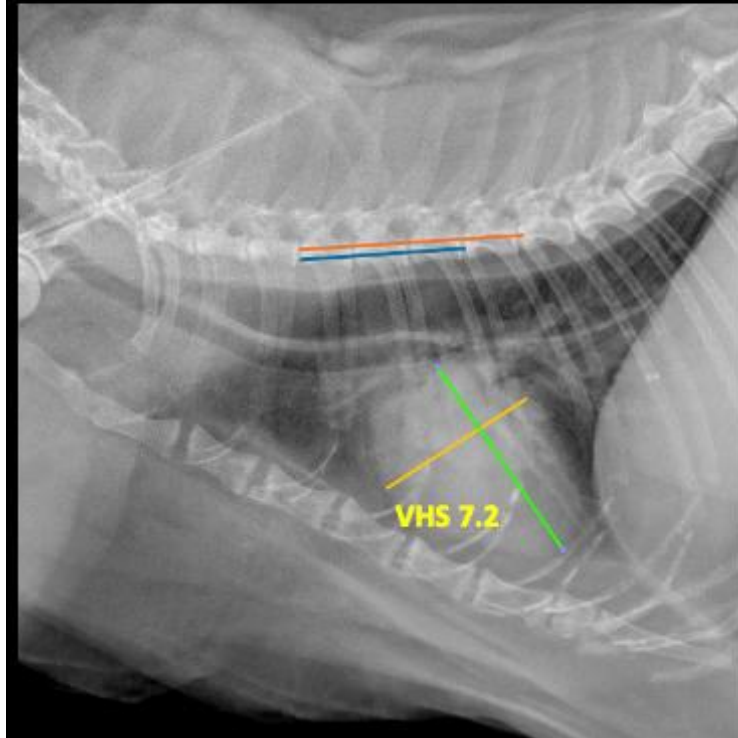
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Fig. 3. Cardiac silhouette within normal limits



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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