



PATIENT

Tom Skinn

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

MN

AGE

7Y

WEIGHT

8.88lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Logan/ Brett

HOSPITAL NAME

Animal Clinic
Northview

REFERRING VET

Dr. Allison Riedl

INVOICE

75083

DATE

5-21-26

PRESENTING CLINICAL SIGNS

Tom was initially playful at home but is not eating. Owner is still able to get medications administered. Tom had initially presented on 5/17/2026 for anorexia and decreased drinking. Tom was seen by Four County Veterinary Services on 5/16. At that time his ALT was too high to read, ALKP 231, t.bili 8.4. He was administered fluids. Medications were dispensed - antibiotics (metronidazole), antinausea (cerenia) and appetite stimulant (mirataz). He presented on 5/17/26 to ACN Emergency Services. He was hospitalized for in hospital supportive care and abdominal ultrasound. On abdominal ultrasound his bile ducts were significantly distended. At that time medical management was initiated. Re-hospitalization with CT requested today due to lack of appetite at home.

COMPUTED TOMOGRAPHY OF THE ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

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

Both kidneys present irregular margins with multiple concave depressions of the renal surface. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

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

The intrahepatic biliary vessels are dilated and can be appreciated as post contrast tubular structures paralleling the intrahepatic vessels. The common bile duct is dilated, measuring up to 8 mm in the hilar region and tapering in its course caudally. In common bile duct – level with the hilar region – an ovoid shaped, well-defined mild hyperattenuating body is appreciated; measuring 8 x 5 x 6 mm. The wall of the gallbladder and the common bile duct is generalized thickened – measuring up to 2.1 mm – and presents a rough mucosal lining. Level with the papilla duodeni major, no mechanical obstruction of the common bile duct is appreciated.

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

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

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Thickened mucosal lining of the gallbladder and common bile duct
- Cholelithiasis in common bile duct
- Generalized significant dilation of the intra- and extrahepatic branches of the biliary tree
- Chronic nephropathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The generalized dilation of the biliary tree along with the thickened mucosal lining is highly suggestive for cholecystitis/cholangiohepatitis. The calculus in the common bile duct is not mineral attenuating,



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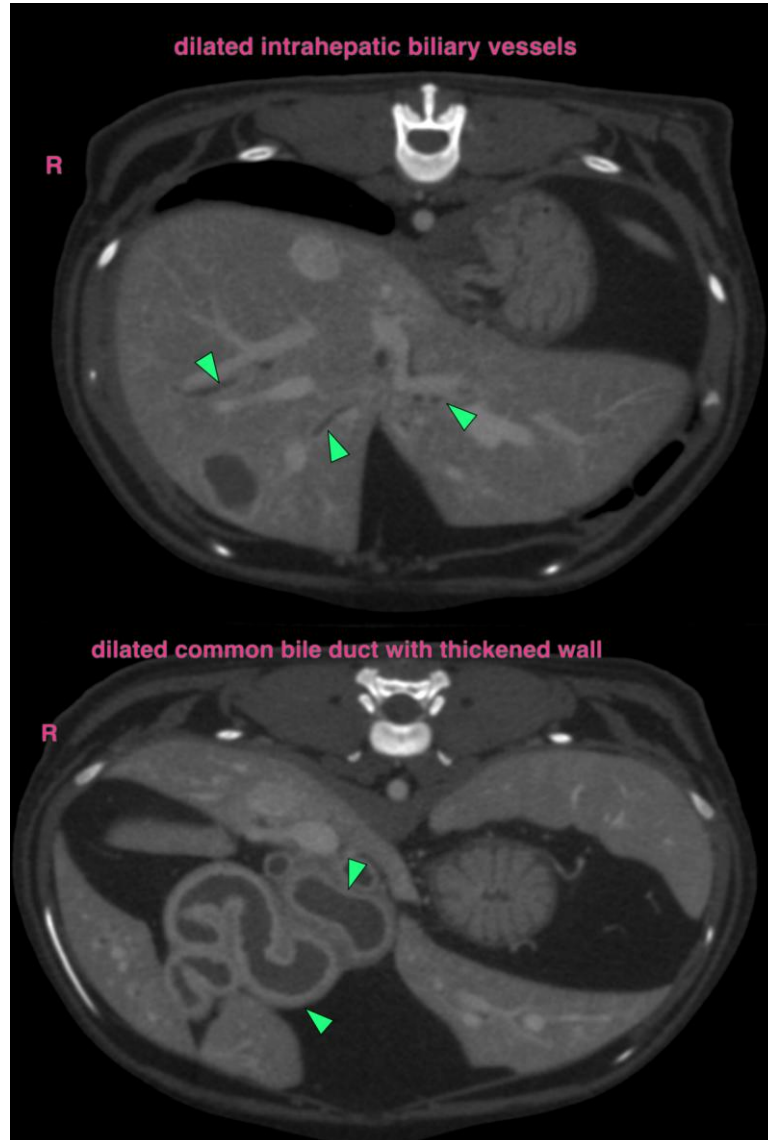
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and I suspect inspissated bile forming the cholelith that may cause dynamic mechanical obstruction, at this point there is no evidence of mechanical obstruction.





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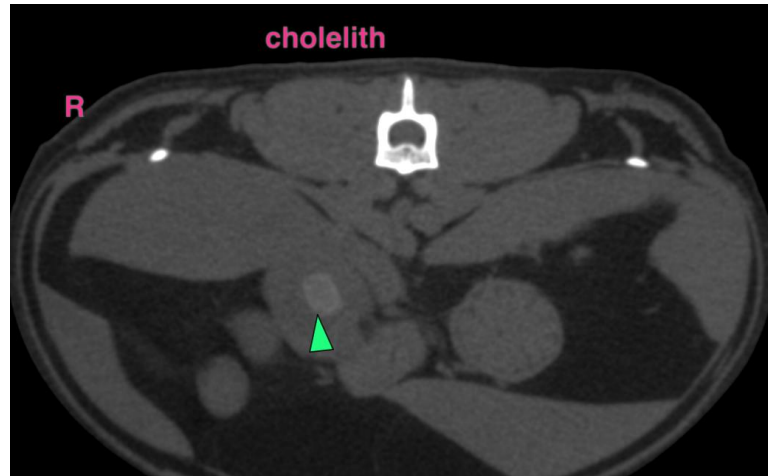
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com