



PATIENT

Maggie Mayberry

SPECIES

Canine

BREED

Rottweiler x

SEX

FS

AGE

7

WEIGHT

49

INTERPRETED BY

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

IMAGING PERFORMED BY

Henry Xue

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Henry Xue

INVOICE

73984

DATE

3-1-26

PRESENTING CLINICAL SIGNS

- vomiting
- inappetance
- PU
- jaundice
- ate a raw bone 1 wk ago

Abnormal PE/Chem/CBC/UA Results: >2000 ALT >2400 ALP 211 tBIL

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies in soft tissue windows are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

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.

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

The size, shape, and attenuation of the liver present within normal limits. Presence of a 6mm sized mineral attenuating cholelith is seen within the gallbladder. Mild gallbladder wall thickening is noted. Mild dilation of the extrahepatic bile ducts and common bile duct without visible obstructing lesion is seen. There is no mucocele pattern identified on CT.

Mild periportal lymphadenomegaly, likely reactive, is seen.

The pancreas is normal in size, shape, and attenuation. No peripancreatic fat stranding is seen.

A small amount of mineral/gravel like material is seen in the gastric pylorus consistent with ingested bone fragments. Additional heterogeneous ingesta with linear hypodense streaks are present within the gastric fundus (food/plant material). Gastric wall thickness appears normal. No mass or ulcerative lesion can be detected. The gastric outlet appears patent. There is no evidence of intestinal dilation, plication, or evidence of mechanical obstruction. No identifiable foreign body is present within the intestines. No free fluid or gas is seen.

Note the presence of bilateral hip dysplasia with secondary osteoarthritis.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cholelithiasis with mild cholecystitis and suspect partial biliary stasis.
- Gastric mineral material is most consistent with recently ingesta bone fragments.
- No evidence of gastrointestinal obstruction or perforation.
- Mild periportal lymphadenomegaly compatible with reactive lymphadenitis.



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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

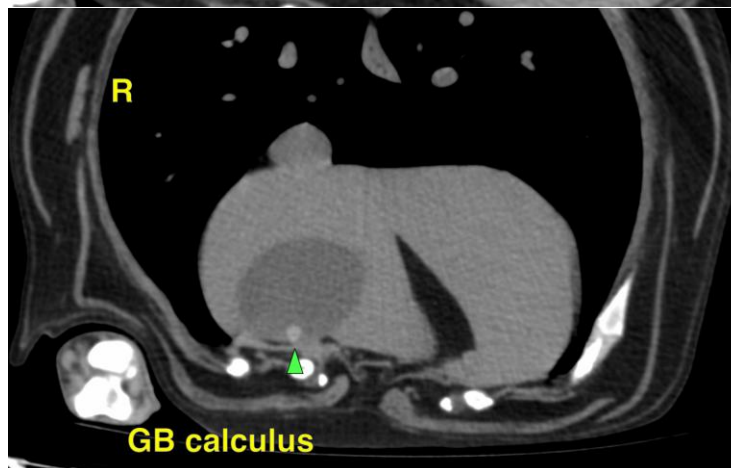
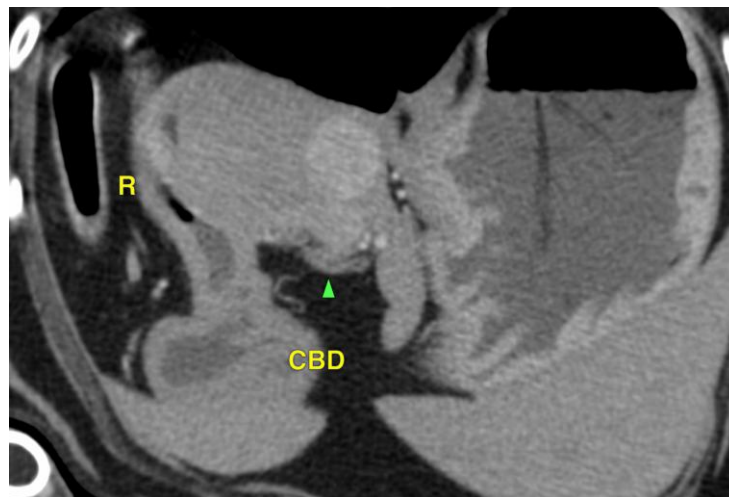
The CT study reveals cholelithiasis with mild cholecystitis without evidence of obstruction. The combination of gallbladder wall thickening, mild extrahepatic biliary dilation, and marked biomechanical cholestasis supports hepatobiliary disease as the primary cause of jaundice. No evidence of complete extrahepatic biliary obstruction is identified.

The gastric mineral material is most consistent with recently ingested bone fragments. Partial obstruction of the gastric outflow cannot be ruled out entirely. However, this is considered by far less likely owing to the lack of gastric dilation.

The lymph node changes are mild and likely to reflect reactive hyperplasia/lymphadenitis.

The imaging findings most strongly support hepatobiliary disease associated with a gallstone and inflammatory change rather than primary gastrointestinal foreign body complication.

Abdominal ultrasound for dynamic assessment of biliary flow or early mucocele or sludge not fully characterized on CT could be considered. Repeat bilirubin and liver enzymes within 48 hours to assess progression and consider bile cytology/culture if clinical deterioration occurs.





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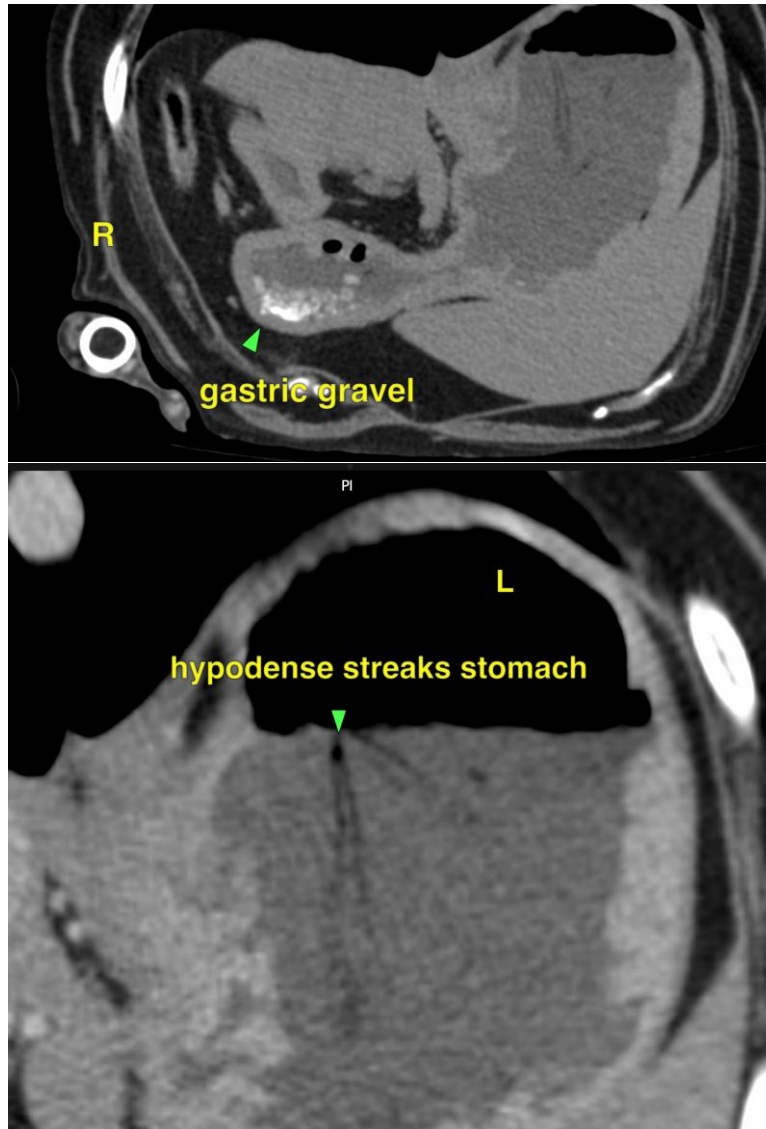
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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