



PATIENT

Thor Christensen

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

6Y, 8M

WEIGHT

157lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin, LVT; Whitney, VA

HOSPITAL NAME

Gentle Doctor Animal
Hospital

REFERRING VET

Dr. A Taplett

INVOICE

72742

DATE

11-24-25

PRESENTING CLINICAL SIGNS

Presented on 11/3/25 for coughing that started that AM - had finished Simplicef and Prednisone 1 weeks prior for skin infection. Was down 14lbs in 2 weeks, temp of 103.6F. Started on Amoxicillin and labs sent out. Labs with ALT of 227, ALP H 4024, WBC H 24,000 (neutrophilia). Rechecked on 11/12/25, stable weight and normal temp. Chest x-rays taken with concern for bronchitis and possible nodule in right cranial lung. Added in prednisone and rechecked liver panel - ALT 93, ALP 1489. No improvement in cough noted 11/24/25. Down 5lbs, temp normal, owner report more lethargic and panting (pred side effect?).

Abnormal PE/Chem/CBC/UA Results: Very obese dog (BCS 9/9). Mild temp of 103.6F noted on 11/12 otherwise normal temps. Lung sounds have been clear. No cough on tracheal palpation. No stridor or concern for laryngeal paralysis. CBC on 11/3 with WBC H 24,000, rechecking today Chem on 11/3 with ALT of 227, ALP H 4024, rechecked on 11/12/25 at ALT 93 and ALP 1489.

RADIOGRAPHIC STUDY OF THE THORAX

Thoracic radiographs were provided for review, including right lateral, left lateral and ventrodorsal projections (4 images total).

RADIOGRAPHIC FINDINGS

The thoracic trachea maintains normal luminal diameter, contour, and position.

There is a diffuse, moderate bronchial pattern throughout the pulmonary parenchyma. Scattered, faint alveolar foci are present, primarily localized to the right middle lung lobe.

On the VD projection, a focal region of increased opacity is seen, likely a summation artifact involving pulmonary vessels, the right cardiac border, and bronchial shadowing produces the appearance of a pseudo-nodule at the level of the 7th–8th intercostal spaces.

The cardiac silhouette is normal in size, shape, and contour. There is mild apparent separation from the sternum due to ventral pleural and mediastinal fat accumulation.

The pulmonary vessels are normal in caliber and distribution.

The mediastinum is unremarkable.

The ribs and diaphragm are normal. There is moderate subcutaneous fat accumulation surrounding the thoracic wall.

T5–T6 incomplete bridging spondylosis deformans.

Moderate degenerative changes of the sternum.

RADIOGRAPHIC DIAGNOSIS

- Diffuse, moderate bronchial pattern with faint, focal alveolar components most pronounced in the region of right middle lung lobe. Differential diagnosis includes infectious or inflammatory bronchial disease, allergic lower airway disease, incipient bronchopneumonia or concurrent pulmonary atelectasis.
- Thoracic wall and mediastinal fat accumulation, consistent with excessive body score.



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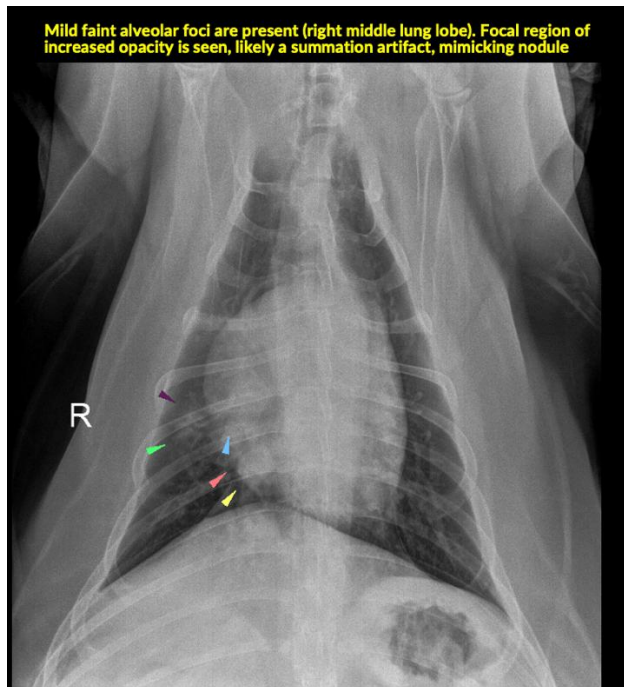
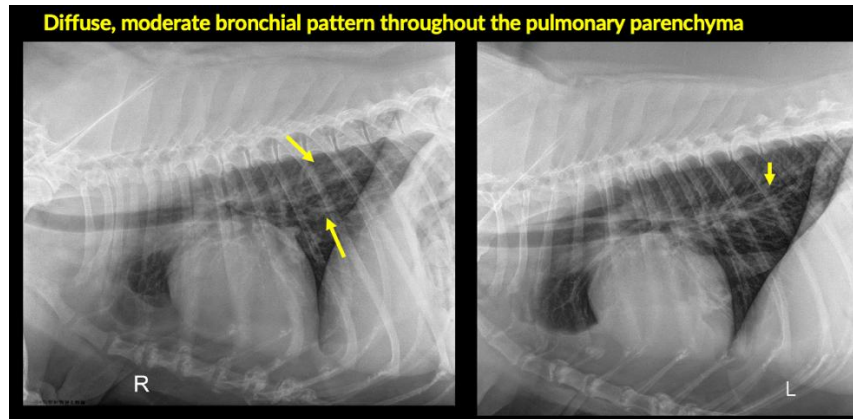
- T5-T6 spondylosis deformans and sternal degenerative changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic appearance indicates a diffuse, moderate bronchial pattern with incipient alveolar involvement in the right middle lung lobe region, compatible with infectious – inflammatory bronchial disease and/or incipient bronchopneumonia disease, or concurrent pulmonary atelectasis.

Continuation or adjustment of medical therapy is advised. Consider bronchoalveolar lavage (BAL) for cytology and culture if clinical improvement is not observed.

The right VD opacity likely corresponds to a summation artifact.





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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