



PATIENT	PRESENTING CLINICAL SIGNS
Olive Williams	<ul style="list-style-type: none"> Presented for not eating and very elevated t.bili/alt/alt/ggt. Hospitalized and being treated for pancreatitis. Aspirates of suspected pancreas is non-diagnostic. T.bili is gradually increasing despite 3 days of treatment/panoquel.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: Alk 4793, alt 1883, GGT 54, t.bili 12.9, chol 406
BREED	COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN
Chihuahua	Plain and post contrast studies of the abdomen and post contrast study of the thorax are available for review.
SEX	COMPUTED TOMOGRAPHIC FINDINGS
FS	Thorax
AGE	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.
9	
WEIGHT	The cardiovascular structures including the pulmonary vasculature are within normal limits.
7	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.
INTERPRETED BY	Mild age related changes of the lung. No evidence of pulmonary nodules, masses, or consolidations seen.
Nele Eley (Ondreka), DVM Dr. med. vet., DipECVDI	Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.
IMAGING PERFORMED BY	Abdomen
Dr. Runde	The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.
HOSPITAL NAME	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.
Northeast Veterinary Referral Hospital	The adrenal glands are within normal limits for size, shape and organ architecture.
REFERRING VET	The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.
Dr. Runde	The hepatic parenchyma presents uniform attenuation and enhancement.
INVOICE	There is significant extrahepatic biliary duct dilation. The common bile duct is also dilated measuring 6mm in diameter.
74432	The gallbladder is moderately distended without visible choleliths or obstructive mass. No clear mechanical obstruction is identified. The duodenum presents mild focal wall thickening at the level of the major papilla without evidence of a mass, stone, or other obstruction.
DATE	Mild regional lymphadenomegaly is seen.
4-2-26	



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Olive Williams

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INTERPRETED BY

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DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

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Referral Hospital

REFERRING VET

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Diffuse enlargement of the pancreas with heterogeneous enhancement of the parenchyma is seen. Pancreatic margins are ill-defined. Marked peripancreatic fat stranding representing regional peritonitis is seen.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Small subcutaneous nodules are seen along the flank.

COMPUTED TOMOGRAPHIC DIAGNOSIS

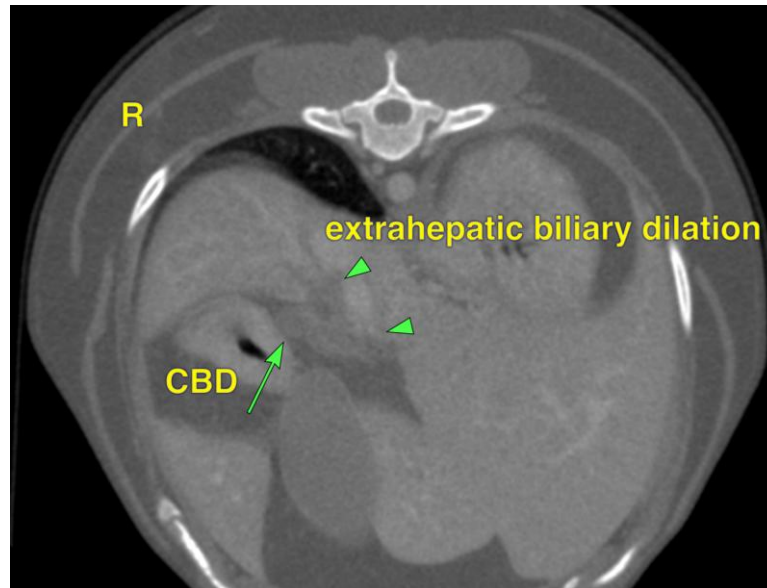
- Suspect severe acute pancreatitis with regional peritonitis and secondary extrahepatic biliary dilation without visible obstruction.
- Suspect functional biliary obstruction such as inflammation at the level of the major papilla, pancreas, and extrahepatic bile ducts.
- Mild duodenal inflammation at the papillary region.
- Reactive regional lymphadenopathy.

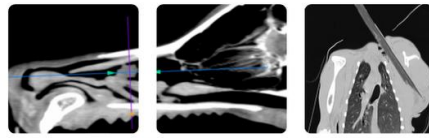
INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging findings are most consistent with clinically significant pancreatitis with regional peritonitis. Evidence of a mass or abscess is not seen.

The progressive increase in bilirubin is likely due to extrahepatic biliary obstruction of functional/inflammatory origin rather than a discrete obstructive lesion. No stone or mass is identified.

Aggressive medical management for pancreatitis could be considered with close monitoring of bilirubin and liver enzymes. Secondary/functional biliary obstruction is potentially reversible. However, persistent obstruction can progress and may eventually require intervention. Serial abdominal ultrasound as well as monitoring of bilirubin and liver enzymes can be considered.





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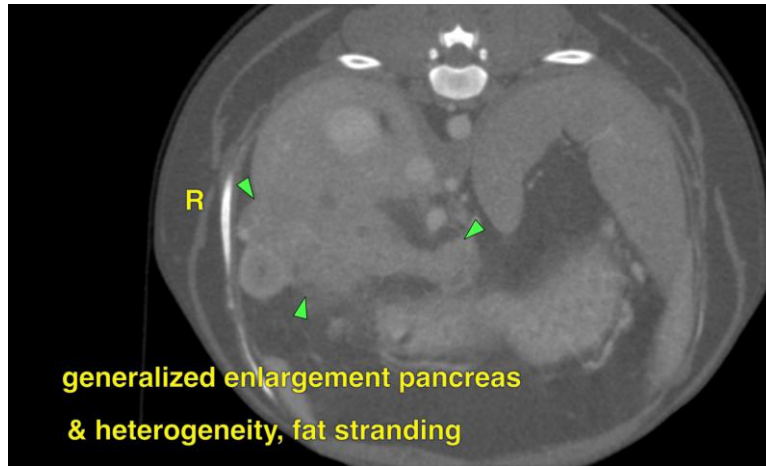
Dr. Runde

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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.

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