



PATIENT

Ryder Ross

SPECIES

Canine

BREED

Spaniel, English Springer

SEX

NM

AGE

12Y

WEIGHT

38.4lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Iyana

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Rivera

INVOICE

72477

DATE

11-4-25

PRESENTING CLINICAL SIGNS

Episodes of regurgitation starting Tuesday night with retching behavior, unable to bring anything up - Decreased appetite since Tuesday, eating slowly when he does eat - Aversion to hard/crunchy foods, prefers soft foods - Lethargy and altered behavior since Tuesday night - chattering in the jaw when attempting to eat - History of gastroesophageal reflux, managed with cerenia as needed
Abnormal PE/Chem/CBC/UA Results: Assessment: Vomiting/non-productive retching vs. regurg: r/o gastritis vs. food intolerance vs. gastroenteritis vs. hiatal hernia vs. other Mild superficial dermatitis, hx of otitis externa OU: Lenticular sclerosis PD 1/4 SQ masses: r/o lipomas vs. other Difficulty chewing: r/o masticatory myositis vs. oral disease vs. other Hx of multifocal OA - had first Librela inj. 10/30/25 Weight loss

RADIOGRAPHIC STUDY OF THE THORAX

Orthogonal views of the thorax are provided for review totaling three images. One ventrodorsal view. One right lateral view. One left lateral view.

RADIOGRAPHIC FINDINGS

The cervical trachea is mildly overdistended, and the thoracic trachea is unremarkable.

The esophagus is not radiographically identified, which is normal. There is no evidence of abnormal distension, soft tissue mass effect, or radiopaque foreign material along the esophageal pathway.

The pulmonary parenchyma demonstrates a diffuse interstitial to bronchial pattern, with faint multifocal alveolar pattern noted in some regions.

The cardiac silhouette occupies approximately 50% of the thoracic width (VHS = 10.0, within normal range) and maintains normal shape and contour.

The pulmonary vessels, pleural space, and mediastinum are within normal limits.

The ribs, diaphragm, and thoracic wall are unremarkable.

There is an incomplete bridging spondylosis deformans at L1-L2, associated with endplate sclerosis.

The collimated cranial abdomen is unremarkable.

RADIOGRAPHIC DIAGNOSIS

- Mild diffuse interstitial to bronchial pulmonary pattern with faint regional alveolar changes. Differential diagnoses include lower airway disease, inflammatory or infectious bronchitis, concurrent mild pneumonitis, incipient pneumonia, or early aspiration pneumonia.
- No radiographic evidence of megaesophagus, foreign body, or mass effect within the thorax or esophageal region.
- Mild cervical tracheal overdistension, possibly related to panting.
- Incomplete bridging spondylosis deformans at L1-L2, associated with endplate sclerosis. Consider concurrent chronic intervertebral disc disease.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thoracic radiographic findings indicate a mild, nonspecific lower airway pattern. These changes may represent bronchial or interstitial inflammatory disease, allergic airway disease, incipient pneumonia, or early aspiration pneumonia.

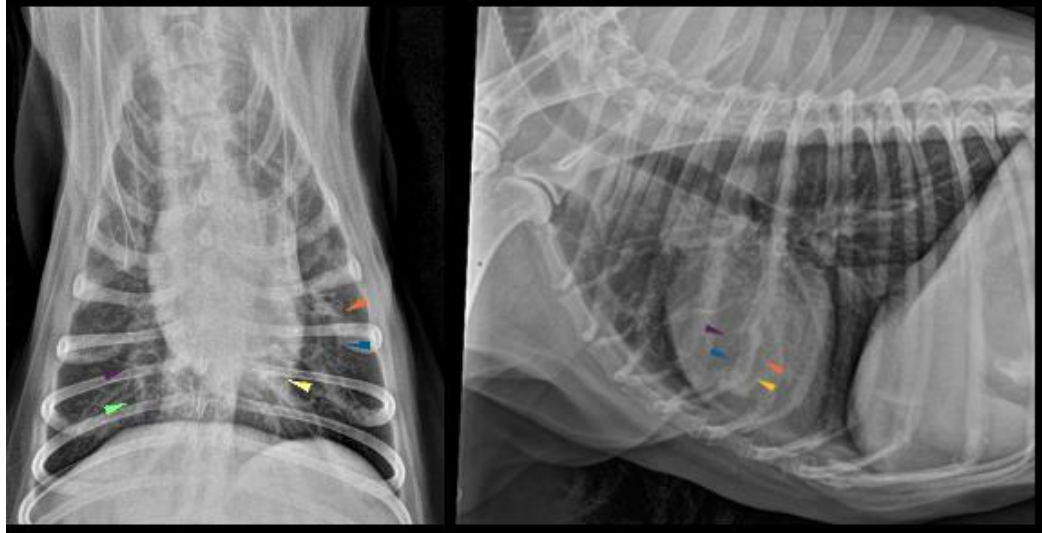
The absence of esophageal dilation reduces the likelihood of megaesophagus as the cause of regurgitation. No evidence of esophageal foreign material; however, esophagitis, functional esophageal disorders, or a sliding hiatal hernia cannot be completely excluded radiographically (non-contrast exam).

Supportive management for gastroesophageal reflux should continue as clinically indicated. Consider medical therapy targeting allergic, inflammatory, or infectious bronchitis, and initiate empirical antibiotic treatment because of the suspect incipient pneumonia.

TECHNICAL COMMENTS

A rounded, metallic-opaque structure is observed at the periphery of the imaging plates, overlapping the tracheal region on one projection. This finding is consistent with an external artifact.

Mild diffuse interstitial to bronchial pulmonary pattern with faint regional alveolar changes.





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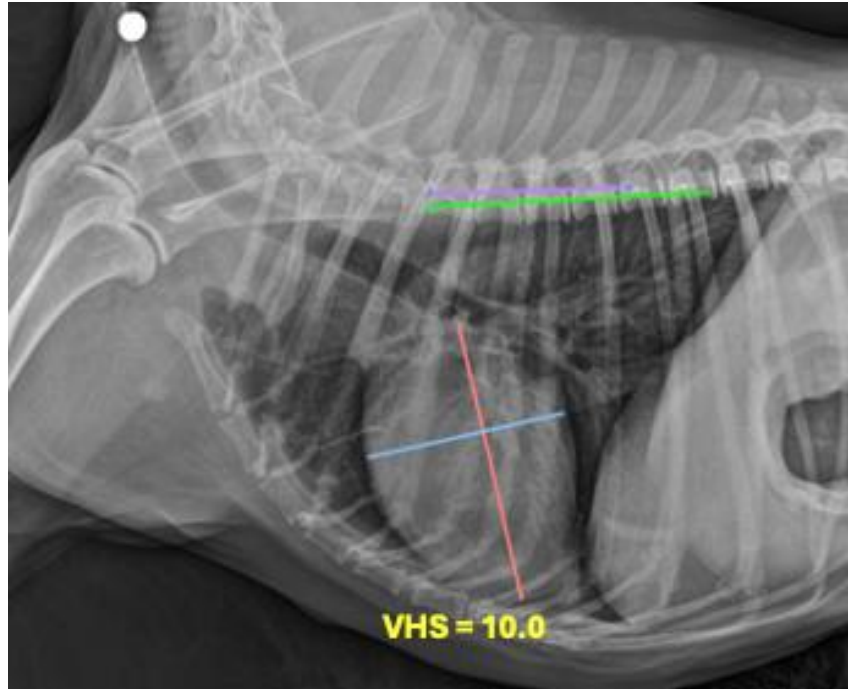
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com