



PATIENT

Betsy Wilson

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

6Y

WEIGHT

41lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Technician

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Brita Kiffney

INVOICE

74231

DATE

3-17-26

PRESENTING CLINICAL SIGNS

- IRIS stage 2 renal disease, stable . Newly vomiting occasionally, started on omeprazole, that has helped. Now a bit reluctant to go upstairs

Abnormal PE/Chem/CBC/UA Results: mild discomfort over T-L SDMA 21 , Creat 1.6 USG 1.014 , culture pending

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Orthogonal radiographs of the thorax and abdomen are available for review, totaling seven images, including right lateral, left lateral, and ventrodorsal projections.

RADIOGRAPHIC FINDINGS

THORAX

The trachea is normal in position and diameter. The esophagus is unremarkable.

The pulmonary parenchyma shows normal opacity, with mild subinflation in lateral projections. Pulmonary vessels are normal in size and distribution.

The cardiac silhouette is within normal limits in size (VHS \approx 9.8), shape, and contour. Mild rightward mediastinal shift is noted, attributed to positioning (VD obliquity).

A pleural fissure line is visible in the lateral projections, more evident on the right lateral view, likely representing incidental pleural fat. The pleural space is otherwise unremarkable.

The ribs, diaphragm, and thoracic wall are normal.

Mild periarticular ossification is noted in the right elbow joint.

ABDOMEN

The stomach is moderately distended with gas and mixed ingesta, with normal redistribution.

The small intestines are normally distributed and of normal diameter, containing a moderate amount of gas and mild fluid opacity. No evidence of obstruction or plication.

The descending colon contains a moderate amount of gas and fecal material.

The renal silhouettes are at the lower limits of normal size, with regular contours and normal opacity.

The liver and spleen are within normal limits in size, shape, and opacity.

The urinary bladder is mildly distended with homogeneous fluid opacity.

Abdominal serosal detail is preserved. No evidence of mass effect. The retroperitoneal space is unremarkable.

L7-S1 incomplete bridging spondylosis deformans is present.



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The coxofemoral joints are congruent.

At the edge of the study, moderate periarticular ossification is noted in the right stifle joint. Apparent lateral positioning of the patella is likely positional (limb obliquity).

RADIOGRAPHIC DIAGNOSIS

- Incidental pleural fissure line, most consistent with pleural fat. Differential diagnoses include scant pleural effusion.
- Otherwise, normal thoracic radiographic study.
- Moderate gastric distension with ingesta and gas, nonspecific. No radiographic evidence of mechanical gastrointestinal obstruction.
- Renal silhouettes at the lower limits of normal size. Differential diagnoses include mild degenerative renal changes.
- Multifocal skeletal degenerative changes, including: Mild right elbow osteoarthritis, L7-S1 spondylosis deformans, Suspected right stifle osteoarthritis (partially evaluated).

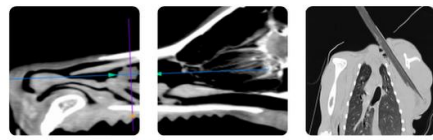
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No radiographic evidence of clinically significant thoracic disease. An incidental pleural fissure line is observed, most consistent with pleural fat. Differential diagnoses include a scant volume of pleural effusion, positional artifact. The remaining thoracic structures are radiographically unremarkable.

Abdominal findings are largely unremarkable, with nonspecific gastric distension and no evidence of obstruction. The renal size is at the lower limit of normal, which may correlate with the known history of degenerative renal disease. Abdominal ultrasound is recommended for further evaluation of renal parenchymal structure.

The observed degenerative joint changes, particularly at the lumbosacral junction and right stifle, may contribute to the reported reluctance to climb stairs and discomfort. Correlation with an orthopedic examination is recommended. Specific evaluation of the right stifle joint, including cranial drawer test, is advised to assess for joint instability and possible cranial cruciate ligament instability/rupture, or patella subluxation.

The remaining abdominal structures are radiographically unremarkable.



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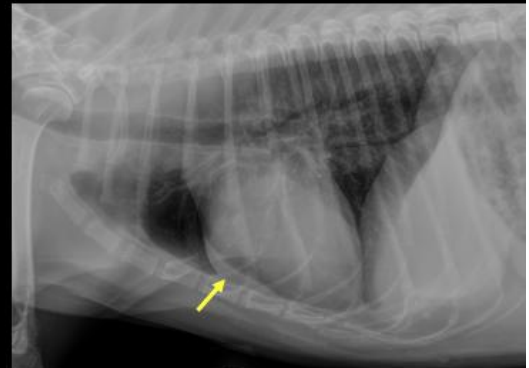
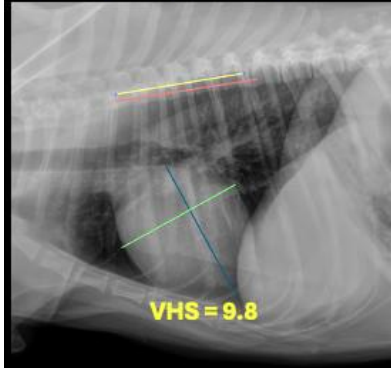
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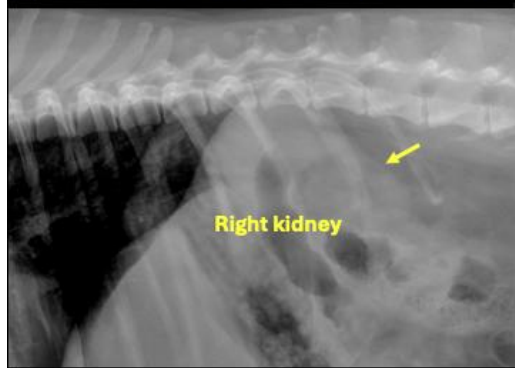
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Visible pleural fissure line



Renal silhouettes at the lower limits of normal size



Right stifle osteoarthritis





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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