



## PATIENT PRESENTING CLINICAL SIGNS

**Milo Powell** On May 5/2026 started with sudden profound weakness/lethargy. vomiting x 2. diarrhea x1. no known toxins. no previous health issues. presented recumbent and minimally responsive. tachycardia.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Hemoconcentrated with HCT 77% CREA- 218- decreased to 97 after 24 hr diuresis ALT was 900 decreased to 717 ( normal- 1-125) after 24 fluid diuresis Radiographs-loss of serosal detail in abdomen no overt mass effect; suspect sternal fat deposition rather than pleural effusion Ultrasound- reddish tranudate free fluid, suspect gall bladder halo 1. Mild to moderate abdominal effusion- FNA revealed it to be quite bloody transudate 2. Small hypo-echoic nodule in spleen- not sure if it has any medical significance at this time. 3. Slightly prominent pancreas- Mild or resolving pancreatitis. The source of the abd effusion was not determined through US. Fluid analysis sent to the lab .

**BREED** Husky Mix

## COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

**SEX** Plain and post contrast studies are available for review.

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## COMPUTED TOMOGRAPHIC FINDINGS

**AGE** Mild volume free peritoneal fluid is present within the abdomen. No focal hematoma or free peritoneal mass is seen.

8yr

Within the sphenic body there is a solitary, well-defined ~ 2 cm sized, faintly hyperenhancing nodule. No evidence of sphenic rupture or additional sphenic masses is identified.

## INTERPRETED BY

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

The pancreas is mildly prominent with subtle mesenteric fat stranding compatible with mild or resolving pancreatitis, no pancreatic mass, abscess, necrosis or pseudocyst formation is seen.

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.

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

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

## REFERRING VET

Dr Mander

Mild diffuse gallbladder wall thickening is seen, there is no evidence of cholelithiasis, biliary obstruction or extrahepatic biliary dilation identified.

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

## INVOICE

24779

The bony and surrounding soft tissue structures reveal no abnormalities.

The abdominal lymph nodes are normal.

## DATE

05/06/2026

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild abdominal effusion without identifiable source



## PATIENT

Milo Powell

- Mild pancreatic enlargement, most consistent with mild or resolving pancreatitis
- Mild diffuse gallbladder wall edema, likely reactive
- Solitary 2 cm splenic nodule without evidence of rupture, appearance is nonspecific and likely benign
- No evidence of hepatic mass

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## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no evidence of an abdominal mass effect or active intra-abdominal hemorrhage. The imaging findings are mild compared to the reported severity of the patient's clinical presentation. The combination of abdominal effusion, pancreatic prominence, gallbladder wall edema, hemoconcentration and biomechanical abnormalities may reflect a significant systemic inflammatory or hypovolemic event with mild pancreatitis. The abdominal effusion remains nonspecific on imaging given the reported bloody modified transudate.

Differential considerations include inflammatory / reactive effusion, transient vascular leakage or hypoperfusion injury, less likely occult coagulopathy or other prior self-limiting hemorrhagic event and less likely neoplastic effusion.

The splenic nodule is currently considered incidental or of uncertain clinical significance, benign lymphatic hyperplasia or extra-medullary hematopoiesis are favored although cytologic confirmation could be considered if clinically indicated.

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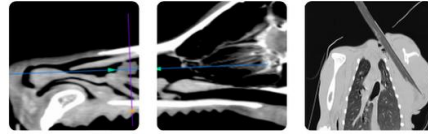
Dr Mander

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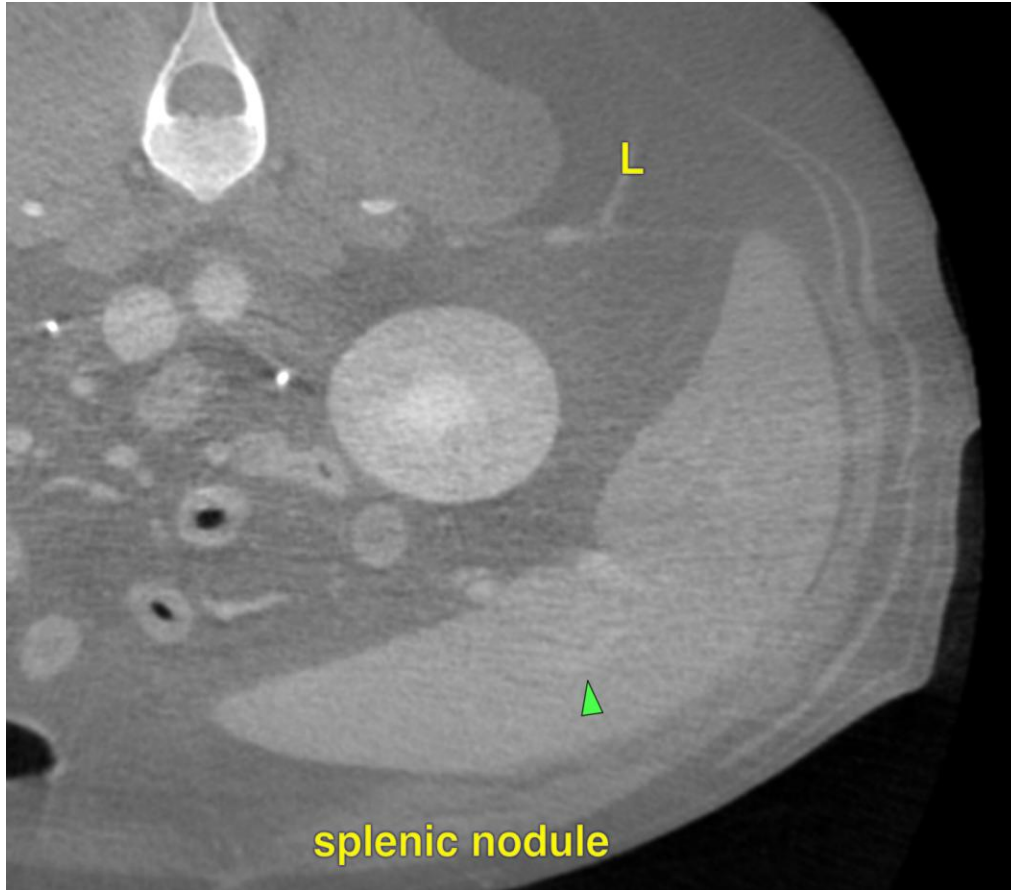
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

## REFERRING VET

Dr Mander

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