



## PATIENT

Kiwi Mosquera

## SPECIES

Feline

## BREED

DSH

## SEX

SF

## AGE

6Y

## WEIGHT

9.1lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

José L. Alvarado Bruno -  
CT Scan Technician (CVT)

## HOSPITAL NAME

Veterinary Image Center

## REFERRING VET

Dr. M. Fox, DVM

## INVOICE

73662

## DATE

2-9-26

## PRESENTING CLINICAL SIGNS

- Kiwi is a 6yo DSH that presented to us (Doctor Pet ER) on February 2nd to a 3-day history of vomiting, anorexia and progressive jaundice. Patient had an esophageal feeding tube placed and was hospitalized for supportive care and to treat hepatic lipidosis.

Abnormal PE/Chem/CBC/UA Results: CHEM --- BUN mild decreased (12), TP mild increased (9.0), GLOB mild increased (5.8), ALT moderate increased (620), TBIL >27.9 Abdominal Ultrasound Conclusions: mildly heterogenous liver. This is non-specific and has been reported with benign nodular hyperplasia, extramedullary hematopoiesis, cholangiohepatitis, toxin exposure, necrosis, cirrhosis, neoplasia and amyloidosis. An abdominal CT scan should be considered to better evaluate the biliary tree.

## COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

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

The kidneys show signs of chronic renal disease. No calculi are observed.

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 hepatic parenchyma shows diffuse heterogeneous enhancement with no well defined focal masses being identified. The intrahepatic biliary tree is moderately dilated with multiple peripheral saccular ectasias in multiple hepatic lobes. The extrahepatic biliary ducts are mildly dilated. The common bile duct is mildly dilated with no evidence of obstruction. The gallbladder presents within normal limits. No evidence of gallbladder calculi is seen. There is no evidence of calculi within the extra- or intra-hepatic biliary tree. The duodenal papilla presents within normal limits with no evidence of obstruction.

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

The position, delineation, wall and content of the stomach are considered within normal limits.

The descending colon contains inspissated feces with no obstruction noted.

Feeding tube in esophagus is in place.

The bony and surrounding soft tissue structures reveal no abnormalities.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Diffuse heterogeneous hepatic parenchyma with generalized biliary tree dilation and multifocal biliary ectasia.
- Chronic renal disease.
- Fecal retention in descending colon - likely incidental.



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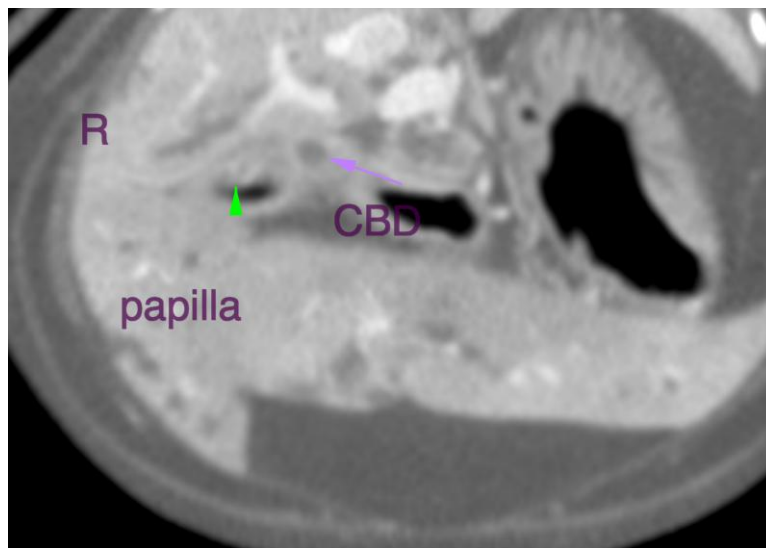
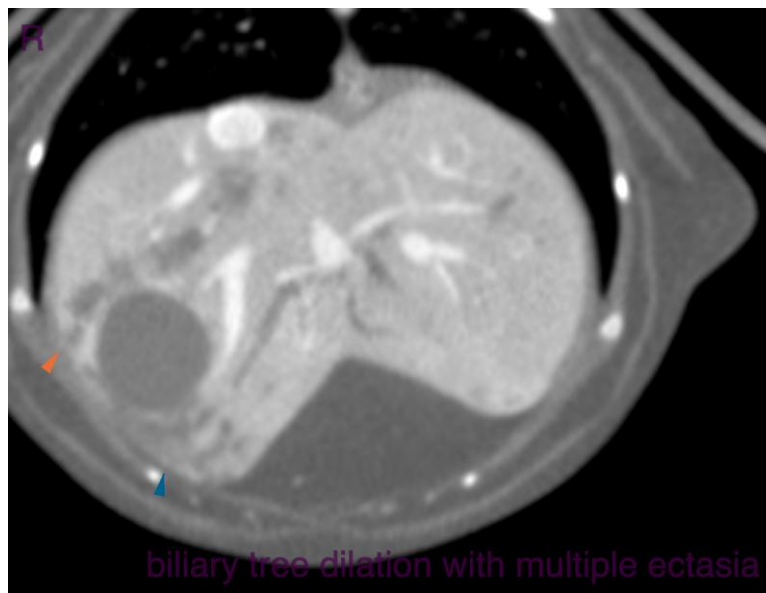
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## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging findings are consistent with chronic hepatobiliary disease with mild to moderate intra- and extra-hepatic biliary duct dilation with peripheral saccular ectasia. The findings are consistent with chronic cholestasis. No obstruction is identified. Potential underlying entities include cholangiohepatitis/chronic cholestasis with or without chronic lipidosis, hepatic fibrosis, or early cirrhosis. The peripheral saccular duct ectasia suggests long-standing biliary stasis; however, the absence of obstruction or calculi is reassuring. Medical management appears reasonable at this time under narrow clinical and laboratory monitoring. Ultrasound guided or surgical liver biopsy could be considered for further definition for histopathology, if the clinical course does not improve, to clarify etiology.





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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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