



PATIENT PRESENTING CLINICAL SIGNS

Sadie Jade Cioffi Hepatopathy. Microhepatica, Elevated liver enzymes (ALT variable, AlkP mild), elevated bile acids (mild). MVD vs PSS vs chronic hepatitis vs copper storage disease vs other. Most recent labs today Crea 0.9, BUN 10, ALT 861, AST 181, ALP 427, TBil 0.9

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review.

BREED

Australian Shepherd

SEX

FS

AGE

3yr

INTERPRETED BY

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

HOSPITAL NAME

Pet Emergency and
Referral

REFERRING VET

Dr. Elizabeth Lechner

COMPUTED TOMOGRAPHIC FINDINGS

Small nodular liver consistent with microhepatica is seen. Hepatic parenchyma shows non-uniform enhancement with multifocal heterogeneity owing to the presence of multiple nodules. No discrete mass lesions are identified. There is a significant overall decrease in hepatic volume. There is no evidence of a single congenital portosystemic shunt, neither extra nor intrahepatic. Multiple small acquired portosystemic collaterals are present at the level of the kidneys draining into the caudal vena cava consistent with acquired shunting secondary to portal hypertension. Mild portal lymphadenomegaly is noted. The main portal vein appears to be patent with no thrombus being identified.

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

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.

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

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

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

INVOICE

24141

- Nodular microhepatica with non-uniform parenchymal enhancement
- Multiple acquired portosystemic collaterals consistent with secondary portal hypertension
- Mild portal lymphadenomegaly
- No evidence of congenital single portosystemic shunt

DATE

03/09/2026

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS



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The findings are consistent with chronic hepatopathy with hepatic fibrosis or cirrhosis with secondary portal hypertension. Differential considerations include chronic hepatitis, primary cirrhosis, microvascular dysplasia and less likely other chronic hepatopathies leading to nodular remodeling and acquired shunting. Hepatology consultation and potential liver biopsy to define etiology can be considered. Monitoring of portal hypertension and liver function including bile acids and coag profile is recommended.

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Medical management may include supportive care, hepatoprotective agents and dietary modifications.

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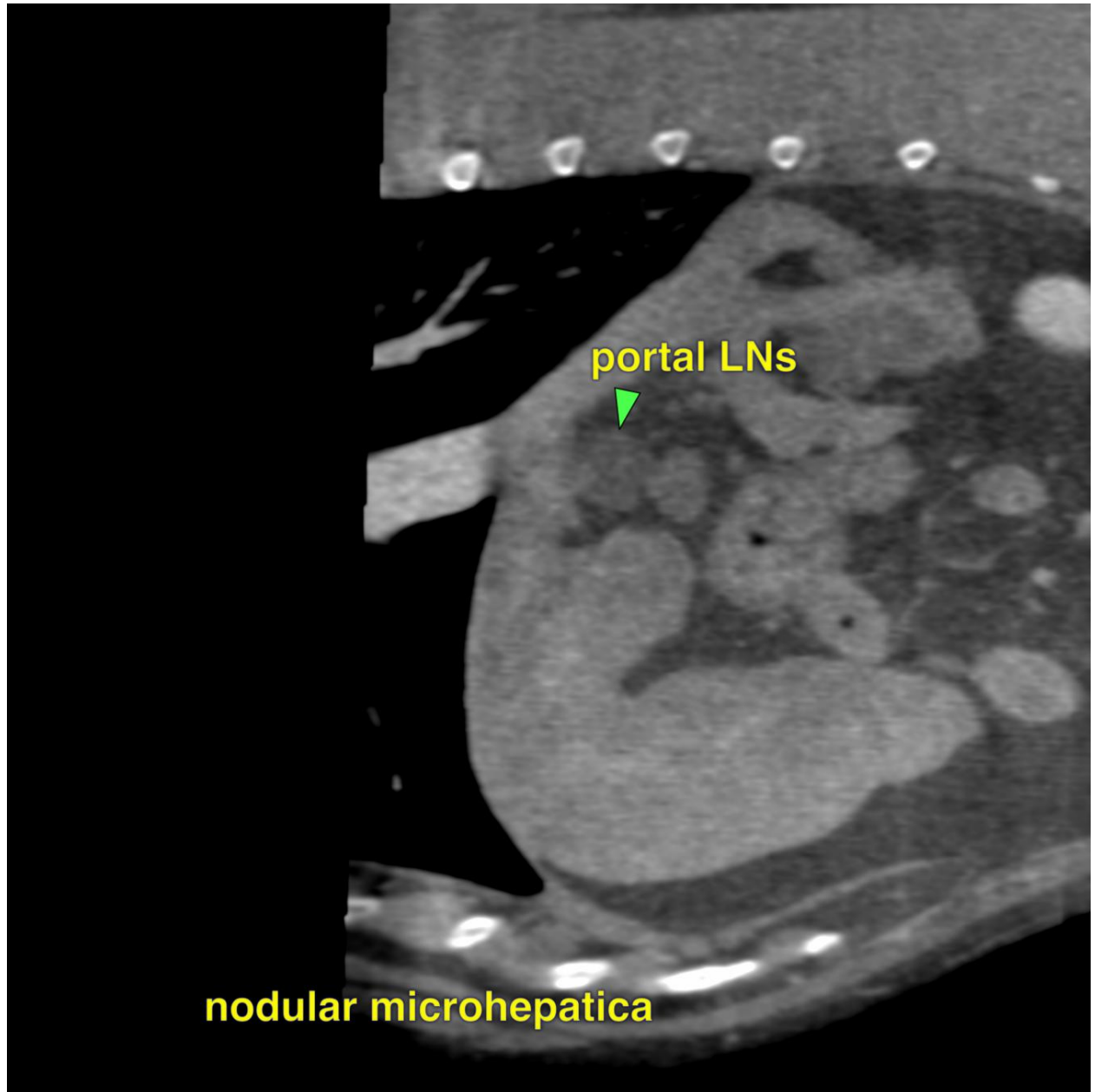
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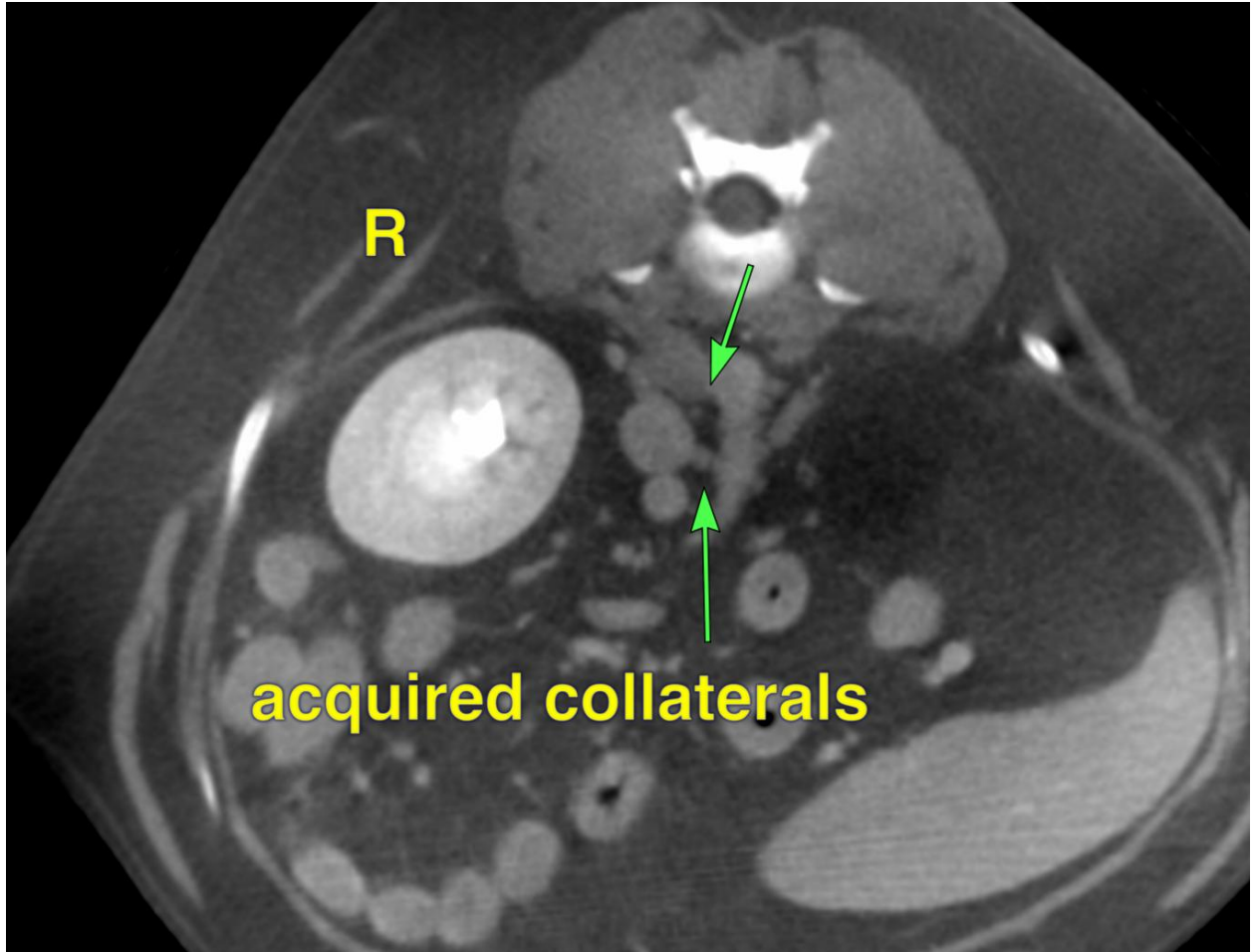
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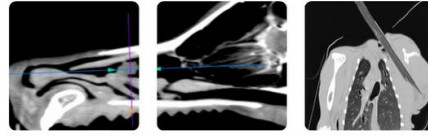
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Australian Shepherd

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