



**PATIENT**

CoCo Chanel Moricoli

**PRESENTING CLINICAL SIGNS**

4/4/25- Pt presents for continued issues with UR congestion, as well as wt loss and production of large stools. TPR wnl, pet is thin, has lost approx 0.25 lb in 2 months. Pk gums, NSR, no murmur. Lungs are clear, can hear UR congestion, sneezes a lot - no mucoid or purulent material, all she sneezes is clear fluid. No fever. Normal retrobulbar reflex OU, menace, palpebral wnl OU. Doughy intestines, colon feels large but soft. Radiographs: abd - intestines take of majority of what I can see on rads, stool in colon, liver appears small / normal. 2/17/23 Abnormal PE/Chem/CBC/UA Results: elevated WBC, Neut, MCV, MCH, Monos, ALT, GLob

**SPECIES**

Feline

**BREED**

Feline

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

Plain and post contrast studies available for review.

**SEX**

Female

**COMPUTED TOMOGRAPHIC FINDINGS**

**Head & Neck**

Moderate mucosal swelling is noted within both nasal cavities accentuating the rostral and mid thirds. No evidence of turbinate destruction is noted. There is no frontal or presphenoidal sinus involvement.

**AGE**

14 Years, 10 Months

The bilateral medial retropharyngeal and submandibular lymph nodes are mildly enlarged.

Both lobes of the thyroid gland are seen and present within normal limits.

The cervical and mediastinal lymph nodes present within normal limits.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**Thorax**

The lungs are deeply inflated. Occasional peribronchial interstitial bands are seen. There is a 5mm sized bulla in the dorsal aspect of the right caudal lung lobe.

Mild generalized dilation of the esophagus with fluid content is noted.

No direct signs of cardiovascular pathology is seen.

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**REFERRING VET**

Dr. Kishore

**Abdomen**

Mild generalized enlargement of the liver is seen. The intra- and extra-hepatic biliary tree presents moderate dilation with occasional gas within the biliary system. Gas is seen within the gallbladder.

**INVOICE**

57658

Mild ascites and fat stranding is noted in the portal hilus.

The stomach is dilated with fluid and gas.

**DATE**

4-5-23

Mild generalized enlargement of the pancreas and pancreatic duct dilation are seen. Mild generalized common bile duct dilation is noted as well.

The small intestine presents mild generalized wall thickening with an average wall thickness of



**PATIENT** 3mm. The wall layering appears to be maintained.

CoCo Chanel Moricoli Mild generalized wall thickening of the colon appears to be present as well measuring 2.5mm in thickness.

**SPECIES** The mesenteric lymph nodes present mild symmetric enlargement.

Feline The signs of peristalsis appear to be reduced.

Both anal sacs are distended with a large amount of fluid attenuating material.

**BREED** **COMPUTED TOMOGRAPHIC DIAGNOSIS**

Feline

- Diffuse small and large intestinal wall thickening with mild mesenteric lymphadenomegaly.

**SEX** • Cholangiohepatopathy with intra- and extra-hepatic dilation of the biliary system and gas within the biliary system.

Female • Suspect regional cranial abdominal peritonitis.

- Suspect functional ileus of the stomach/delayed gastric outflow and gastroesophageal reflux.

- Pancreatitis.

- Bilaterally symmetric moderate nondestructive rhinitis with mild regional lymphadenitis.

- Single pulmonary bulla within the right caudal lung lobe – likely spontaneous bulla.

14 Years, 10 Months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY** The CT study reveals functional gastrointestinal ileus with diffuse mild small and large intestinal wall thickening as well as mild mesenteric lymphadenomegaly. Inflammatory bowel disease/ lymphoplasmacytic or eosinophilic enteritis are primary differential diagnoses. A diffuse neoplastic infiltrate cannot be ruled out entirely but appears less likely in light of the mild wall thickening.

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**HOSPITAL NAME** The mesenteric lymphadenomegaly is mild and suggests potential for reactive hyperplasia. Early neoplastic infiltrate can never be ruled out entirely but appears unlikely.

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Note the presence of cholangiohepatopathy with intra- and extra-hepatic dilation of the biliary system and concurrent pancreatitis suggesting potential for triaditis. The presence of gas within the biliary tree is more likely to be due to reflux rather than infection with gas forming bacteria.

**REFERRING VET** Note the presence of esophageal dilation and gastroesophageal reflux with fluid which may be associated with general anesthesia. Megaesophagus is less likely but cannot be ruled out entirely.

Dr. Kishore  
Further definition by means of full thickness intestinal biopsies and lymph node fine needle aspiration or biopsy could be considered.

**INVOICE** 57658 The changes of the nasal cavities are compatible with nondestructive rhinitis with the differential diagnoses of infectious such as viral, bacterial, or mixed rhinitis as well as eosinophilic / allergic or lymphoplasmacytic rhinitis.

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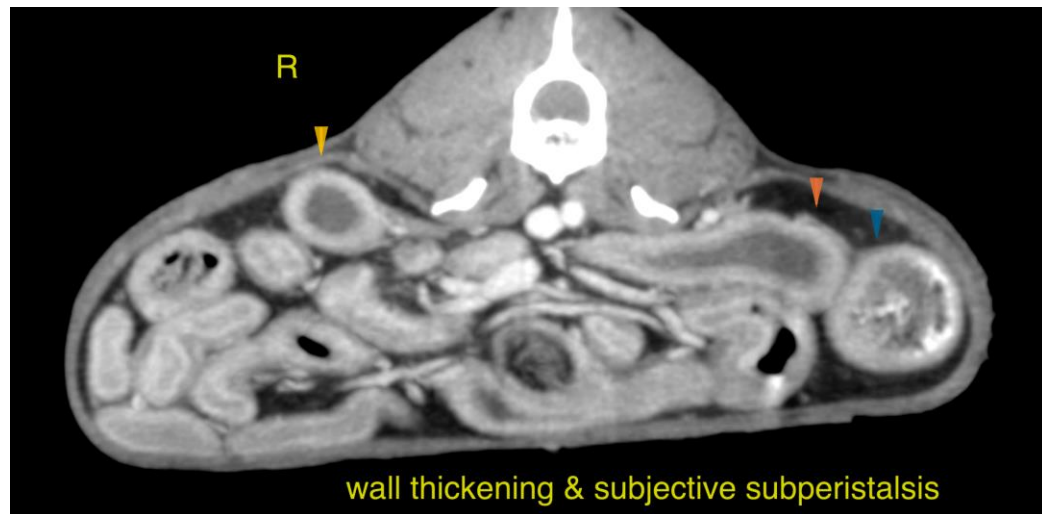
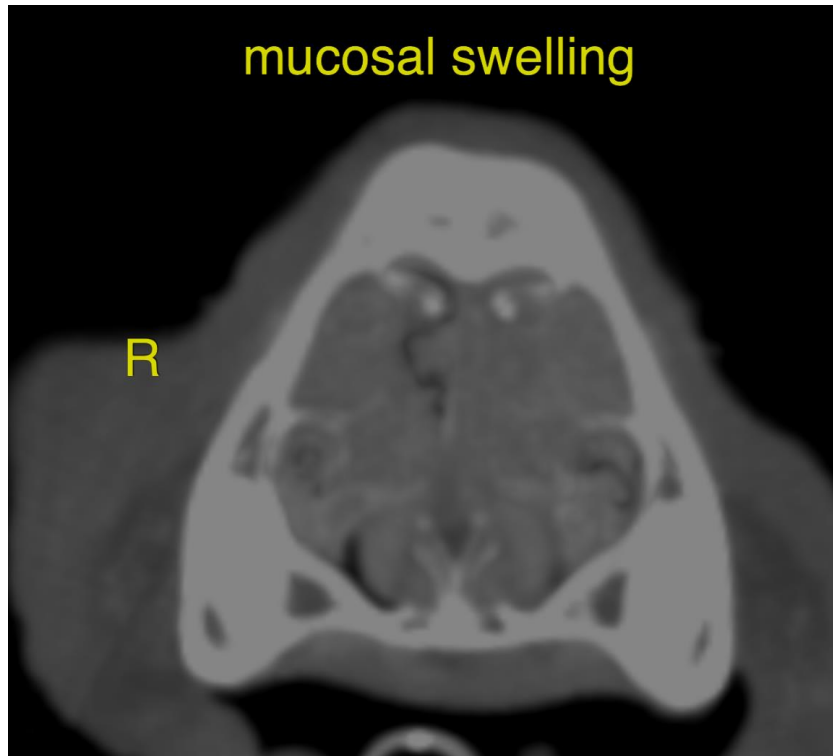
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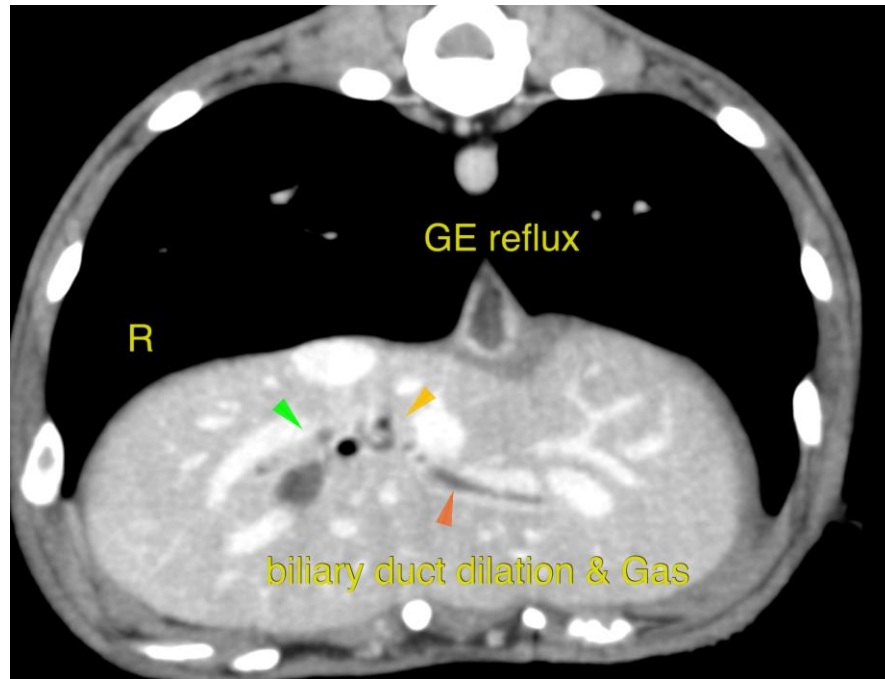
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com