



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Hank Tyrell

**SPECIES**  
Canine

**BREED**  
Old English Bulldog

**SEX**  
MN

**AGE**  
9

**INTERPRETED BY**  
Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**  
Animal Health Partners

**REFERRING VET**  
Dr. Debbie Reynolds

**INVOICE**  
56935

**DATE**  
2-25-23

Presented to the Toronto Animal Health Partners Surgery Service for gallbladder issues. The acute vomiting of blood was initially noticed 1 month ago. On January 21, Hank presented to his emergency veterinarian for an acute history of vomiting blood. Bloodwork has revealed hepatic enzymopathy and hyperbilirubinemia, as well as neutrophilia and mild hyperglobulinemia. Abdominal ultrasound has revealed clinically significant gallbladder changes including heterogenous debris and a suspected nodule/mass, as well as moderate to marked common bile duct dilation. Other findings include mild gastric (antral, fundic) thickening and mild non-specific splenic changes. Stomach still seems off, sometimes has soft stools, but has not had any more episodes of vomiting. Normal urination. Normal personality. Eating and drinking normally with no other concerns noted by O. Hank has had a previous history of allergies. Hank current medications omeprazole. Hank has had good response to the medications provided. Hank is currently eating raw - lamb diet, with is allergic to everything (environmental and food) . Hank is UTD on vaccines.

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN**

Plain and post contrast studies of the thorax and abdomen in soft tissue, bone, and lung windows available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**Abdomen**

Moderate generalized enlargement of the liver with rounded lobar margins is noted. Multiple small hypoenhancing nodules are seen within the liver. There is minimal intrahepatic and mild extrahepatic biliary duct dilation.

The gallbladder is moderately distended. An approximately 2 cm sized broad based slightly contrast enhancing structure is seen within the gallbladder. The cystic duct is nondilated and nonobstructed. Mild generalized biliary duct dilation at 8mm diameter is seen. There is no evidence of mechanical obstruction of the major duodenal papilla.

The pancreas presents within normal limits. Occasional small nodules are seen within the pancreas.

Mild generalized thickening of the gastric wall accentuating the region of the gastric fundus with maintained wall layering is seen. There is no evidence of a discrete soft tissue mass. Mild gastroesophageal reflux is noted. Pieces of bone are seen within the stomach next to a mild amount of other ingesta.

The epigastric and portal lymph nodes present within normal limits.

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.

Occasional hyperenhancing small splenic nodules are seen.



**PATIENT** Moderate bilateral coxofemoral joint osteoarthritis is noted.

Hank Tyrell **Thorax**

**SPECIES** 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.

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

**BREED** 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.

Old English Bulldog

The lung parenchyma presents the expected architecture and attenuation behavior.

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

MN

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Hepatopathy with small nodules and hepatomegaly.
- Polypoid mass within the gallbladder.
- Extra- and intra-hepatic biliary duct dilation
- Mild common bile duct dilation
- Gastropathy with gastroesophageal reflux and mild wall thickening.
- Splenic nodules.
- Bilateral coxofemoral joint osteoarthritis.
- Suspect benign nodular hyperplasia of the pancreas versus pancreatitis.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals hepatopathy with cholangiopathy and cholecystopathy. Cholangiohepatitis and cholecystitis with gallbladder polyp are thought the most likely underlying caused of the present CT changes. Diffuse neoplastic pathology can never be ruled out entirely. However, no specific neoplastic criteria are met by the CT findings here. Further definition by means of sampling and correlation with the laboratory values is recommended. Gallbladder neoplasia is a theoretical but by far less likely differential diagnosis.

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The splenic nodules are likely to represent benign nodular hyperplasia or extramedullary hematopoiesis. Metastatic disease or diffuse infiltrative disease are less likely even though they can never be ruled out entirely.

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The subtle changes of the gastric wall suggest potential for gastritis. Diffuse neoplastic infiltrate cannot be ruled out entirely but is thought by far less likely.

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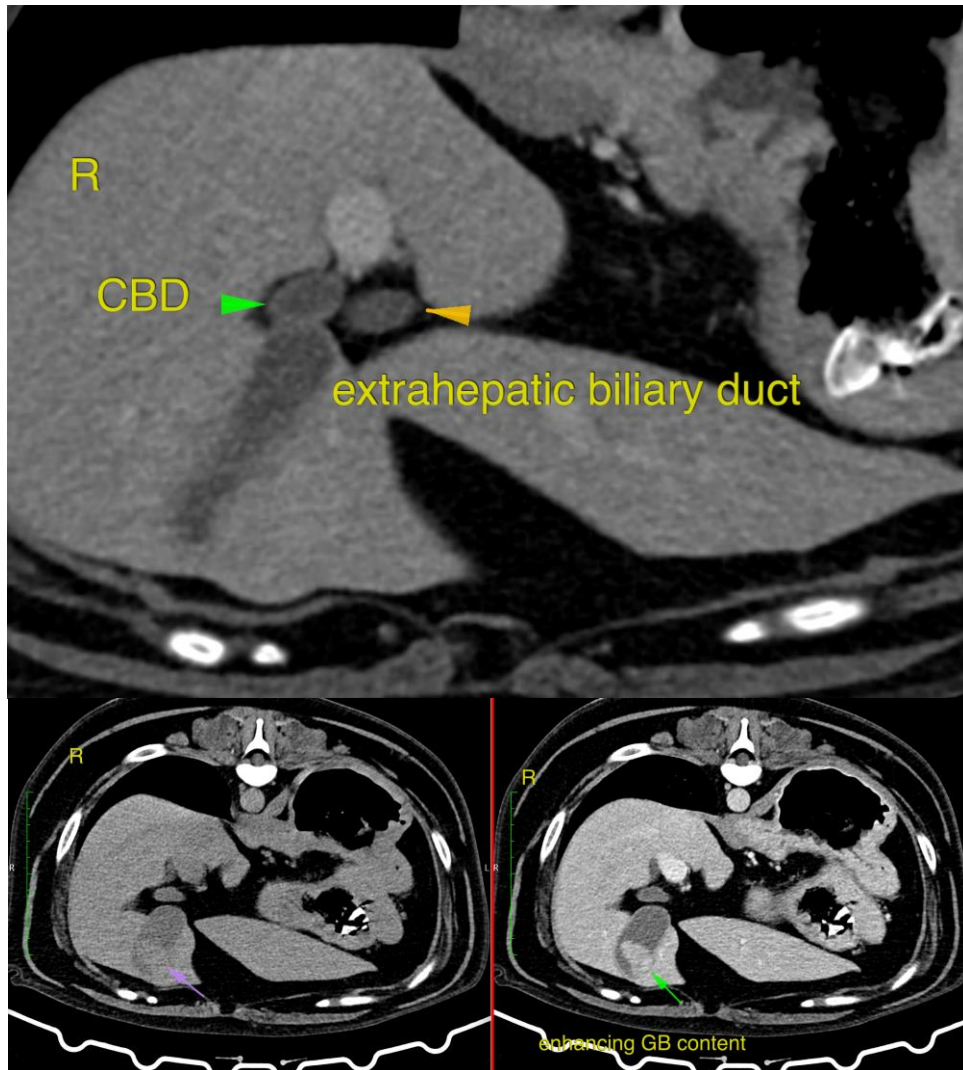
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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