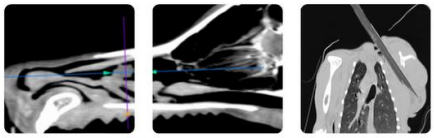

PATIENT

Mufla Font

SPECIES

Canine

BREED

Schnauzer

SEX

MN

AGE

14Y

WEIGHT

20.6lbs

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Alondra Aviles Lopez VT

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Dr. Juan Font, DVM

INVOICE

72955

DATE

12-11-25

PRESENTING CLINICAL SIGNS

Pt presented as a referral for an abdominal ultrasound to evaluate elevated enzymes after having routine BW panel done in rDVM. In 2022 and 2024, pt also had abdominal u/s performed for acute vomiting and was found to have possible gallbladder mucocele. P is on denamarin and hepatic diet. Recomended a Ct scan.
Abnormal PE/Chem/CBC/UA Results: CBC: Baso 0.12 CHEM: SDMA 30 ALT 390 ALKP 1348 AMYL 1860 LIPA 3489

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

A pre- and post-contrast computed tomographic study of the abdomen was provided for review, totaling two series using bone and soft tissue algorithms.

COMPUTED TOMOGRAPHIC FINDINGS

The gallbladder is markedly dilated and contains hypoattenuating, heterogeneous material. A large, irregular, mineral-attenuating intraluminal structure is present within the gallbladder neck, measuring approximately 1.4 × 1.7 cm. The gallbladder wall is irregularly thickened and demonstrates wispy mineral-attenuating striations, more visible on pre-contrast images.

The cystic duct is mildly enlarged, measuring 0.8 cm. The common bile duct is also mildly enlarged at 0.53 cm and shows focal wall thickening adjacent to the duodenal papilla. There is no definitive CT evidence of complete extrahepatic biliary obstruction.

The liver is homogeneous in attenuation, uniformly contrast-enhancing, and of normal size and shape.

The spleen demonstrates homogeneous soft tissue attenuation with mildly nonuniform contrast enhancement, likely incidental.

Both kidneys are normal in attenuation and size, with a mildly irregular contour noted on the left side. The renal pelvis and ureters are normal.

The urinary bladder is moderately distended with homogeneous hypoattenuating urine admixed with minimal contrast medium. A mild focal thickening of the cranial bladder wall is noted.

The stomach is moderately distended with homogeneous fluid and gas and maintains a normal position. The duodenum and small intestine are nondilated with normal wall thickness. The colon and rectum contain heterogeneous fecal material and gas, with normal wall thickness.

The pancreas, abdominal lymph nodes, and adrenal glands are within normal limits.

Serosal fat exhibits normal attenuation.

The prostate is small, with normal contour and attenuation, appropriate for a neutered male.

Mild incomplete spondylosis deformans is present at L1–L2 and L3–L4.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

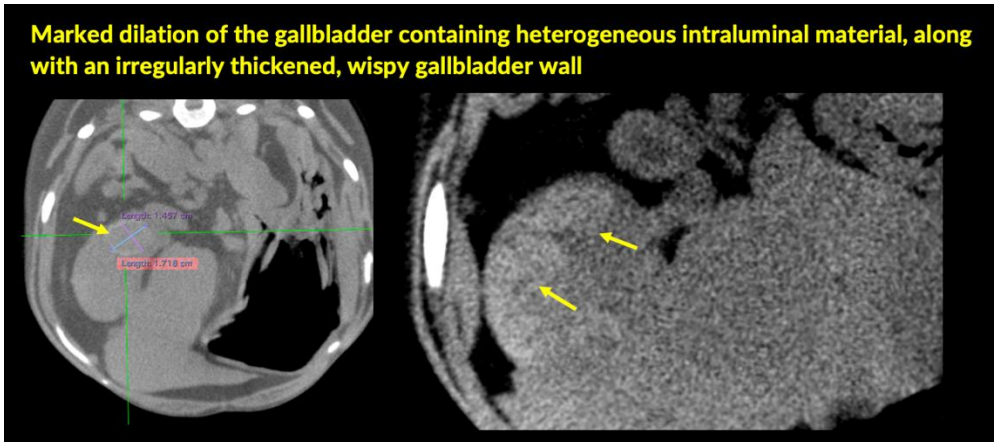
- There is marked dilation of the gallbladder containing heterogeneous intraluminal material, along with an irregularly thickened, wispy gallbladder wall. A large mineralized cholelith is lodged in the gallbladder neck. Mild dilation of the cystic and common bile ducts is present, accompanied by focal thickening of the duodenal papilla region. Differential diagnoses for the irregular wispy gallbladder wall include a gallbladder mucocele. Concurrent cholelithiasis, possible cholecystitis (bactibilia), and cholangiectasis are also considered.
- There is mild cranial bladder thickened, likely incipient cystitis.
- Mild irregular left renal contour, degenerative renal disease.
- Incidental incomplete lumbar spondylosis deformans.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT abdominal findings demonstrate marked dilation of the gallbladder with heterogeneous intraluminal material and an irregularly thickened, wispy gallbladder wall. A large mineralized cholelith is lodged in the gallbladder neck. Mild dilation of the cystic and common bile ducts is present, accompanied by focal thickening of the duodenal papilla. Differential diagnoses for the irregular, wispy gallbladder wall include a gallbladder mucocele. Concurrent cholelithiasis, possible cholecystitis (bactibilia), and cholangiectasis are also considered.

These findings correlate with the patient's persistent hepatobiliary enzyme elevation and previous ultrasonographic concerns. In dogs, CT does not reliably distinguish whether the intraluminal material is adherent to or located within the gallbladder wall*; However, the large mineralized structure is consistent with a nonobstructive cholelith located in the gallbladder neck.

Reference: * Brand EM, Lim CK, Heng HG, Grosso FV, Hanlon J, Jones-Hall Y. Computed tomographic features of confirmed gallbladder pathology in 34 dogs. Vet Radiol Ultrasound. 2020 Nov;61(6):667-679. doi: 10.1111/vru.12909. Epub 2020 Sep 12. PMID: 32918854.



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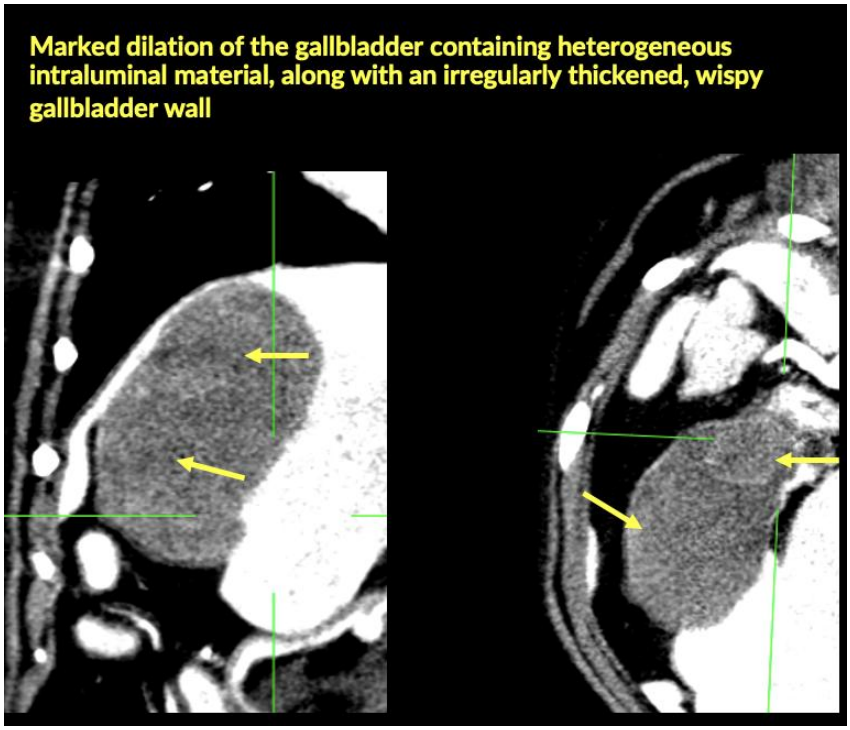

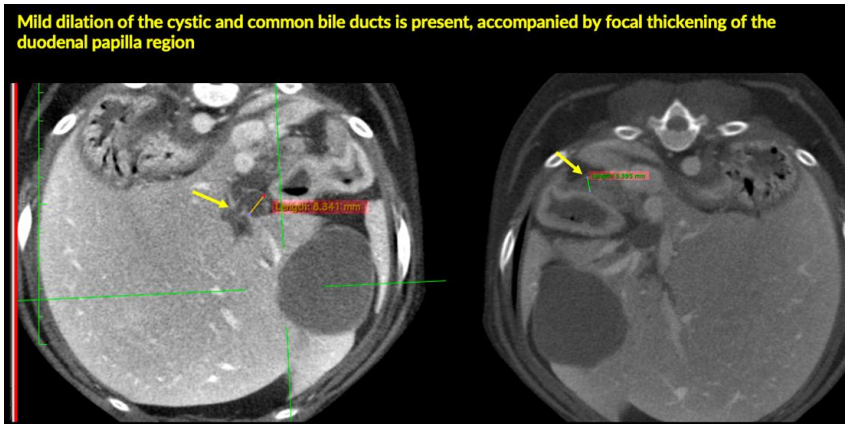

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com