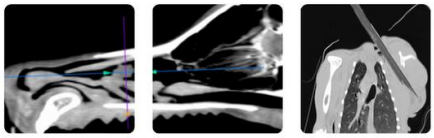

PATIENT

Sally Hall

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

6

WEIGHT

4.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Judith Elizalde, Magdiel Nunez

HOSPITAL NAME

Care Surgery Center

REFERRING VET

Samantha Parkinson

INVOICE

72782

DATE

11-26-25

PRESENTING CLINICAL SIGNS

History of significant weight loss and vomiting
Abnormal PE/Chem/CBC/UA Results: Mild thrombocytopenia (low platelet count)

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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.

Both liver and spleen present 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.

Gastrointestinal wall thickness, layering, and contrast enhancement are all normal. No focal masses, wall thickening, loss of wall stratification, or luminal obstruction is seen. There is no evidence of foreign material; no free abdominal fluid or gas is seen.

The jejunal, colic, hepatic, and pancreaticoduodenal lymph nodes are normal in size and shape.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal CT examination of the thorax and abdomen.
- No evidence of gastrointestinal wall disease, masses, obstruction, or lymphadenomegaly.

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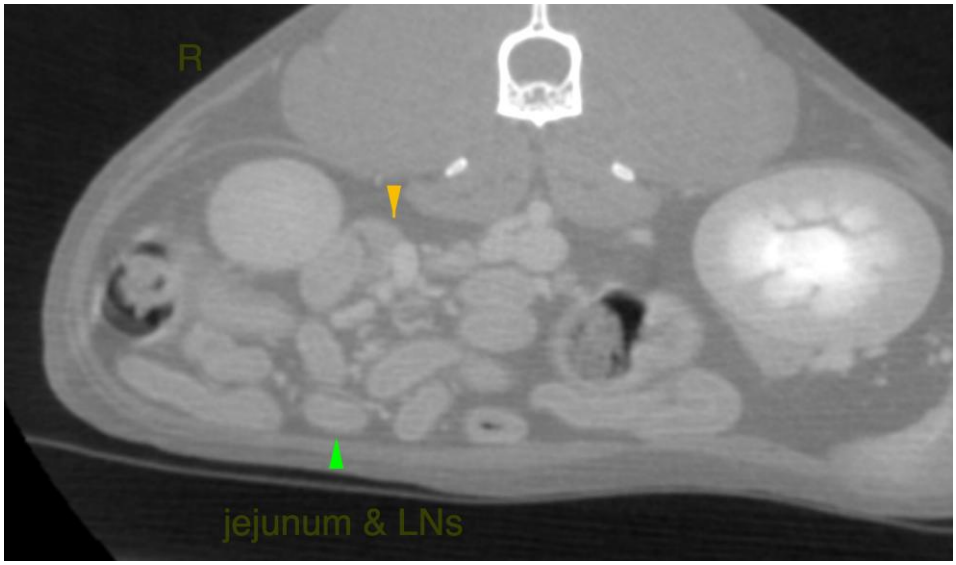
INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study does not identify a structural cause for vomiting or weight loss. There is no thoracoabdominal structural abnormality that would explain the patient's chronic vomiting and weight loss.

Gastrointestinal wall architecture is normal including thickness, layering, and enhancement. The abdominal lymph nodes are normal.

The most likely underlying etiologies given the normal CT findings include functional gastrointestinal disease, early inflammatory bowel disease, metabolic disease, food responsive enteropathy, motility disorders, gastroenteritis, hepatic or pancreatic disease, and less likely occult infiltrative disorder. Histopathology remains essential. GI biopsies are currently pending and will provide the most definitive information.



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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