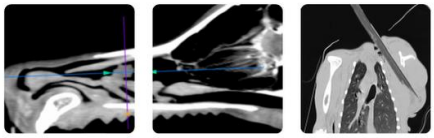


PATIENT

Blackie Robinson

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

6

WEIGHT

10.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

74877

DATE

5-5-26

PRESENTING CLINICAL SIGNS

presented for progressively elevating liver enzymes (t.bili and alt) and not eating. Multiple choleliths noted on radiographs and ultrasound. Concerned about biliary obstruction and need for surgical intervention.
Abnormal PE/Chem/CBC/UA Results: t.bili 6.7, alt 535,

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen is provided for review totaling 3 series. One pre-contrast series of the thorax and abdomen (soft tissue algorithm). One post-contrast series of the abdomen (soft tissue algorithm). One post-contrast series of the thorax (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

The gallbladder is moderately distended and filled with hypoattenuating fluid material associated with a small quantity of small dependent mineral-attenuating calculi, clustered within the gallbladder lumen in the ventral dependent portion. The clustered calculi measure approximately 5.8 × 8.2 mm.

The cystic duct is visible. There is marked dilation of the common bile duct, which is filled with hypoattenuating material and contains multiple multifocal clustered mineral-attenuating calculi along its course, identified at least four locations. One cluster is contiguous with the major duodenal papilla and it measures approximately 6.0 x 6.0 mm. The common bile duct is measuring approximately 0.7 – 0.9 cm in diameter, compatible with abnormal extrahepatic biliary dilatation.

Mild diffuse dilation of the intrahepatic bile ducts is also present.

The liver is within normal limits for size and shape. Aside from the mild intrahepatic biliary duct dilation, the hepatic parenchyma demonstrates normal attenuation and homogeneous contrast enhancement.

The stomach is markedly gas-distended without evidence of mural thickening, pyloric obstruction, or mass effect. The gastric wall is within normal limits.

The duodenum and remaining intestinal loops are moderately gas-distended; however, there is no evidence of plication, obstructive gastrointestinal disease, or abnormal mural thickening.

The colon contains a small amount of heterogeneous fecal material without mural abnormalities.

The spleen is within normal limits.

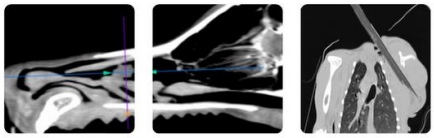
The pancreas, including the right and left pancreatic lobes, is unremarkable.

The abdominal lymph nodes and adrenal glands are unremarkable.

The serosal fat demonstrates normal attenuation.

The kidneys are within normal limits for size, shape, contour, and attenuation. No abnormalities are identified in the renal pelvises or ureters.

The urinary bladder is mildly distended with homogeneous hypoattenuating fluid material.



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THORAX

The trachea and main bronchi are within normal limits.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

There are mild multifocal parenchymal bands and subtle ground-glass opacities affecting the gravity-dependent portions of the right lung lobes, consistent with dependent atelectatic change. The remaining pulmonary parenchyma is within normal limits. No pulmonary nodules or masses are identified.

The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vessels are normal, and post-contrast opacification is adequate.

The pleural space, diaphragm, and thoracic wall are unremarkable.

The thoracic esophagus is unremarkable.

The musculoskeletal structures are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Marked cholelithiasis, with few mineral-attenuating calculi forming clustered aggregates within the gallbladder lumen.
- Marked choledocholithiasis, with multiple, multifocal, clustered mineralized calculi distributed throughout the common bile duct, including involvement adjacent to the major duodenal papilla, resulting in moderate extrahepatic biliary duct dilation, compatible with partial to complete biliary obstruction. Concurrent cholangitis should also be considered.
- Mild diffuse intrahepatic biliary duct ectasia.
- Marked gastric and mild diffuse intestinal gaseous distension, likely incidental, without evidence of mechanical gastrointestinal obstruction.
- Mild dependent pulmonary atelectatic changes affecting the right lung lobes. Otherwise, unremarkable thorax.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate a clustered cholelithiasis and multifocal choledocholithiasis, with mineralized calculi distributed throughout the common bile duct, including near the major duodenal papilla. Associated dilation of the extrahepatic and intrahepatic biliary ducts is present, consistent with partial to complete extrahepatic biliary obstruction. Concurrent cholangitis is also considered.

Given the degree of biliary duct dilation and the presence of multiple obstructive choledocholiths, surgical or interventional management should be considered.

The mild dependent pulmonary opacities are most consistent with anesthesia-related atelectatic change and are considered of low clinical significance. Otherwise, the thorax is unremarkable.

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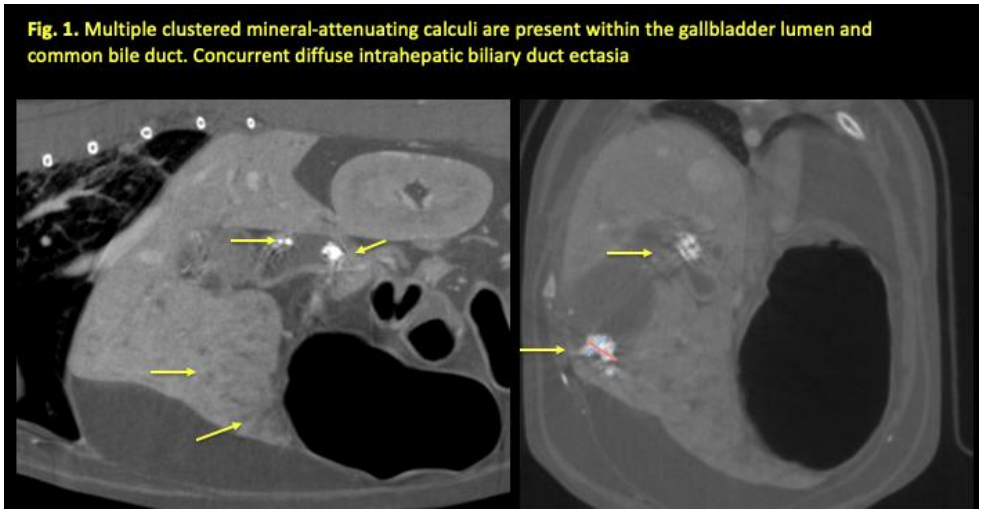

Fig. 1. Multiple clustered mineral-attenuating calculi are present within the gallbladder lumen and common bile duct. Concurrent diffuse intrahepatic biliary duct ectasia

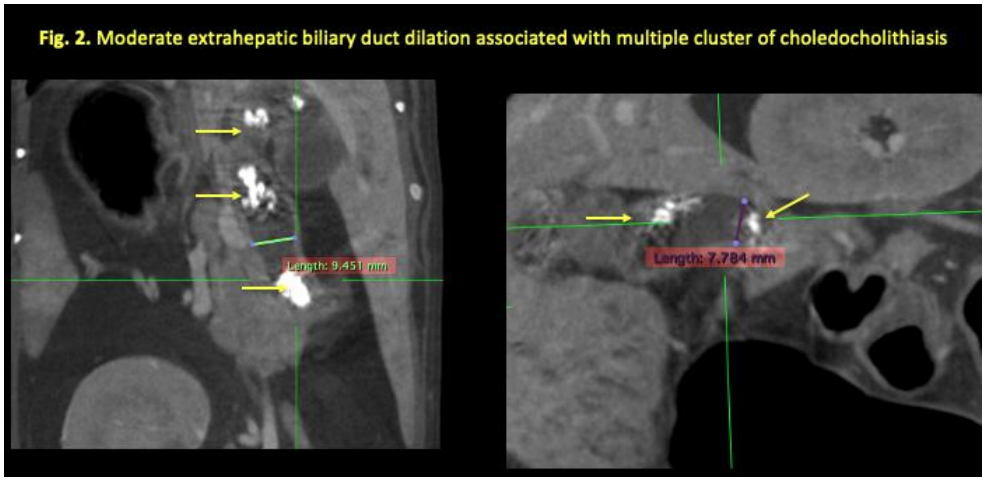

Fig. 2. Moderate extrahepatic biliary duct dilation associated with multiple cluster of choledocholithiasis

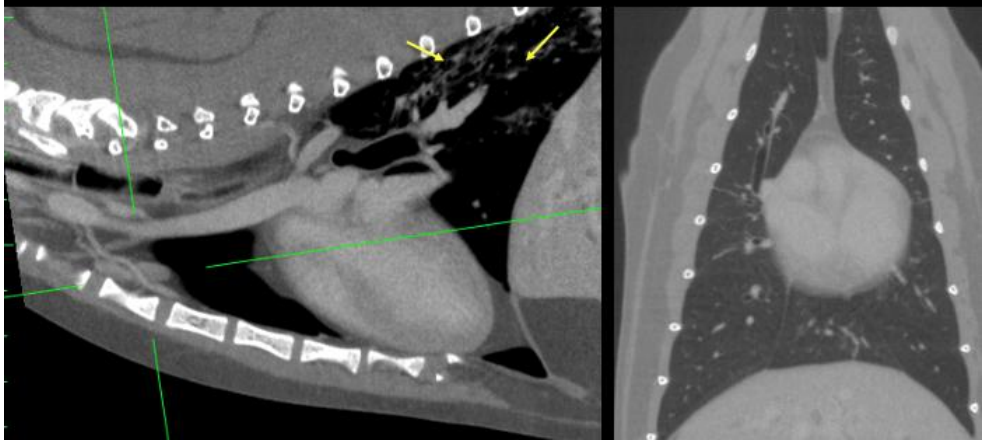

Fig. 3. Mild pulmonary atelectasis. Otherwise, normal thorax.

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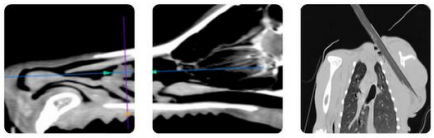

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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