



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Kiki Maddaloni  
**SPECIES** Feline  
**BREED** DSH

PP for two day history of inappetence, reportedly no other GI symptoms. On presentation BUN 54, other BW unremarkable. From radiograph report: Renal asymmetry is evident with the right kidney smaller than the left. The right kidney is irregularly margined. The left kidney contains regions of mineralization. Abdominal ultrasound showed cholecystitis, a nodule on spleen, bilateral degenerative renal changes, and one segment of small intestines was thickened. Reported if this segment was ileum it was normal, concern if it was jejunum that it was abnormally thickened. Patient showed no improvement with 24 hours supportive care. Discussed with owner sampling of GI tract vs CT for further diagnostics.

Abnormal PE/Chem/CBC/UA Results: BUN elevated (54), WBC low normal

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

Tip of the cranial lung lobes are not fully included in the collimated field of view.

**SEX COMPUTED TOMOGRAPHIC FINDINGS**

**SEX** FS

Patient is presumed to have a history of prior trauma or slipped capital femoral epiphysis on the left side as there is chronic left femoral epiphyseal lysis with proximal displacement of the femur and nearthrosis formation of the left coxofemoral joint.

**AGE Abdomen**

**AGE** 10 Years

Both kidneys present an irregular surface with multiple cortical and medullary infarcts. Multifocal widening of the renal diverticuli of the right and left kidney are seen. The left kidney is smaller than the right kidney. The nephrogram is weak and heterogeneous bilaterally.

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

A hyperenhancing 5mm sized parenchymal nodule is seen within the spleen.

**HOSPITAL NAME** The pancreas is prominent. Dilation of the pancreatic duct at a maximum of 2.5mm is seen accentuating the left lobe of the pancreas.

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There is generalized dilation of the extrahepatic biliary ducts. The cystic duct is folded upon itself. The common bile duct presents mild generalized dilation measuring a maximum of 3mm. No evidence of obstructive pathology of the duodenal papilla is seen. The gallbladder wall presents mild generalized thickening.

**REFERRING VET** KS

The liver attenuation and enhancement are considered within normal limits.

The stomach presents empty and within normal limits.

**INVOICE** 50838

Mild generalized thickening of the small intestinal wall with no evidence of altered wall layering appears to be present. Mild segmental corrugation of the jejunum is noted. The overall thickness of the small intestinal wall however is still within normal limits at 2mm. No wall alterations of the jejunum, ileum, duodenum, ileocecolic junction, or colon are seen.

**DATE** The ileocecolic and jejunal lymph nodes present within normal limits.

3-10-22



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**Thorax**

The bony and surrounding soft tissue structures are within normal limits.

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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.

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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.

**SEX**

FS

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

**AGE**

10 Years

**Head**

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

**INTERPRETED BY**

Nele Eley, DVM  
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Thin and smoothly folded conchae and turbinates with even smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

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Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is  $< 0.5$ , the attenuation and contrast enhancement pattern is uniform.

**REFERRING VET**

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The salivary glands present within normal limits.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Suspect triaditis with cholangiohepatitis, chronic pancreatitis, and potential for inflammatory bowel disease.
- Suspect bilateral chronic nephritis with multiple infarcts.
- Splenic nodule.
- History of left proximal femoral epiphyseal lysis with nonunion and nearthrosis.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals signs of cholecystitis and cholangitis. Cholangiohepatitis and concurrent chronic pancreatitis in terms of triaditis appear to be a likely potential.

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The intestinal changes are minor and no overt wall alterations, thickening, or masses are seen. There is no evidence of mesenteric lymphadenomegaly, yet the possibility of a diffuse inflammatory infiltrate should be considered in this patient. A diffuse neoplasia infiltrate can never be ruled out entirely but appears less likely in this patient.

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The splenic nodule may represent benign nodular hyperplasia, extramedullary hematopoiesis, or early neoplasia. Fine needle aspiration could be considered for further definition.

**SEX**

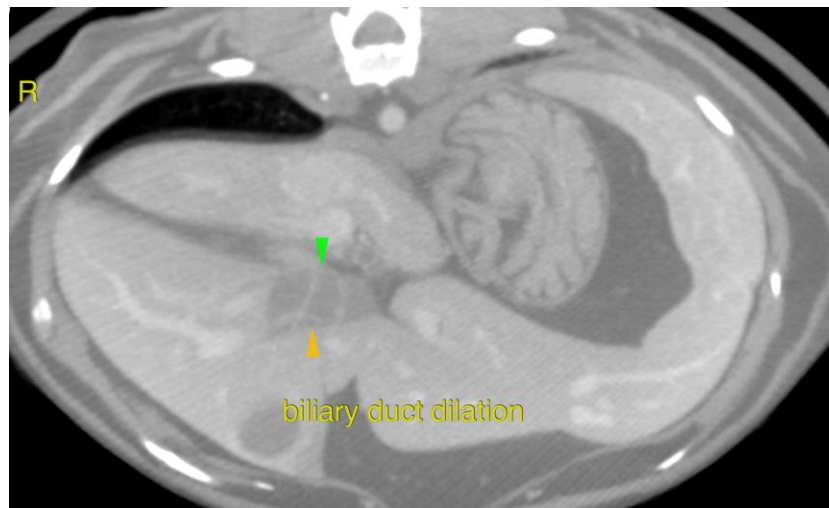
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**BREED**

DSH

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