



PATIENT PRESENTING CLINICAL SIGNS

Roxie Lisi Pt presented for LDDS test, but pt has been panting, even in AC. Pt not eating well, and has been vomiting for about 6 days. Previously took xrays on 6/20, attached previous rads for comparison.

SPECIES RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Canine Orthogonal views of the thorax and abdomen are provided for review totaling thirteen images. Four images dated on 07.12.2023 and compared to nine images of previous exam date on 06.20.2023.

BREED RADIOGRAPHIC FINDINGS

Rottweiler

THORAX

SEX There is a markedly diffuse mixed pulmonary pattern that consists of a bronchial pattern with peribronchial cuffing by a soft tissue opaque pattern, unstructured interstitial, and multifocal patchy alveolar pattern. The lesion is worse and exacerbated in comparison with the previous exam.
SF

AGE The caudal thoracic trachea and carina are border effacing by a poorly defined regional lobular soft tissue mass effect, and not previously identified.

7 Years The cardiac silhouette and pulmonary vessels are normal. (VHS = 10.1), similar to previous exam.

INTERPRETED BY

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On the ventrodorsal view, thin pleural fissure lines are identified, not previously identified.

The diaphragm is unremarkable.

ABDOMEN

The stomach is empty, filled with minor intraluminal gas and normal in position.

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The small intestines are normally distributed, of normal diameter, contain a moderate amount of gas and homogeneous soft tissue fluid material. No evidence of gastrointestinal obstruction or radiopaque foreign material.

REFERRING VET

Dr Robert Bashkin

The colon contains a small amount of heterogeneous fecal material admixed with gas.

The liver, renal silhouettes, and spleen are normal in size, shape, and contour.

The urinary bladder is moderately filled with the apex in the plane of cranial L6 and is homogenous.

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The abdominal serosal detail is normal.

The retroperitoneal space is unremarkable.

DATE

7-12-23



PATIENT RADIOGRAPHIC DIAGNOSIS

- PATIENT** Roxie Lisi
- SPECIES** Canine
- BREED** Rottweiler
- Marked and severe diffuse mixed pulmonary parenchyma opacification, more exacerbated and worse in comparison with the previous exam as well as associated tracheobronchial lymphadenitis that was not previously identified. Due to the exacerbated lesion and the identification of the tracheobronchial lymphadenitis, more differential diagnoses are included as possible causes, and include severe eosinophilic bronchitis with concurrent bronchopneumonia, fungal pneumonia, or infiltrative round cell neoplasia, for example, lymphoma or histiocytic sarcoma.
- Thin pleural fissure lines, differential diagnosis includes scant pleural effusion, pleural fibrosis, a minor amount of pleural effusion, and tangent beam orientation.
- Similar and unremarkable cardiovascular structures.
- Similar and normal abdomen.

SEX INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SF The pulmonary radiographic appearance is considerably worse in comparison to the previous exam, and this is correlated with the presented panting clinical signs. Due to the inclusion and suspicion of fungal pneumonia, fungal antigen testing or bronchoalveolar lavage may be useful in obtaining samples for cytology. A search for peripherally enlarged lymph nodes is also suggested.

AGE 7 Years Consider an abdominal ultrasound for better analysis of the gastrointestinal tract, including the thickness and layering, especially because of the presenting vomiting. In addition, the ultrasound allows a better analysis of solid parenchymal organs, such as the liver and spleen.

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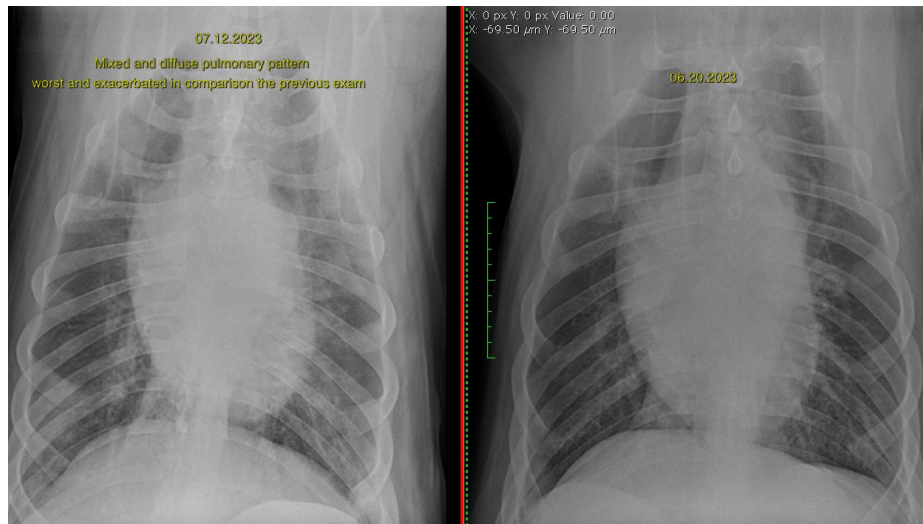
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PATIENT

Roxie Lisi

SPECIES

Canine

BREED

Rottweiler

SEX

SF

AGE

7 Years

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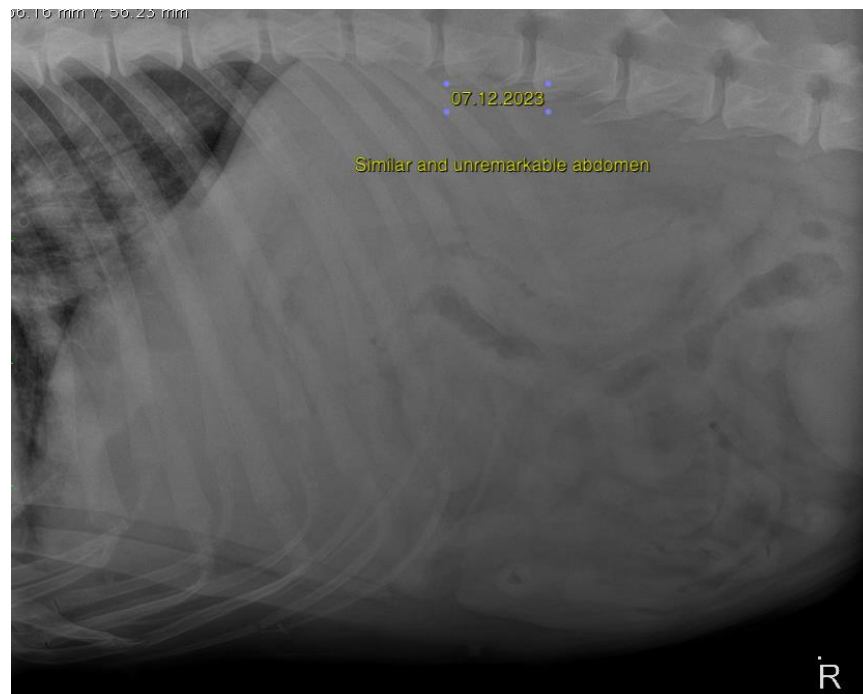
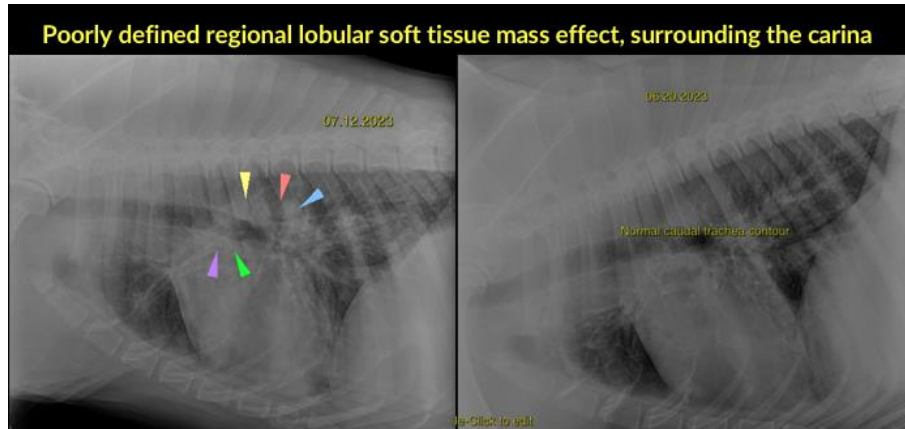
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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