



**PATIENT**

Kyle Eadie

**PRESENTING CLINICAL SIGNS**

2 month old puppy with acute onset neurologic signs. Bloodwork showed mild elevation ALT and ALP with marked elevation in pre and post bile acids. Signs have improved with medical mgmt for hepatic encephalopathy.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN**

Pre/post contrast studies provided for review.

**BREED**

Golden Retriever

**COMPUTED TOMOGRAPHIC FINDINGS**

The liver appears small and reveals a heterogenous texture. There is a short cranial mesenteric vein recognized that confluent with the enlarged splenic vein and terminates into the caudal vena cava with an estimated diameter of 1.32 cm. The portal vein is small, intrahepatic branching is indicated. The caudal vena cava is enlarged with diameters of 1.5 cm at the level of the hepatic porta and the liver transit. The spleen shows normal findings in terms of size, surface, shape and contrast behavior. Gallbladder is inconspicuous without evidence of cholestasis. Pancreas presents normal size and shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous.

**SEX**

Male

**AGE**

2 Months

Both kidneys appear enlarged, renal veins are inconspicuous.

**INTERPRETED BY**

Adrenal glands are in normal limits.

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

The stomach presents mineral-dense granular-like content and metallic foreign material. All parts of the small intestine are mildly fluid-filled and chaotic. There are no signs of an obstructive or functional ileus.

**HOSPITAL NAME**

Animal Health  
Partners

Ureters, urinary bladder, trigonum and urethra are presented as expected. There is no evidence of cystic calculi. Signs of peritoneal/retroperitoneal effusion or free gas are not recognized.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Dr. Shannon  
Westgarth

- Extrahepatic portocaval shunt (splenic-/left-gastric – CVC) with microhepatica
- Signs of hepatopathy
- Signs of allotriophagia and enteritis
- Renomegaly

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The shunt diameter at the level of its termination into the CVC is estimated and could differ from real diameter. Currently there is no peritoneal effusion noted. Portal hypertension due to congenital/developmental portal vein hypoplasia have a bad prognosis and should be ruled out with complementary ultrasound and/or FNA/liver biopsy. With subject to these results catheter embolization or surgical occlusion are recommended.

**DATE**

9-1-21



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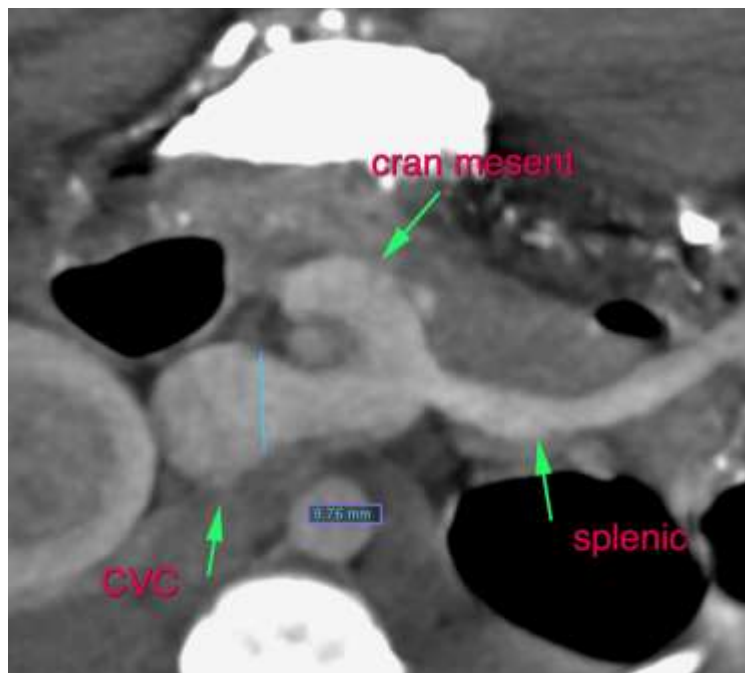
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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**Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging**  
Sebastian.Jawinski@sonopath.com

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