



PATIENT

Hendrix Fernandez

SPECIES

Canine

BREED

French Bulldog

SEX

Male Neutered

AGE

10Y

WEIGHT

20lbs

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Roman

INVOICE

72544

DATE

11-10-25

PRESENTING CLINICAL SIGNS

Current concern is ascites

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies of the abdomen are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The liver is diffusely small and multinodular. Parenchymal attenuation is mildly heterogeneous. Discrete mass lesions are not identified.

Portal and hepatic veins are small but patent. The extrahepatic segment of the main portal vein is mildly tortuous in course. No evidence of extrahepatic portosystemic collateral vessel formation is seen. The extrahepatic portal vein and aorta ratio is 1.2 to 1.0.

The gallbladder contains mild mineralized biliary debris without evidence of wall thickening or biliary obstruction. The common bile duct is normal in nondilated.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

A hiatal hernia with mild cranial displacement of the gastric fundus through the esophageal hiatus accompanied by mild gastric intussusception is seen.

A large amount of ascites is present and diffusely distributed throughout the abdomen.

The abdominal lymph nodes present within normal limits.

Congenital malformation of the spine is noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe ascites likely secondary to chronic hepatopathy.
- Hepatopathy with microhepatica and multiple nodules: suspect cirrhosis.
- Mild biliary microlithiasis without evidence of obstruction.
- Hiatal hernia with mild gastric intussusception.
- No evidence of portal vein thrombosis or acquired extrahepatic shunting.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The severe ascites may be due to cirrhotic portal hypertension or hypoalbuminemia in conjunction with hepatic insufficiency or due to a combination of these. Hepatic cirrhosis or other chronic hepatopathy is suspected based on the CT presentation. Further definition by means of abdominal centesis and liver biopsy could be considered. Serum bile acids and liver function testing can be



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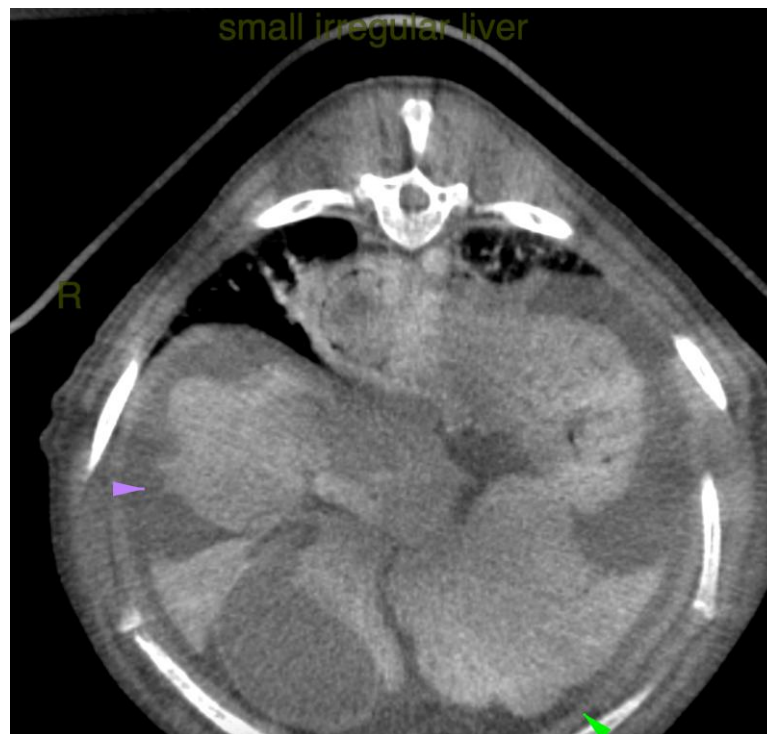
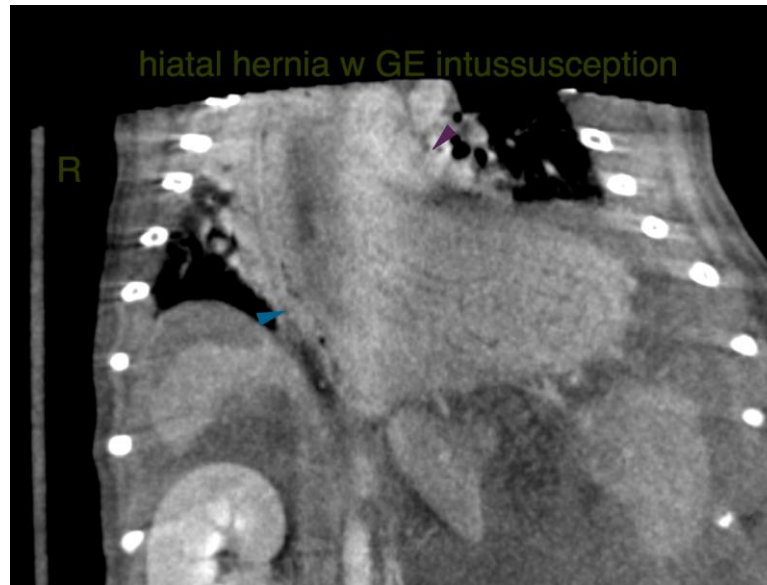
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considered as well.

The hiatal hernia with mild gastric intussusception may be an incidental finding, however, it can be associated with regurgitation, esophagitis, gastritis, and severe gastroesophageal intussusception in severe cases.





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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.

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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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French Bulldog

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
info@sonopath.com

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