



PATIENT

Beau Sunny Saint St.
Bernard rescue

SPECIES

Canine

BREED

Saint Bernard

SEX

Male Neutered

AGE

2Y

WEIGHT

113

INTERPRETED BY

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

IMAGING PERFORMED BY

DTLAvets

HOSPITAL NAME

DTLAvets

REFERRING VET

Dr. Castaneda

INVOICE

72681

DATE

11-18-25

PRESENTING CLINICAL SIGNS

cough started about 10 days ago - suspect CIRDC - Rx Doxycycline - cough started to improve; P became hyporexic and decreased water intake after 9 days on Doxycycline so O stopped the Abx; appetite and water intake normalized however cough worsened - becoming wet and productive now; CXR are submitted to R/O pneumonia

RADIOGRAPHIC STUDY OF THE THORAX

Thoracic radiographs were provided for review, including lateral and ventrodorsal projections (8 images total).

RADIOGRAPHIC FINDINGS

The cervical and thoracic trachea are within normal limits.

There is a diffuse, moderate bronchial pattern throughout the pulmonary parenchyma, accompanied by dispersed faint alveolar foci localized in the cranial lung lobes.

The cardiac silhouette is normal in size, shape, and contour (VHS = 10.3).

Pulmonary vessels are within normal limits.

The pleural space and mediastinum are unremarkable.

The ribs, thoracic wall, and diaphragm are normal.

No abnormalities are observed in the collimated cranial abdomen or visualized musculoskeletal structures.

RADIOGRAPHIC DIAGNOSIS

- Diffuse moderate bronchial lung pattern with dispersed faint alveolar foci in the cranial lung lobes. Differential diagnosis includes infectious or inflammatory bronchial disease, lower airway disease (consistent with CIRDC), early or incipient bronchopneumonia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic appearance indicates a diffuse, moderate bronchial pattern with incipient alveolar involvement in the cranial lung lobes, compatible with bronchial or early bronchopneumonic disease. Given the clinical context of canine infectious respiratory disease (CIRDC), a concurrent early bacterial pneumonia is likely.

Continuation or adjustment of antibiotic therapy is advised, along with supportive management of respiratory disease.

Consider bronchoalveolar lavage (BAL) for cytology and culture if clinical improvement is not observed.

Follow-up thoracic imaging is recommended if the cough persists or respiratory signs worsen.



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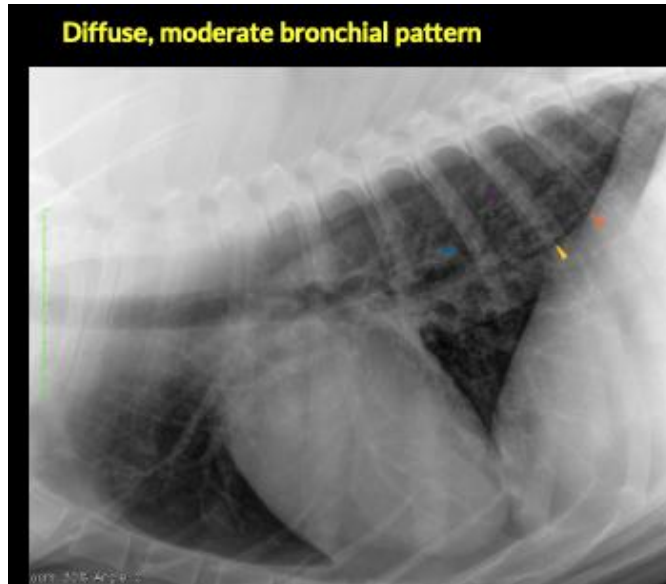
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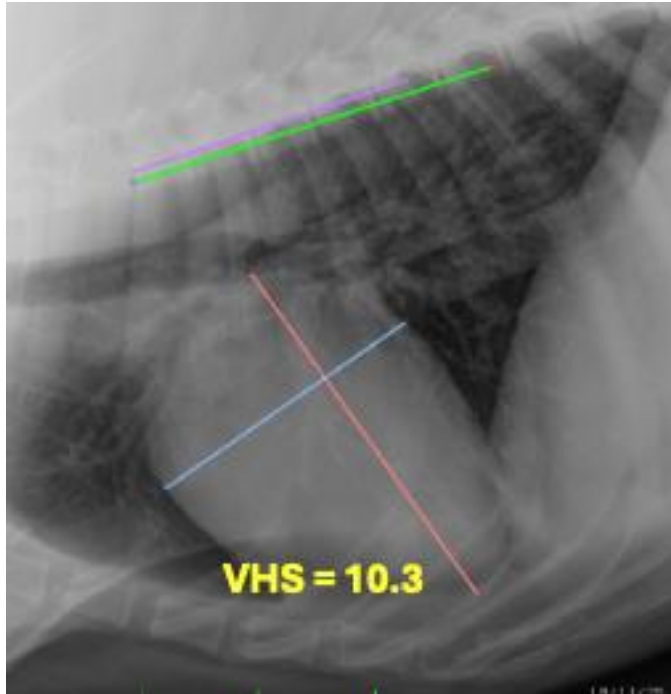
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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