



## PATIENT

Tyra Lowack

## SPECIES

Canine

## BREED

Large Mixed Breed

## SEX

Spayed Female

## AGE

12 Years

## WEIGHT

65 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Abina Glennon

## HOSPITAL NAME

New Bridge Veterinary  
Practice

## REFERRING VET

Dr. Abina Glennon

## INVOICE

16139

## DATE

05/11/26

## PRESENTING CLINICAL SIGNS

Labored breathing. Exercise intolerance. Vomiting

## RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Lateral views of the thorax and abdomen are available for review totaling two images.

## RADIOGRAPHIC FINDINGS

### THORAX

There is marked diffuse pulmonary parenchymal opacity characterized by a mixed pulmonary pattern, predominantly unstructured interstitial and bronchointerstitial, with mild multifocal patchy alveolar foci.

Superimposed over the cardiac silhouette, ventrally, there is a soft tissue opaque summation opacity producing an undetermined contour mass-like effect, although margins are poorly defined due to the absence of orthogonal projections.

Mild loss of definition is present adjacent to the caudal trachea/carina region wall.

The cranial mediastinum is partially collimated and incompletely evaluated.

The cardiac silhouette is subjectively within normal size and shape limits.

No evidence of pleural effusion or pneumothorax is identified. The diaphragm is intact.

Within the ventral thoracic wall, adjacent to and/or involving the caudal sternobral region, there is a rounded soft tissue-fat opaque structure causing mild local mass effect, measuring 5.3 x 3.5 cm.

### ABDOMEN

There are signs of hepatomegaly, with the liver extending caudal to the costal arch, convex shape and causing dorsal displacement of the gastric axis.

The stomach is mildly distended with heterogeneous soft tissue fluid and ingesta, and tiny incidental radiopaque foreign material.

The duodenum and remaining small intestinal loops are normally distributed and not abnormally distended. No radiographic evidence of mechanical gastrointestinal obstruction is identified.

The splenic silhouette is within normal radiographic limits.

The renal silhouettes are partially visualized but appear within expected limits.

The urinary bladder is mildly distended with homogeneous soft tissue/fluid opacity content.

The descending colon contains a mild amount of heterogeneous fecal material without abnormal distension.



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Abdominal serosal detail is preserved. No radiographic evidence of abdominal mass effect.

At the caudal margin of the study, involving the mid diaphysis of the femur near the nutrient foramen, there is an aggressive osseous lesion characterized by lamellar to mildly irregular palisade periosteal reaction and multifocal medullary mottle and sclerosis/remodeling.

Multifocal complete and incomplete bridging spondylosis deformans is present throughout the lumbar spine.

## RADIOGRAPHIC DIAGNOSIS

Marked diffuse mixed pulmonary pattern.

Suspected tracheobronchial lymphadenomegaly.

Soft tissue opacity/summation effect within the ventral cardiac silhouette region, potentially representing summation artifact, focal pulmonary lobar consolidation, or a soft tissue mass effect.

Hepatomegaly.

Rounded ventral thoracic wall/sternal mixed soft tissue and fat opaque mass effect. Differential diagnoses include lipoma, liposarcoma, or other subcutaneous soft tissue neoplasia.

Aggressive chronic osseous lesion involving the femoral diaphysis. Differential diagnoses include fungal osteomyelitis or neoplasia, likely metastatic disease.

Multifocal lumbar spondylosis deformans.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diffuse mixed pulmonary opacity may reflect pulmonary severe inflammatory/infectious pulmonary disease, considering fungal pneumonia as primary differential diagnosis, based on the other findings, specifically the suspected tracheobronchial lymphadenomegaly. Other potential differential diagnoses include metastatic disease, inflammatory/infectious pulmonary disease.

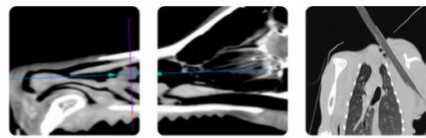
An additional poorly defined soft tissue opacity within the ventral cardiac silhouette region, may represent summation artifact, focal pulmonary lobar consolidation, or an underlying soft tissue mass effect.

The aggressive chronic femoral lesion raises concern for an infiltrative osseous process, with differential diagnoses including fungal osteomyelitis and neoplasia, likely metastatic disease.

The ventral thoracic wall/sternal soft tissue-fat opaque mass demonstrates a non-aggressive radiographic appearance. Differential diagnoses include lipoma, liposarcoma, or other subcutaneous soft tissue neoplasia.

Further thoracic evaluation with complete three-view thoracic radiographs is recommended, particularly including a ventrodorsal projection, to better characterize the pulmonary changes and cardiac silhouette-associated opacity.

Dedicated orthogonal radiographs of the affected femur are recommended for further characterization of the osseous lesion. Also, consider fungal disease testing and/or cytologic or histopathologic sampling



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Technical notes: Only lateral projections were provided. Additional orthogonal thoracic projections, particularly a ventrodorsal (VD) view, are recommended for improved assessment of the pulmonary lobes and to better evaluate/exclude pulmonary masses or large focal alveolar lesions.

At the caudal edge of the abdominal radiographs, an aggressive osseous lesion is partially identified involving one femur. Only a single limb is included at the margin of the study, limiting definitive lateralization. Based on the apparent gastric gas positioning, the lesion is suspected to involve the right femur. Orthogonal radiographs of the affected femur are recommended for complete characterization.

Fig. 1. Marked diffuse pulmonary parenchymal opacity with mixed unstructured interstitial, bronchointerstitial, and multifocal patchy alveolar pattern.

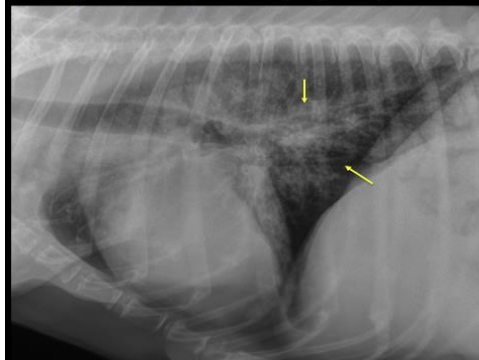


Fig. 2. Marked diffuse pulmonary parenchymal opacity with Soft tissue opaque summation opacity superimposed over the ventral cardiac silhouette

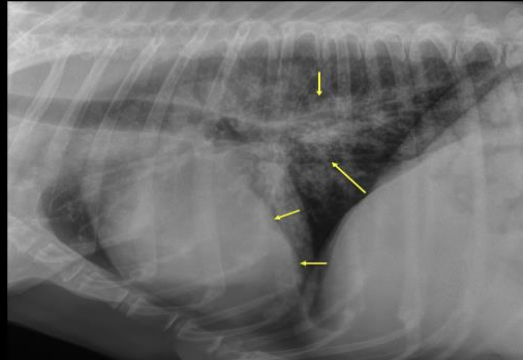


Fig. 3. Rounded soft tissue-fat opaque structure adjacent to and/or involving the caudal sternebrae region

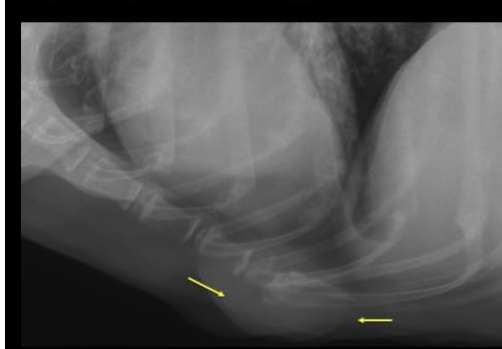


Fig. 4. Hepatomegaly

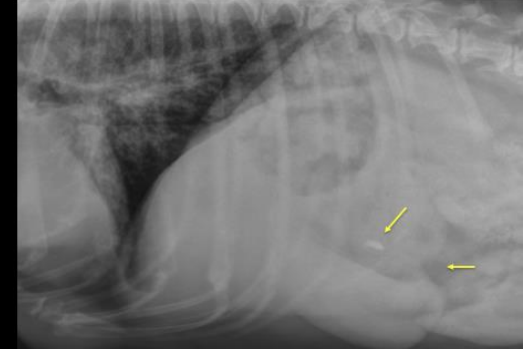
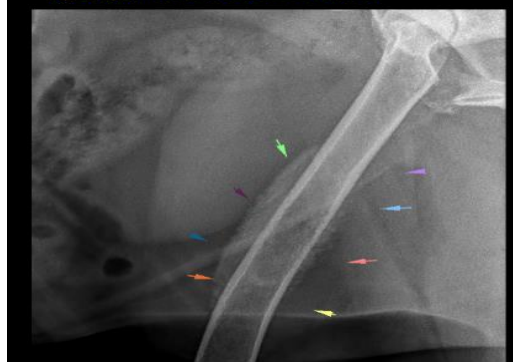
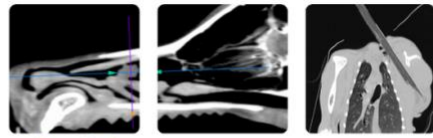


Fig. 5. Aggressive femoral osseous lesion





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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.

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