



PATIENT

Gus Umbdenscock

SPECIES

Canine

BREED

Chihuahua Mix

SEX

MN

AGE

13Y

WEIGHT

9.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Green

HOSPITAL NAME

Healing Spirit Animal
Wellness

REFERRING VET

Sarah Green

INVOICE

73869

DATE

2-19-26

PRESENTING CLINICAL SIGNS

- presented on emergency 1/31/26 due increased respiratory effort and wheezing. Suspected partial upper airway obstruction based on radiographs obtained that time showing an ill defined laryngeal mass. Improvement noted following an injection of dexamethasone, however occasional dyspnea is still evident

Abnormal PE/Chem/CBC/UA Results: Sonorous breath sounds, grade ii/vi systolic murmur noted on exam 1/31/26, not detected at the time of imaging 2/18/26

COMPUTED TOMOGRAPHIC STUDY OF THE NECK AND THORAX

A pre- and post-contrast CT study of the head is provided for review totaling 3 series. One pre-contrast series of the neck, bone algorithm. One post-contrast series of the neck, soft tissue algorithm. One post-contrast series of the thorax, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

NECK

The soft palate, nasopharynx, and oropharynx are within normal limits.

There is no evidence of mass effect in the region of the larynx.

The cricoid and thyroid cartilages are unremarkable. The hyoid apparatus is unremarkable.

The medial retropharyngeal and mandibular lymph nodes are within normal limits.

The mandibular salivary, parotid, and thyroid glands are unremarkable.

The tympanic bullae are air-filled with normal wall thickness and contour. No fluid accumulation or osseous abnormalities are identified. The external auditory canals are unremarkable.

The temporomandibular joints are bilaterally congruent.

THORAX

The trachea and main bronchi are within normal limits.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

The pulmonary parenchyma demonstrates normal attenuation. No pulmonary micronodules, nodules, or masses are identified.

The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The heart and pulmonary vasculature are within normal limits. Post-contrast opacification is adequate.

The pleural space, diaphragm, and thoracic wall are unremarkable.



PATIENT

The thoracic esophagus is unremarkable.

Gus Umbdenscock

Findings within the Collimated Region

SPECIES

Multiple teeth are absent, and there is diffuse alveolar bone resorption consistent with periodontal disease.

Canine

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There are complete and incomplete bridging vertebral endplate spondylosis deformans. There is subchondral sclerosis at C6-C7 and C7-T1. Narrowing of the C4-C5 and C7-T1 intervertebral disc spaces is noted, with collapse of the C6-C7 intervertebral disc space.

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Mild bilateral shoulder osteoarthritis is present.

MN

The kidneys exhibit multiple small, cortical, hypoattenuating cystic lesions, consistent with renal cysts.

AGE

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- No evidence of a laryngeal mass or upper airway obstructive lesion is identified on this examination.
- Unremarkable CT appearance of the thoracic structures.
- Multiple missing teeth and mild diffuse periodontal disease, residual changes in the bone.
- Multifocal cervical spondylosis deformans with intervertebral disc space narrowing and collapse at C6-C7, consistent with chronic degenerative disc disease.
- Multiple small bilateral renal cortical cysts, incidental.
- Mild bilateral shoulder osteoarthritis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no CT evidence of a laryngeal mass or structural upper airway obstruction to explain the previously suspected laryngeal lesion seen radiographically. Given the reported clinical improvement following dexamethasone administration, a transient inflammatory or edematous process affecting the larynx remains a consideration.

IMAGING PERFORMED BY

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If clinical signs of upper airway obstruction persist or recur, further evaluation with laryngoscopy is recommended to assess for dynamic laryngeal dysfunction (e.g., laryngeal paralysis, collapse, or intermittent inflammatory swelling), which may not be fully appreciated on static CT imaging.

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The thoracic structures are unremarkable.

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Renal cysts and musculoskeletal degenerative changes are considered incidental and age-related unless clinically indicated otherwise.

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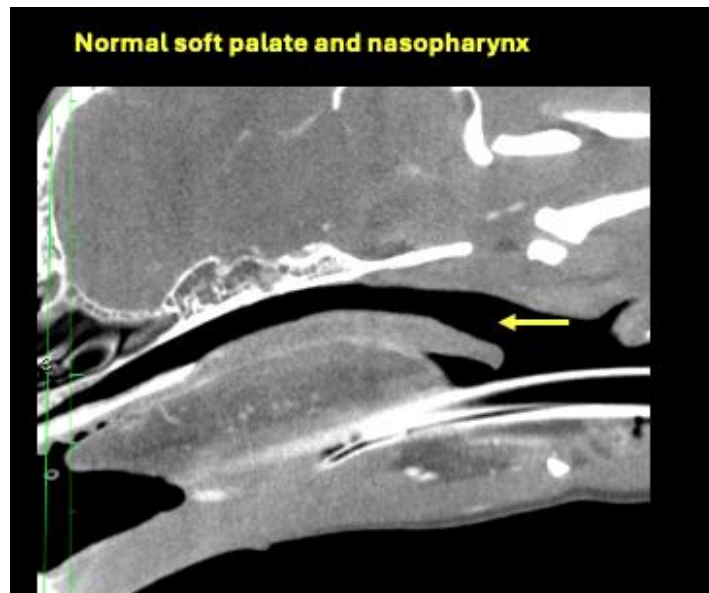
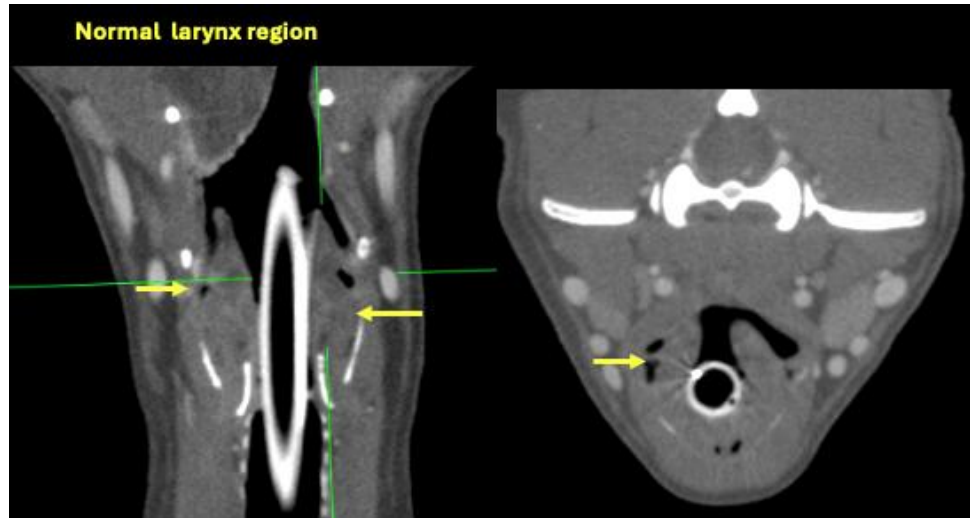
Sarah Green

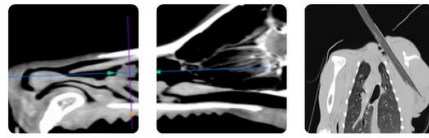
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Teleradiology

Educational Teleconsultation Services™

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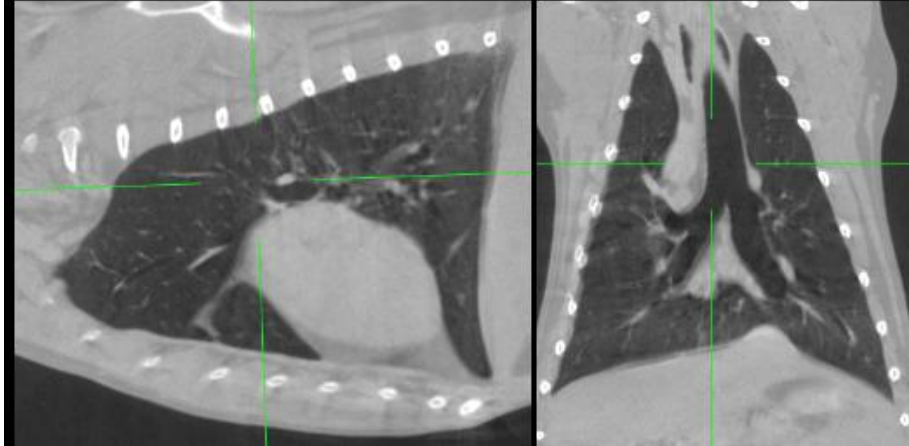
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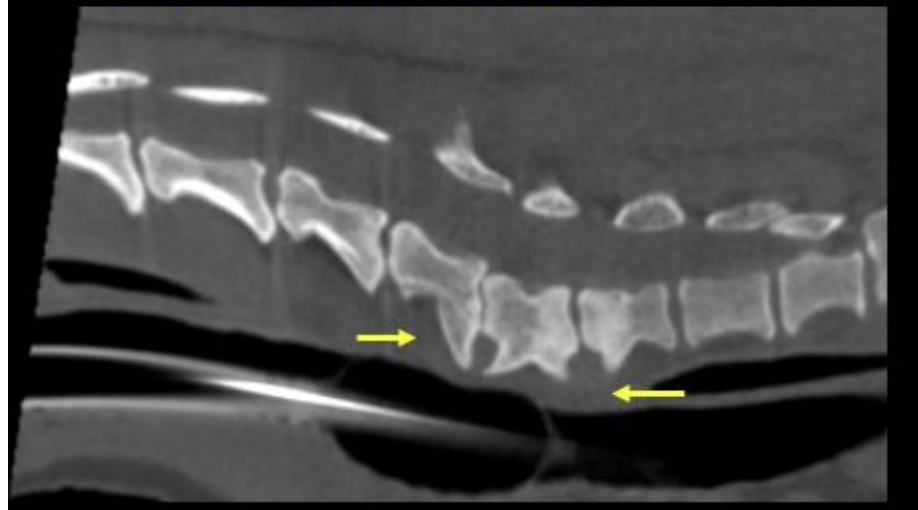
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Normal thorax



Multifocal cervical spondylosis deformans with intervertebral disc space narrowing and collapse at C6-C



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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info@sonopath.com