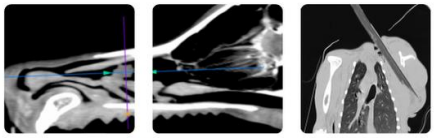

PATIENT

Malibu Acree

SPECIES

Canine

BREED

Goldendoodle

SEX

FS

AGE

11Y

WEIGHT

21kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Amanda Causey

HOSPITAL NAME

Veterinary Specialty Hospital

REFERRING VET

Dr. Roque-Torres, DVM, MS, DACVIM

INVOICE

75115

DATE

5-23-26

PRESENTING CLINICAL SIGNS

Malibu is an almost 11 yo FS goldendoodle with the problem list seen below. She is currently third spacing and spironolactone was added today with some improvement. She is anemic but at 24% and holding and her bilirubin has improved by half but is still at 5.
Normocytic normochromic non-regenerative anemia-Negative Coombs
Mild to moderate ascites static
Plicated & corrugated intestinal tract with concern of an intramural mass
Thickening of the muscularis layers of several intestinal loops
Splenic nodules
Elevated TBIL progressive
Hypoglobulinemia- new 5/21
Low normal albumin while dehydrated- 5/21 now hypoalbuminemic
Elevated BUN with normal creatinine- new 5/21
Cholestatic hepatopathy

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The liver is within normal limits in size, attenuation, and enhancement.

The gallbladder is moderately distended and contains a moderate amount of dependent mineral attenuating microliths. No intra- or extra-hepatic biliary duct dilation is identified. The common bile duct is within normal limits in diameter. The region of the duodenal papilla is unremarkable.

The stomach is unremarkable.

The small intestine demonstrates multisegmental corrugation with mild diffuse mural thickening measuring up to 5mm and mild reduced mural layer definition. No discrete intestinal mass lesion or focal obstructive process is identified.

The mesenteric lymph nodes are within normal limits in size and attenuation.

Both kidneys contain occasional small focal mineral attenuating foci. No hydronephrosis or evidence of urinary obstruction is identified.

Multiple splenic nodules are present.

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

The pancreas presents mild diffuse prominence without evidence of focal mass or regional inflammatory change.

The urinary bladder is unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multisegmental small intestinal corrugation accentuating the jejunum with mild diffuse mural thickening and mildly decreased layer distinction. No discrete intestinal mass identified.
- Moderate gallbladder distension with microliths and without evidence of biliary obstruction.
- Mild diffuse pancreatic prominence – nonspecific.

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- Multiple splenic nodules most consistent with benign lymphoid hyperplasia.
- Small nonobstructive renal mineral foci/nephroliths.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

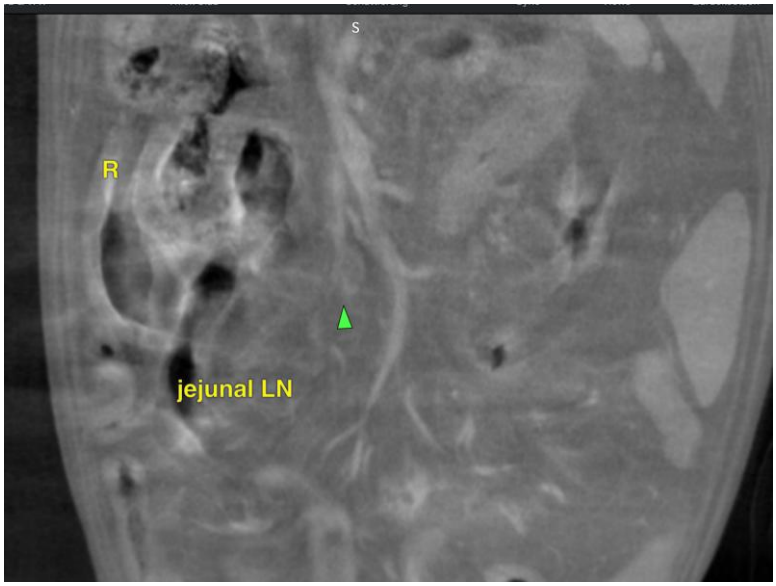
The multisegmental small intestinal corrugation is nonspecific but most commonly associated with inflammatory enteropathy/chronic enteritis. Functional ileus, pancreatitis, hypoproteinemia, and less commonly infiltrative neoplasia such as early lymphoma, may produce a similar appearance. Absence of a discrete mass lesion is noted. There is no evidence of intestinal obstruction at this point. The mesenteric lymph nodes present within normal limits which decrease the likelihood of aggressive neoplasia but do not rule it out completely.

The pancreas findings are mild and nonspecific and may represent normal variation, reactive change, or mild chronic pancreatitis.

The gallbladder microlithiasis is a common incidental finding, however, can be associated with episodic passage of sediment.

The multiple splenic nodules are most consistent with benign lymphoid hyperplasia or extramedullary hematopoiesis. However, neoplasia cannot be ruled out.

Correlation with gastrointestinal signs and ultrasound is recommended. Consider endoscopic or surgical biopsies if chronic enteropathy or infiltrative intestinal disease remains suspected.



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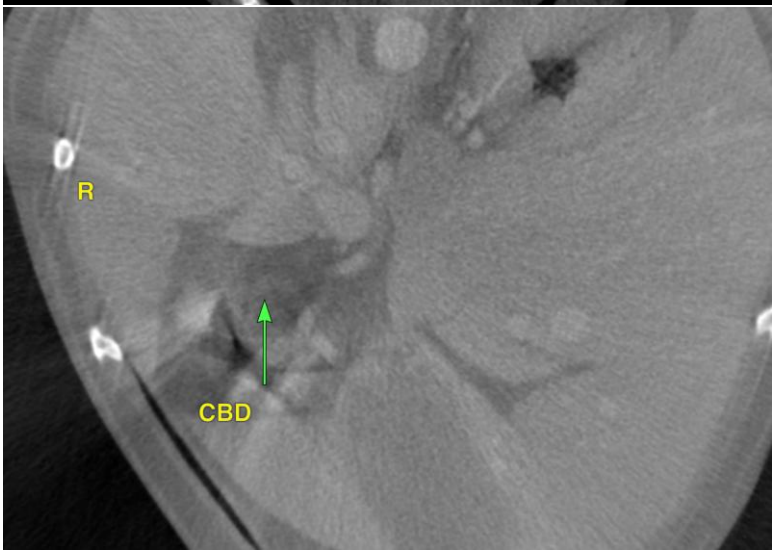

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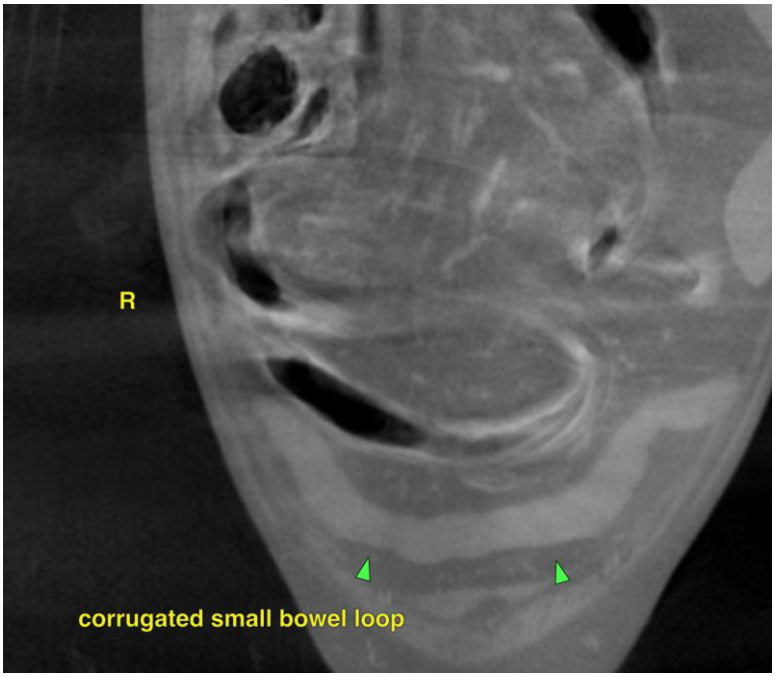

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.
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