



PATIENT PRESENTING CLINICAL SIGNS

VALENTINA HAYES CHRONIC HX OF DIARRHEA, ENTERITIS WHICH IS OFTEN HEMORRHAGIC. ULTRASOUND SHOWED THICKENED SMALL INTESTINAL WALLS. WANTED TO RULE OUT ANY ABDOMINAL MASS WITH CT SCAN.

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

BREED

Mixed Generalized wall thickening of the small intestinal wall is noted measuring up to ~ 4.5 mm in thickness. The thickening is diffuse and non-focal; no discrete focal mass lesion is identified. No evidence of intestinal obstruction is seen. Serosal detail is preserved.

SEX

The mesenteric lymph nodes present within normal limits.

F

Multiple bilateral chronic cortical renal infarcts are seen more pronounced on the left.

No abdominal masses are identified.

AGE

4

Chronic intervertebral disc herniations are seen at L4/5 and L6/7 with associated spinal cord compression.

INTERPRETED BY

Multiple spondylosis are present in the lumbar spine.

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

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

The adrenal glands are within normal limits for size, shape and organ architecture.

HOSPITAL NAME

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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

REFERRING VET

The bony and surrounding soft tissue structures reveal no abnormalities.

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TORRES

COMPUTED TOMOGRAPHIC DIAGNOSIS

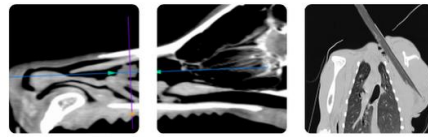
INVOICE

24613

- Generalized small intestinal wall thickening
- No abdominal mass detected on CT
- Normal mesenteric lymph nodes
- Chronic bilateral renal infarcts
- Chronic lumbar intervertebral disc disease

DATE

04/25/2026



PATIENT INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

VALENTINA
HAYES

The CT findings support diffuse inflammatory enteropathy rather than neoplastic disease given the generalized small intestinal wall thickening and absence of a mass as well as absence of lymphadenopathy. Differential considerations include inflammatory bowel disease, food responsive enteropathy, and less likely diffuse infiltrative neoplasia such as lymphoma.

SPECIES

Canine

Gastrointestinal biopsy such as endoscopic or surgical can be considered for definitive diagnosis if clinically indicated. Renal function monitoring could be considered.

BREED

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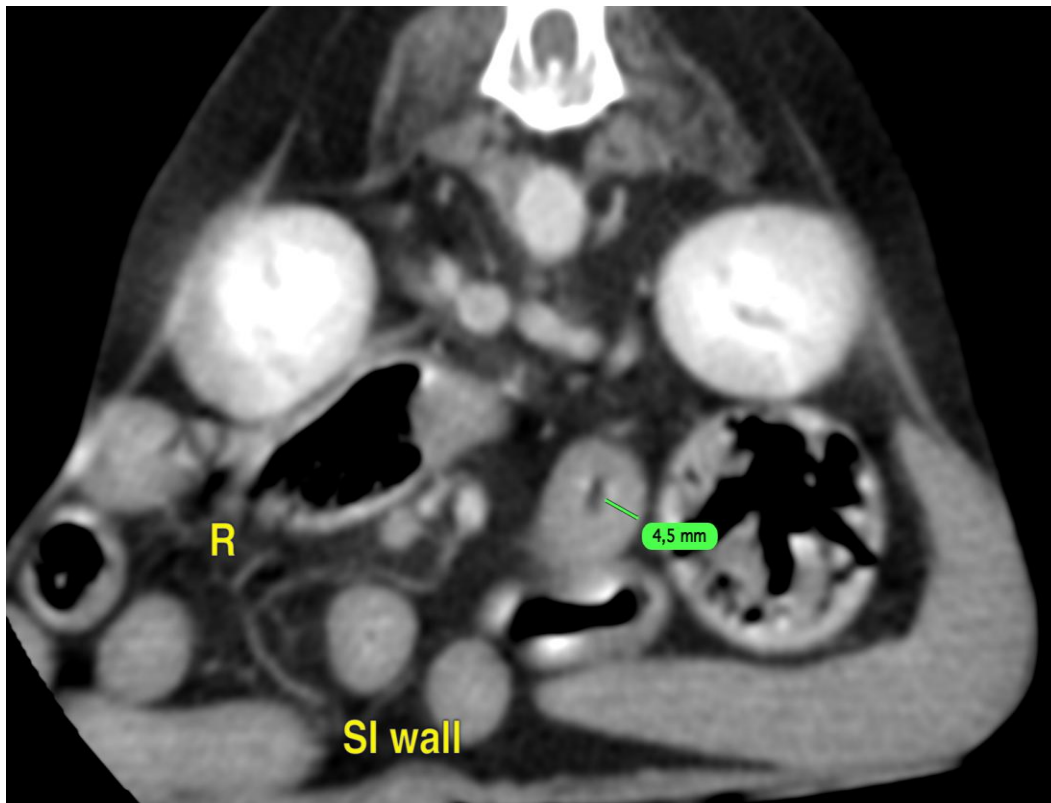
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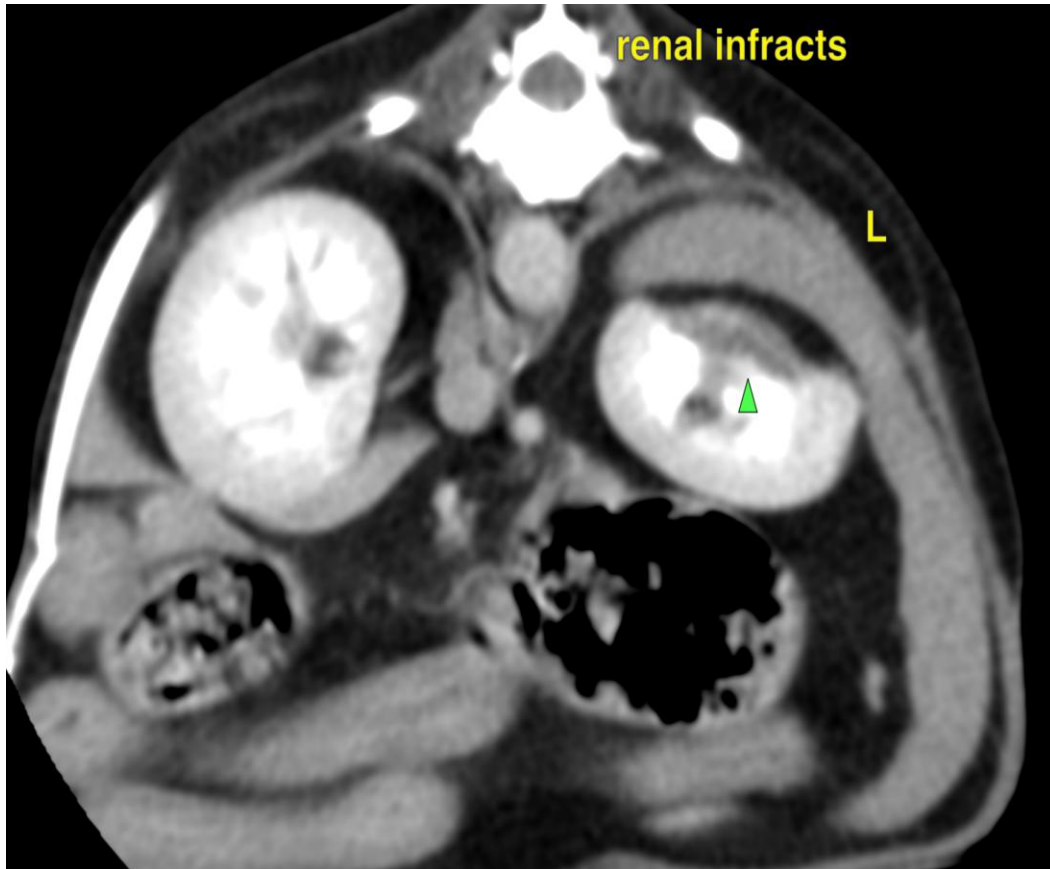
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
info@sonopath.com



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