



## PATIENT

Joy Lebron

## SPECIES

Canine

## BREED

Bichon Frise

## SEX

Male Neuter

## AGE

13Y

## WEIGHT

17.2lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melanie Mendez

## HOSPITAL NAME

Paseos Veterinary  
Center

## REFERRING VET

Dr. Karina Miranda

## INVOICE

74912

## DATE

5-6-26

## PRESENTING CLINICAL SIGNS

Pt presented for persistent coughing despite treatment for suspected kennel cough with doxycycline 5 mg/kg PO BID x 10 days, Tamaril-PPO BID x 3 days, SID x 3 days, EOD x 3 doses on 4/20/26) Owner noted improvement, but pt is still coughing sporadically, multiple times during the day. Loud bronchovesicular sounds but no crackles or wheezes upon auscultation. No audible heart murmur, however, it was a bit difficult to auscultate due to panting/excitement/tremors. Consult submitted for further assessment of his chest cavity in order to determine best tx plan.

Abnormal PE/Chem/CBC/UA Results: CBC: Low normal HCT 40%, BUN 32, GLOB 5, ALKP 306

## RADIOGRAPHIC STUDY OF THE THORAX

Orthogonal views of the thorax are available for review totaling three images. One ventrodorsal view. One right lateral view. One left lateral view. The right lateral and VD views are slightly oblique.

## RADIOGRAPHIC FINDINGS

The trachea is within normal limits in diameter and position.

The esophagus is unremarkable.

The pulmonary parenchyma is normal in opacity and volume of expansion. No focal or diffuse pulmonary interstitial, bronchial, or alveolar abnormality is identified. There is no evidence of abnormal alveolar pulmonary opacification.

Pulmonary vessels are within normal limits in size and distribution.

The cardiac silhouette is within normal limits in size and contour, occupying approximately 60% of the thoracic width and approximately 3.0 intercostal spaces. Vertebral heart score (VHS) measures approximately 10.4, within expected limits for the breed and size.

No pleural effusion or pneumothorax is identified. The mediastinum is within normal limits.

The ribs, diaphragm, and thoracic wall are unremarkable.

Multifocal incomplete and complete bridging spondylosis deformans is present at T5-T6, T12-T13, and T13-L1.

Within the included cranial abdomen, the liver extends caudal to the costal arch with rounded margins, consistent with moderate hepatomegaly.

## RADIOGRAPHIC DIAGNOSIS

- No radiographic abnormalities identified within the thorax.
- Moderate hepatomegaly.
- Multifocal thoracolumbar spondylosis deformans.



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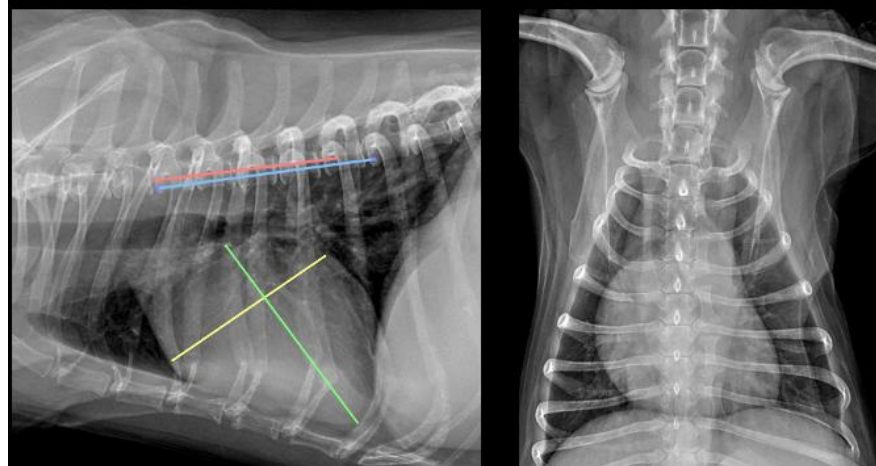
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thoracic radiographs are within normal limits. No radiographic evidence of active cardiopulmonary disease is identified.

The pulmonary parenchyma is radiographically unremarkable. However, given the clinical history of persistent coughing despite treatment for suspected infectious tracheobronchitis ("kennel cough"), the absence of radiographic abnormalities does not completely exclude mild or early inflammatory airway disease, including bronchitis or early/resolving infectious respiratory disease.

Moderate hepatomegaly is present within the cranial abdomen. Differential considerations include reactive hepatopathy, steroid/vacuolar hepatopathy, metabolic disease, or other hepatobiliary disorders. Correlation with laboratory findings and abdominal ultrasonography may be considered if clinically indicated.

**Fig. 1. No radiographic abnormalities identified within the thorax VHS = 10.4.**



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  
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