



## PATIENT

Can Hugo 3 Policia de PR

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Male Intact

## AGE

7Y

## WEIGHT

69lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Litzabel Campos  
Marrero

## HOSPITAL NAME

Paseos Veterinary  
Center

## REFERRING VET

Dr. Nohema Garcia

## INVOICE

75176

## DATE

5-28-26

## PRESENTING CLINICAL SIGNS

Pt presented for an evaluation of hypersalivation and attempting to vomit since 7 days ago. Yesterday, pt's appetite decreased. Pt is QAR and shows increased respiratory effort. HW positive back in 2022; received treatment at that time. HW test today is negative. CBC showed severely elevated WBC count in comparison to last CBC, which was performed 14 days ago. Negative fecal float.

Prostatomegaly and splenomegaly seen on abdominal radiographs.

Abnormal PE/Chem/CBC/UA Results: CBC: WBC

## RADIOGRAPHIC STUDY OF THE THORAX

Orthogonal thoracic radiographs were obtained, including ventrodorsal, right lateral, and left lateral projections.

## RADIOGRAPHIC FINDINGS

The trachea is within normal limits for position and diameter.

There is a marked diffuse bronchointerstitial pulmonary pattern with multifocal patchy alveolar pulmonary opacities, and small ill-defined contour nodular pulmonary opacities are also present.

A rounded soft tissue opaque mass effect is identified ventral to the thoracic trachea within the cranial mediastinal region, visible only on the lateral projections. The lesion measures approximately 2.0 vertebral body lengths in length and 1.0 vertebral body length in height.

The cardiac silhouette is within normal limits for size and contour. (VHS = 10.5)

The pulmonary vessels are within normal limits.

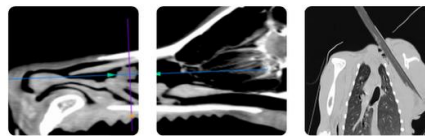
The pleural space, diaphragm, thoracic wall, and visible osseous structures are within expected radiographic limits.

## RADIOGRAPHIC DIAGNOSIS

- Marked diffuse mixed bronchointerstitial to alveolar pulmonary pattern with multifocal subtle nodular pulmonary opacities.
- Rounded cranial mediastinal soft tissue mass effect, most consistent with cranial mediastinal lymphadenomegaly
- The differential diagnoses include infectious/inflammatory pulmonary disease, eosinophilic bronchopneumopathy, fungal pneumonia, bacterial pneumonia, allergic airway disease, and parasitic pulmonary disease. Less likely differential considerations include metastatic or multicentric neoplastic diseases (lymphoma) especially due to the concurrent cranial mediastinal lymphadenopathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings demonstrate a marked diffuse mixed pulmonary pattern, predominantly bronchointerstitial in distribution. The differential diagnoses include infectious or inflammatory pulmonary disease, eosinophilic bronchopneumopathy, especially considering the patient's prior



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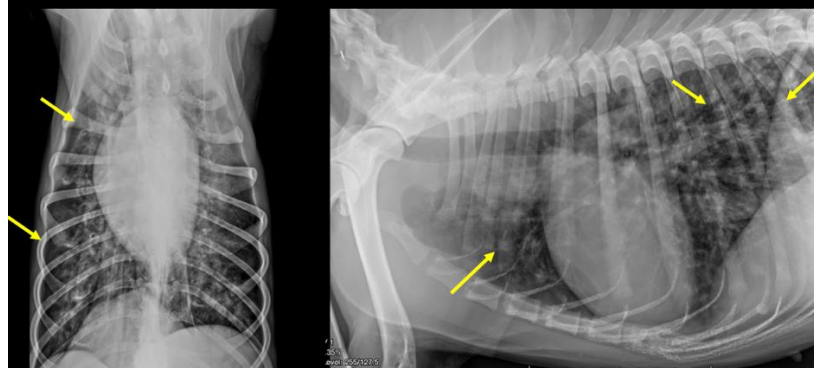
5-28-26

history of heartworm disease, despite the absence of significant pulmonary vascular enlargement. Additional differential considerations include fungal pneumonia, bacterial pneumonia, allergic airway disease, and parasitic pulmonary disease.

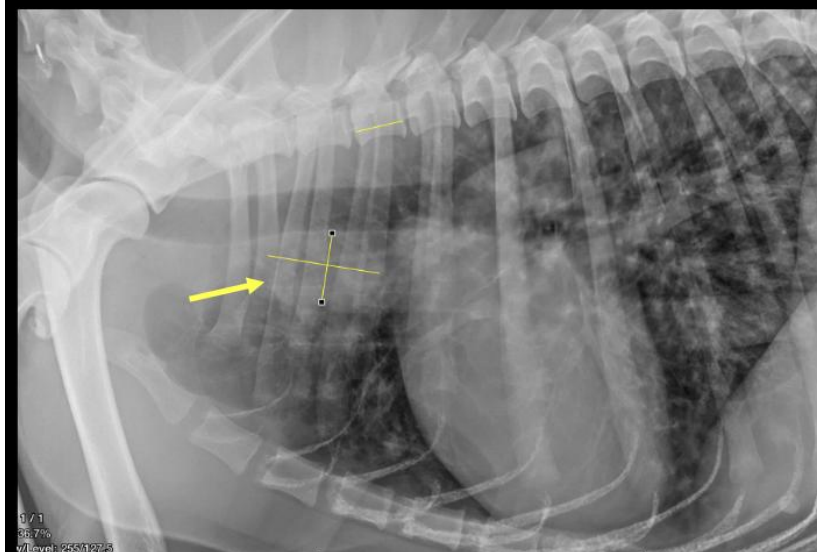
The enlarged cranial mediastinal lymph node may represent reactive lymphadenopathy; however, neoplastic or metastatic disease cannot be excluded. Differential considerations for the cranial mediastinal lesion include reactive or neoplastic lymphadenopathy, lymphoma, less likely thymoma, or ectopic thyroid neoplasia.

If clinically appropriate, airway sampling, including transtracheal wash or bronchoalveolar lavage, may be considered for further diagnostic evaluation.

**Fig. 1. Marked diffuse bronchointerstitial, alveolar and ill-defined nodules pulmonary pattern affecting multiple lung lobes.**



**Fig. 2. Marked diffuse mixed pulmonary pattern and enlarged mediastinal cranial lymph node**





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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.

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