



PATIENT

Autumn General

PRESENTING CLINICAL SIGNS

Acute onset of elevated liver values, markedly elevated bilirubin, abnormal spec CPL

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies available for review.

BREED

Mastiff

COMPUTED TOMOGRAPHIC FINDINGS

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

SEX

Female Spayed

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.

AGE

3 Years

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

The liver presents within normal limits for its size; however, diffuse heterogeneous contrast enhancement is noted throughout the liver with mildly uneven contouring of the liver lobes. The gallbladder is only minimally distended. Marked generalized gallbladder wall edema is seen.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Multiple talking collateral vessels are seen within the retroperitoneum between the kidneys.

The portal lymph nodes present moderately enlarged.

Mild diffuse enlargement of the pancreas with regional mesenteropathy is noted.

HOSPITAL NAME

Animal Health
Partners

The stomach wall presents moderate generalized thickening with maintained wall layering accentuating the fundus and measuring a maximum of 1.0 cm in thickness.

COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

Dr. Shannon
Westgarth

- Multiple acquired extrahepatic portosystemic shunts.
- Diffuse hepatopathy.
- Gallbladder wall edema versus cystitis.
- Gastritis versus gastric wall edema.
- Portal lymphadenomegaly.
- Pancreatitis versus pancreatic edema.

INVOICE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with acquired extrahepatic portal collaterals. Portal hypertension is likely due to diffuse hepatopathy such as hepatitis, fibrosis, or other. Consider liver biopsies for further definition after running a coagulation panel.

DATE

9-27-21

The portal lymphadenomegaly may be due to hepatitis or other hepatopathy. Infiltrative pathology is thought unlikely. Consider fine needle aspiration for further definition.



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The changes of the pancreas are suggestive for pancreatitis; however, uncomplicated edema due to the portal hypertension is a potential as well.

Consider gastritis a potential versus gastric wall edema.

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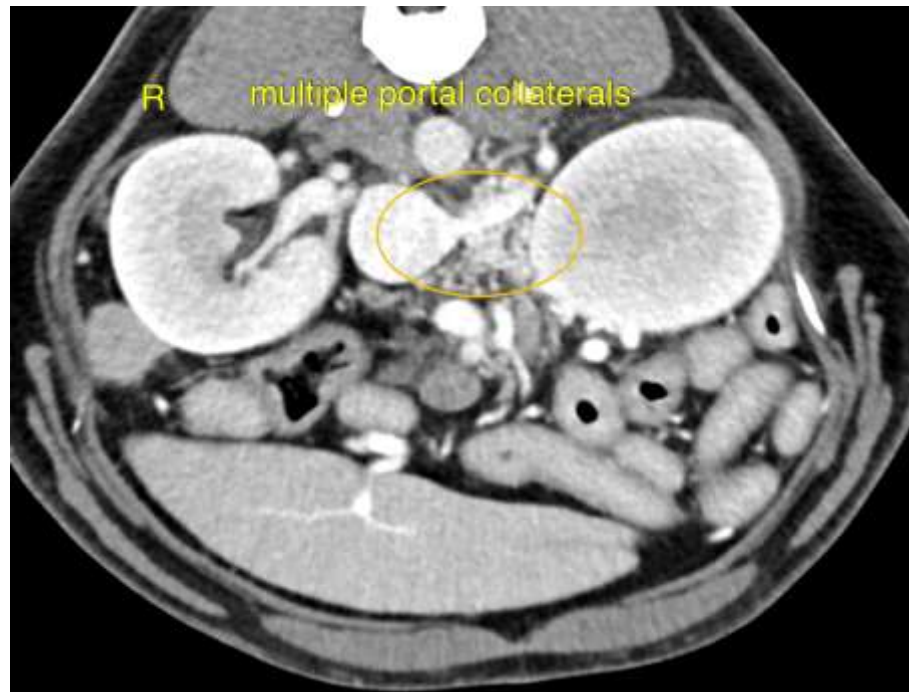
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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. Shannon
Westgarth

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