



PATIENT

Lucy Collins

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

11Y

WEIGHT

3.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

BO/EY

HOSPITAL NAME

Green Dog Dental and
Wellness

REFERRING VET

Sherry Vartanian

INVOICE

75185

DATE

5-27-26

PRESENTING CLINICAL SIGNS

George history:

- Worsening cough
- History of tricuspid valve disease with right atrial and ventricular enlargement
- History of tracheal collapse

RADIOGRAPHIC STUDY OF THORAX

Five thoracic radiographs were provided for review, including three ventrodorsal projections and right and left lateral projections.

RADIOGRAPHIC FINDINGS

There is variation in the diameter of the cervical tracheal lumen between lateral projections. A semicircular soft tissue opacity is superimposed over the cervical trachea on left lateral view.

The lateral projections were obtained during expiration, resulting in reduced pulmonary inflation and a diffuse unstructured interstitial pulmonary opacity. On the ventrodorsal projections, pulmonary inflation and pulmonary opacity are within normal limits. No focal alveolar pulmonary opacity is identified.

The cardiac silhouette is within normal radiographic limits for size and shape. Pulmonary vessels are within normal limits.

A right cranial pleural fissure line is visible on the ventrodorsal projections.

The mediastinum, diaphragm, and thoracic wall are unremarkable.

The esophagus is unremarkable.

Mild periarticular ossification is present at the caudal aspect of both shoulder joints.

RADIOGRAPHIC DIAGNOSIS

- Mild variation in cervical tracheal diameter between projections. Differential diagnoses include summation artifact by esophagus and/or redundant membrane.
- No evidence of cardiac enlargement.
- No evidence of radiographic pulmonary changes.
- Visible right cranial pleural fissure line, most likely representing an incidental finding or minimal pleural fluid.
- Mild bilateral shoulder osteoarthritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cervical tracheal lumen variation identified between lateral projections is most consistent with summation artifact from the esophagus or a redundant tracheal membrane. However, given the clinical history of tracheal collapse and worsening cough, fluoroscopic evaluation or bronchoscopy are recommended to definitively assess tracheal wall dynamics.

Cardiac size and shape are within normal radiographic limits. No radiographic evidence of right atrial or ventricular enlargement, indirect signs of pulmonary hypertension or active cardiogenic disease. This finding does not exclude underlying tricuspid valve disease or early right-sided cardiac changes, as



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echocardiography remains the gold standard for cardiac functional assessment and evaluation of pulmonary hypertension.

The diffuse unstructured interstitial opacity observed on both lateral projections is attributed to expiratory phase acquisition and does not represent a true pulmonary pattern. No radiographically detectable pulmonary changes are identified; however, early or mild infectious/inflammatory causes, such as infectious tracheobronchitis or mild bronchitis, may not produce radiographic abnormalities and cannot be excluded as contributors to the clinical cough.

The right cranial pleural fissure line is most likely incidental; however, minimal pleural effusion or pleural thickened cannot be excluded.

Fig. 1. Cardiac silhouette and pulmonary vasculature are within normal radiographic limits.



Fig. 2. Right cranial pleural fissure line





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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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