



PATIENT

Koda Magana

SPECIES

Canine

BREED

Labrador Retriever

SEX

NM

AGE

9Y, 10M

WEIGHT

108lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Iyana

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Courtney

INVOICE

72565

DATE

11-11-25

PRESENTING CLINICAL SIGNS

Owner reports Koda woke up in the middle of the night panting without apparent cause two nights ago. Yesterday, he was crying most of the day and panting non-stop after being outside in the cold. He would not lay down and appeared to have hip or general joint discomfort. - Owner notes a history of arthritis. Koda was not eating any food or treats and stood panting. Owner noticed his abdomen was very stiff. After receiving an opioid injection at the ER and Galliprant tablets, Koda remained uncomfortable and stood in place panting, with localized discomfort when touched in a specific area. He was uncomfortable all night and only able to sleep when his head was propped up. Abnormal PE/Chem/CBC/UA Results: Musculoskeletal: Musculature mildly-moderately reduced over the rear legs, shoulders, and hips. Ambulatory x4. Stiff gait and slow to sit/stand. Mild elevation in ALP Pain: OA vs cystitis vs other abd organ vs neoplasia vs open.

RADIOGRAPHIC STUDY OF THE ABDOMEN AND PELVIS

Orthogonal radiographic views of the abdomen and pelvis were obtained, including four lateral and two ventrodorsal projections.

RADIOGRAPHIC FINDINGS

ABDOMEN

The stomach contains a moderate amount of gas admixed with heterogeneous soft tissue opaque residual ingesta material, which redistributes with patient positioning. No radiopaque foreign material is identified.

The small intestines are normally distributed, of normal diameter, and contain a moderate amount of gas. No radiopaque foreign material, plication, or segmental narrowing is observed.

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

The urinary bladder is mildly filled, with the apex located at the level of cranial L6 and presents homogeneous soft tissue opacity.

The descending colon contains a moderate amount of heterogeneous soft tissue opaque fecal material admixed with gas.

The abdominal serosal detail is normal, and no evidence of mass effect is detected.

In the caudal collimated portion of the thorax, a diffuse interstitial-bronchial pattern is noted.

PELVIS

The coxofemoral joints are congruent, with no periarticular osteophyte formation. The pelvic bones appear within normal limits.

Multiple complete and incomplete vertebral endplate spondylosis deformans are present along the thoracolumbar, lumbar, and lumbosacral spine, accompanied by variable narrowing of the intervertebral disc spaces and mild degenerative changes in the caudal articular process.



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Superimposed over the medial region of the left hindlimb, there is a suspected pedunculated soft tissue or fat-attenuating mass effect.

RADIOGRAPHIC DIAGNOSIS

- Normal abdominal cavity, no evidence of abdominal mass effect or organomegaly.
- Normal coxofemoral joints.
- Multiple vertebral endplate spondylosis deformans involving the thoracolumbar, lumbar, and lumbosacral spine, with intervertebral disc space narrowing—findings consistent with multiple spondylosis deformans, degenerative changes and chronic disc disease.
- Suspected pedunculated soft tissue/fat mass effect superimposed over the medial aspect of the left hindlimb.
- Mild diffuse interstitial–bronchial pulmonary pattern within the caudal thoracic region. Differential diagnosis bronchopathy or correlated to the expiratory phase.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

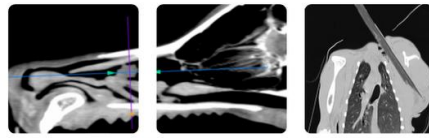
The radiographic findings indicate degenerative vertebral changes compatible with spondylosis deformans and possible chronic intervertebral disc disease, which may contribute to discomfort or stiffness. The coxofemoral joints are unremarkable.

The abdominal region is within normal limits.

A mild interstitial–bronchial pattern is noted in the caudal thorax. Differential diagnoses include bronchopathy, inflammatory changes, or findings correlated with the expiratory phase. A complete thoracic examination is recommended—particularly considering the clinical signs of panting—for improved assessment of the thoracic structures and lung fields.

TECHNICAL COMMENTS

A round metallic artifact is noted in some images.



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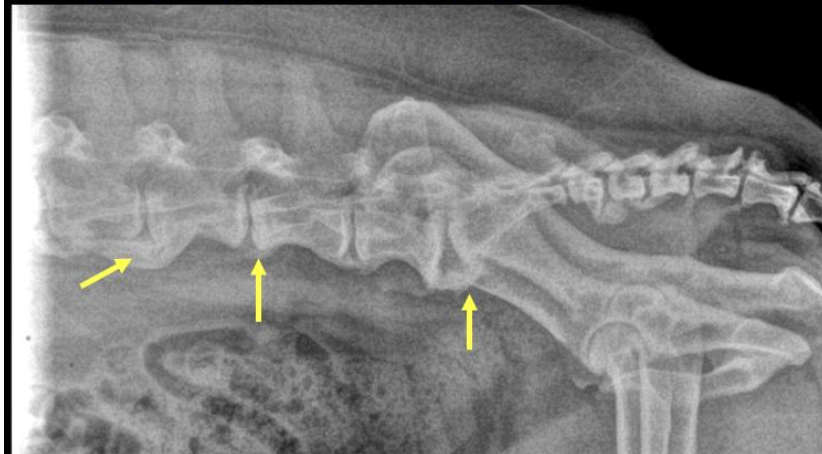
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Normal abdomen



Multiple vertebral endplate spondylosis deformans in spine, with multifocal intervertebral disc space narrowing





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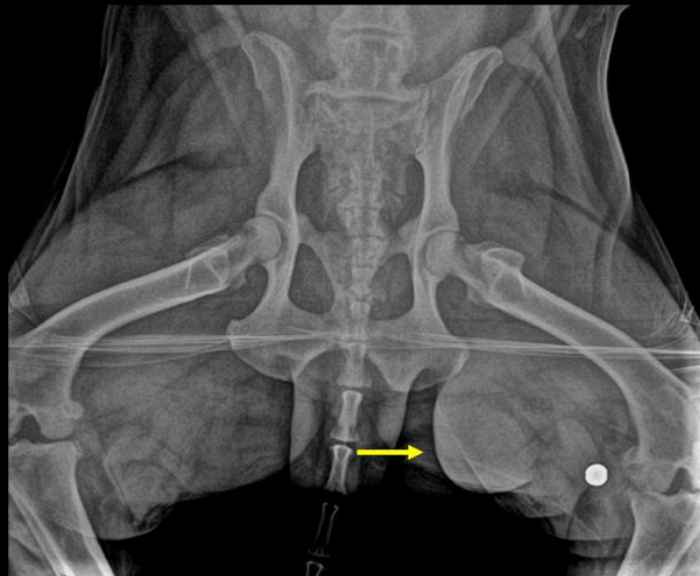
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Normal coxofemoral joints



Suspected pedunculated soft tissue/fat mass effect superimposed over the medial aspect of the left hindlimb.





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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
info@sonopath.com