


**PATIENT**

O'Sage Boy Bowers

**PRESENTING CLINICAL SIGNS**

O' Sage Boy was seen 12/20 for a muffled/lost voice. He has not gotten any better since then. He was on antibiotics and steroids to see if it would help, and his voice is still gone. Otherwise, he is acting normally.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Thickening and discomfort to palpation of larynx multiple masses large soft sq mass on right side other soft sq masses.

**BREED**

Border Collie X

**RADIOGRAPHIC STUDY OF THE THORAX AND CERVICAL SOFT TISSUE**

Orthogonal views of the thorax and cervical soft tissue are provided for review. Six images.

**SEX**

Neutered Male

**RADIOGRAPHIC FINDINGS**

The nasopharynx, pharynx, soft palate, epiglottis, and laryngeal saccules are normal.

The luminal diameter and position of the trachea are normal.

A small amount of gas is seen superimposed onto the cervical esophagus.

**AGE**

10 Years 3 Months

The pulmonary parenchyma is normal.

The cardiovascular structures are normal.

The pleural space and mediastinum are normal.

**INTERPRETED BY**

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

The liver is normal in size and shape.

The stomach contains a small amount of gas and heterogeneous ingesta material, which redistributes normally with changes in patient position.

The remainder of the abdomen is normal.

**HOSPITAL NAME**

Elizabeth AH

The C5-C6, T5-T6, T6-T7, T7-T8 and T13-L1 intervertebral disc spaces are mildly narrowed with minor incomplete bridging due to spondylosis deformans.

Abundant fat stores are seen in the subcutaneous tissues and throughout the abdomen.

**REFERRING VET**

Dr. Kim Allyn

No other abnormalities are identified.

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**RADIOGRAPHIC DIAGNOSIS**

- Normal cervical and airway structures.
- Minor esophageal aerophagia.
- Normal geriatric thorax.
- Multifocal cervical, thoracic and thoracolumbar spondylosis deformans, incidental.
- Excessive body condition score.

**DATE**

1/25/23



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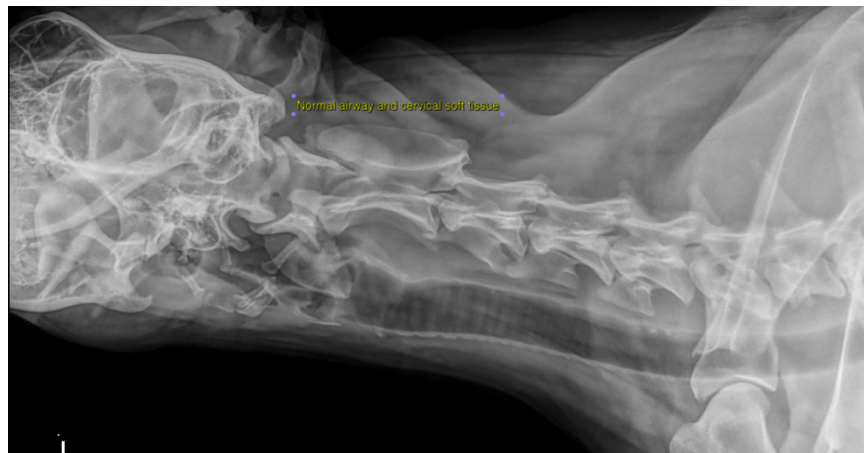
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A radiographic lesion to explain the patient's clinical signs is not evident. Direct pharyngolaryngoscopic examination may be useful in further evaluation of the laryngopharynx, and to rule out upper airway conditions (such as laryngeal paralysis, and may correlate to present clinical signs. Other option to be consider is a cervical ultrasound.

Other differential diagnosis includes esophageal reflux. Conservative and medical therapy for esophagitis could be considered for next approach.



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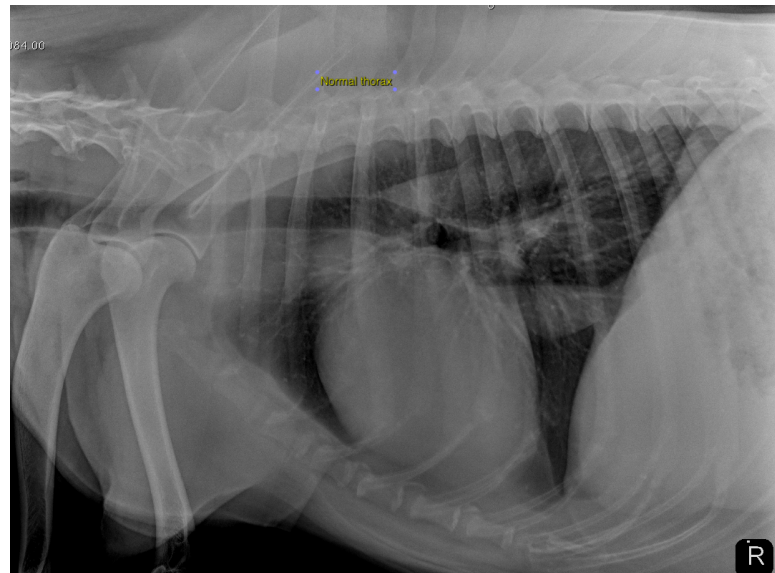
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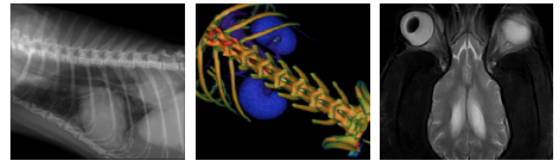
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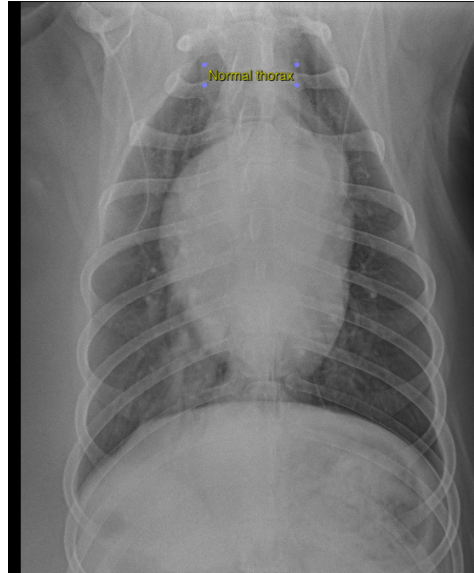
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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