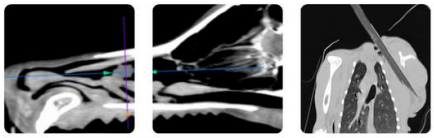

PATIENT

Smokey Schwab

SPECIES

Canine

BREED

Rottweiler X

SEX

FS

AGE

5

WEIGHT

37.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Barb

HOSPITAL NAME

Bridgwater Veterinary Hospital and Wellness Centre

REFERRING VET

M. Sra

INVOICE

72585

DATE

11-11-25

PRESENTING CLINICAL SIGNS

Vomiting, lethargic for 5 days and acting off on presentation. No annual prevention, regular camper. Patient is an extreme caution, minimal vitals obtained on PE.
Abnormal PE/Chem/CBC/UA Results: Diagnosed with Lyme disease Nov 10/ 25, PT coag normal. Jaundice with mildly elevated globulins. Nov 10: Severely elevated liver values - ALT ~5600; Bili ~250. Nov 11: ALT diluted values of 4668. U/S: Appears to be a mass on the right side, cranial to right kidney, suspect adrenal mass. Could be invading the caudal vena cava. Left kidney vessel appeared dilated and abnormal, turbulent blood flow. Liver appears normal, ALT diluted value Nov 11th = 4668.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The right and left adrenal gland present within normal limits. See image below. There is no evidence of an adrenal gland mass.

The liver is normal in size and attenuation with no focal parenchymal lesions being identified.

The gallbladder is distended, and the extrahepatic bile ducts are moderately dilated. The common bile duct is mildly dilated as well and measures approximately 8mm in diameter. No definitive obstructive lesion is seen at the duodenal papilla though evaluation is limited due to photon starvation.

The extrahepatic portal vein, at the splenic vein junction, appears to contain a possible intraluminal filling defect raising suspicion for a thrombus. However, this finding is equivocal due to limited image quality and detail recognition.

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

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

No free abdominal fluid is detected.

Mild portal lymphadenomegaly is seen.

There is moderate degenerative lumbosacral stenosis.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Distended gallbladder and mild to moderate biliary dilation with the common bile duct measuring 8mm without clear obstruction at the papilla – likely functional or inflammatory cholestasis.
- Questionable filling defect/possible thrombus in the extrahepatic portal vein at the splenic vein junction – could not be confirmed due to limited assessment.
- No adrenal mass or evidence of cava invasion identified.
- Degenerative lumbosacral stenosis.

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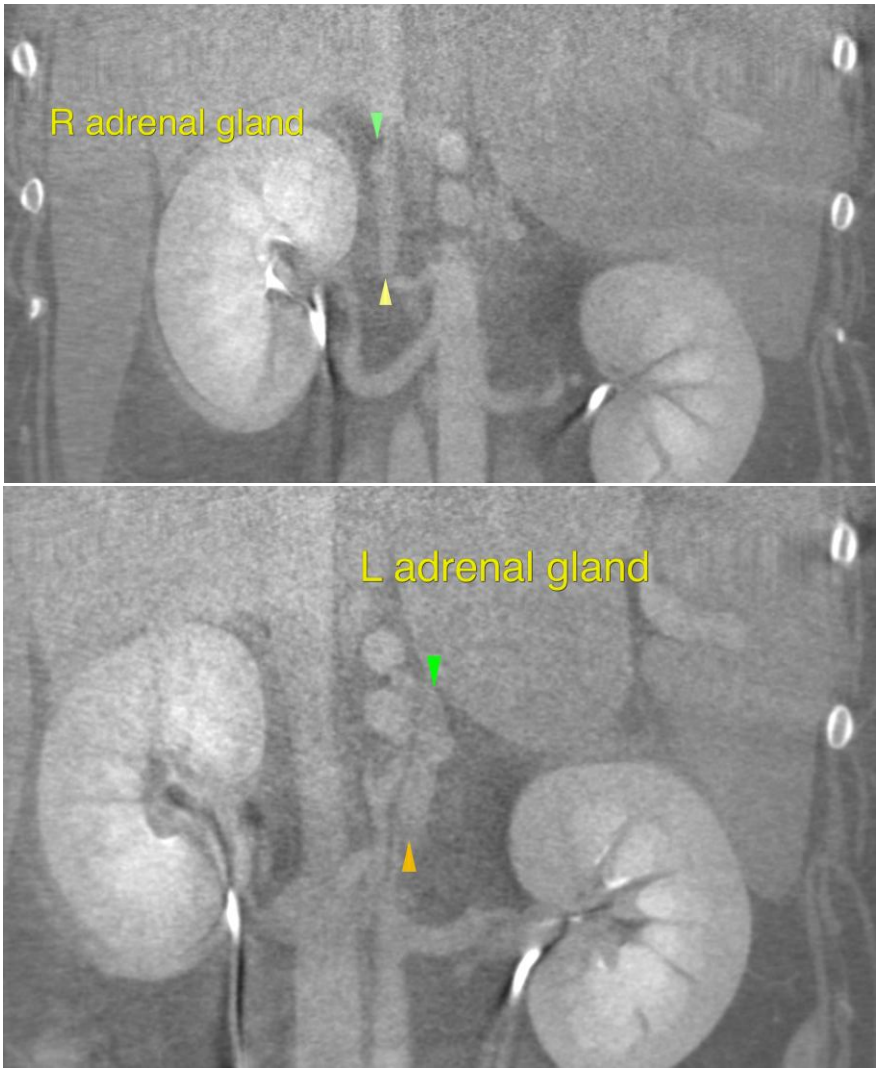
INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of an adrenal or overt hepatic mass. The findings support biliary stasis and possibly portal vein as thrombus though confirmation is limited by imaging artifacts. Recommend ultrasound correlation and if clinically indicated, repeat contrast CT or a Doppler ultrasound for vascular imaging.

The biliary dilation is mild to moderate without an identifiable mechanical obstruction at the papilla suggesting either functional or inflammatory biliary outflow impairment or partial obstruction.

The suspected portal vein filling defect could represent a true thrombus or contrast artifact. The finding should be interpreted with caution due to the suboptimal detail recognition in this area.



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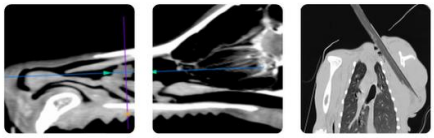

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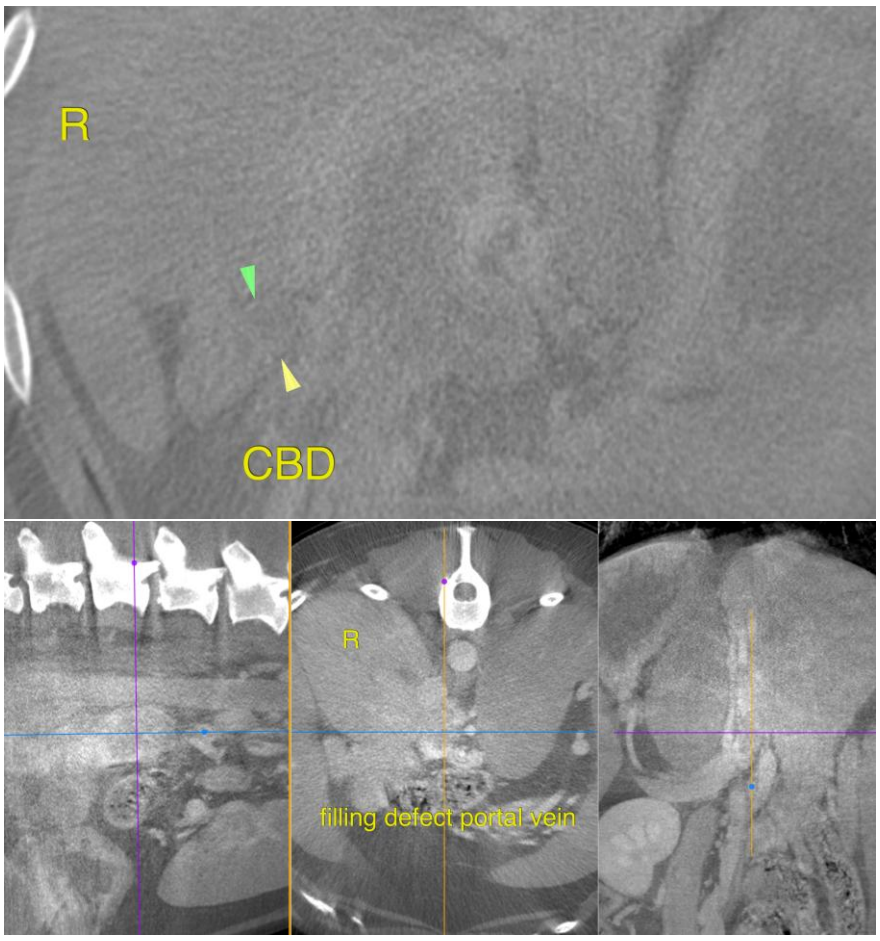

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
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Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
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