



## PATIENT

Snow Melendez

## SPECIES

Canine

## BREED

French Bulldog

## SEX

Female

## AGE

6Y

## WEIGHT

25

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Armando Sobrado

## HOSPITAL NAME

Miami Springs Animal  
Hospital

## REFERRING VET

Dra Cuesta

## INVOICE

72878

## DATE

12-5-25

## PRESENTING CLINICAL SIGNS

Pet started turning yellow and stopped eating. B/w shows abnormal liver values.  
Abnormal PE/Chem/CBC/UA Results: all liver values high

## COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

Hepatomegaly with ill-defined liver margins is noted. The hepatic parenchyma is uniform in attenuation and enhancement. No discrete hepatic masses are identified.

The moderately filled gallbladder demonstrates generalized wall edema.

Ascites is noted in the cranial abdomen accentuating the portal hilus and peripancreatic region.

The extrahepatic bile ducts and common bile duct are mildly dilated without evidence of obstruction in the path of the common bile duct or duodenal papilla.

Severe generalized enlargement of the pancreas with lobulated contour is noted. There is regional fat stranding and peripancreatic fluid present.

A 20mm sized cyst is noted in the lateral cortex of the left kidney. The right kidney presents within normal limits.

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

Moderate generalized splenomegaly is noted.

There is moderate portal and pancreatic lymphadenomegaly.

Mild generalized gastroduodenal wall thickening is noted.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe diffuse hepatopathy with gallbladder wall edema compatible with cholangiohepatitis or early hepatobiliary inflammation.
- Severe pancreatitis.
- Cranial abdominal peritonitis and ascites.
- Single left cortical renal cyst: likely incidental.
- Generalized splenomegaly and regional lymphadenopathy: possibly reactive to hepatobiliary or pancreatic inflammation.
- Suspect reactive gastroduodenitis.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings are most consistent with severe hepatobiliary and pancreatic inflammation with regional peritonitis and lymphadenitis.

The gallbladder wall edema and mild bile duct dilation raise concern for cholecystitis and/or cholangitis, although no obstructive lesion is currently visible.

Hepatic changes are likely to reflect diffuse inflammatory or cholestatic changes rather than a discrete



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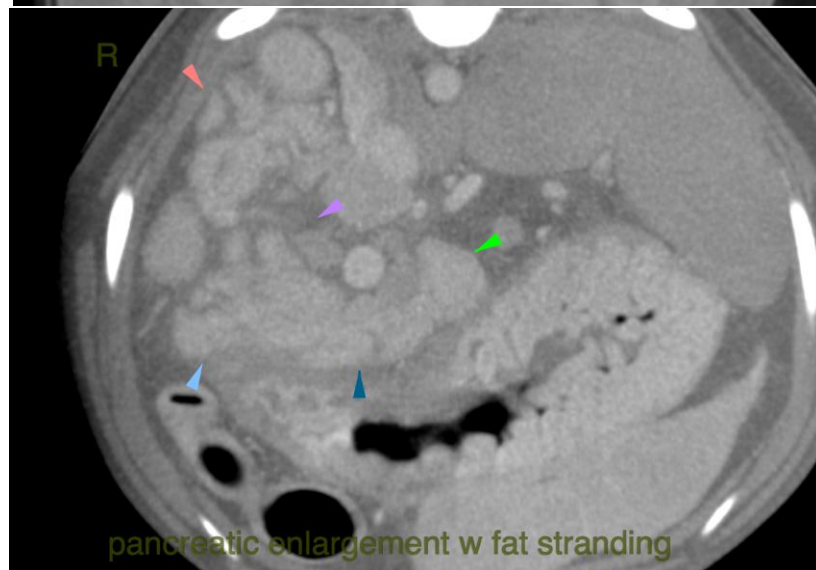
12-5-25

mass.

The pancreatic enlargement and lobulation are compatible with acute or acute on chronic pancreatitis.

The lymphadenopathy and splenomegaly are likely reactive though secondary neoplasia cannot be fully excluded.

Laboratory correlation is recommended. Consider supportive therapy for hepatobiliary and pancreatic inflammation and repeat imaging as well as narrow clinical and ultrasonographic monitoring. Biopsy of the liver could be considered if the clinical course of the disease is prolonged or worsening.





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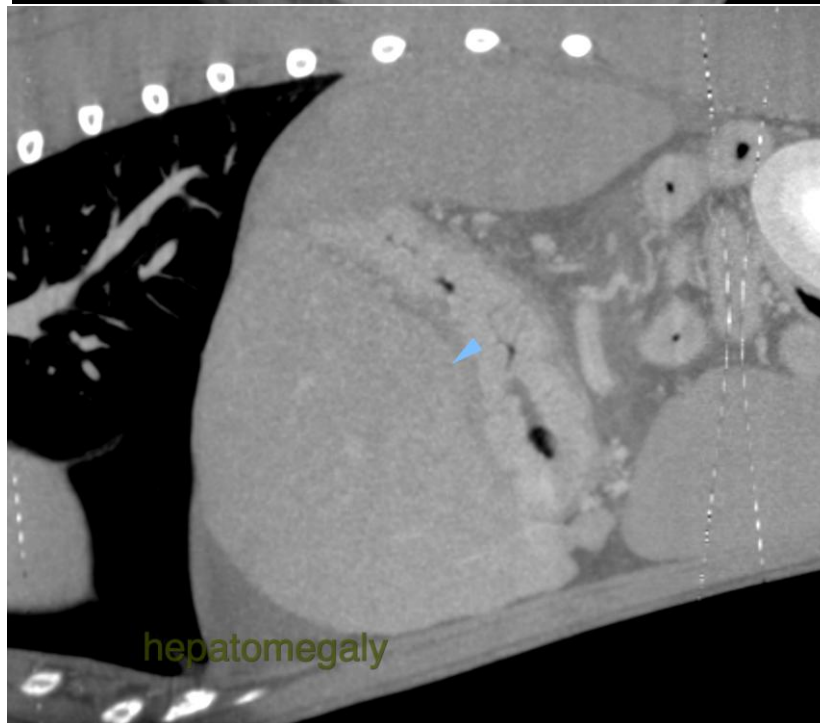
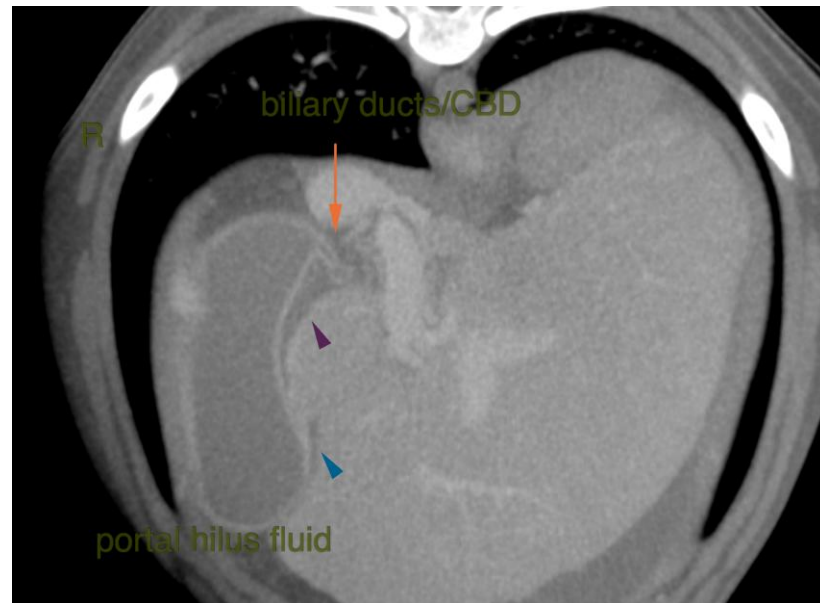
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,

Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.

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