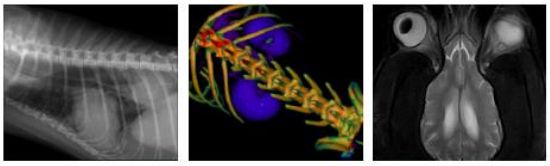

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gilly Tsai

SPECIES

Canine

BREED

Irish Wolfhound

SEX

F

AGE

1 Year

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Companian Animal Hospital

REFERRING VET

Dr. JaJa Tsai

INVOICE

56098

DATE

1-10-23

PRESENTING CLINICAL SIGNS

Portal SS
Abnormal PE/Chem/CBC/UA Results: Albumin 2.5, Globulin 3.8, A/G Ratio 0.7, Urea Nitrogen 5, Glucose 67, Magnesium 1.4, Hemoglobin 10.7, MCV 49, MCH 12.9, MCHC 26, Lymphocytes 5004, T4 <0.5.

COMPUTED TOMOGRAPHY OF THE ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

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

Both kidneys present within an increased volume and are within normal limits for 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 hepatic volume is moderately decreased. The hepatic parenchyma is homogenous soft tissue attenuating and contrast enhancing.

The portal vein presents a normal order of its tributary veins. Originating from the left lateral intrahepatic branch of the portal vein, a short prominent anomalous vascular loop is seen, draining to a dilated left hepatic vein. The anomalous vascular loop is measuring 30 mm in diameter, there appears to be an isthmus before entering the left hepatic vein, measuring approximately 18 mm in width.

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 subchondral bone of the vertebral endplates T13/L1 present moth eaten osteolytic lesions. The physis of the caudal vertebral endplate T12 presents moderate sclerosis and mild moth eaten osteolytic lesions. The 9th right rib presents a zone with osteolysis level with the costochondral junction.

The mid segment of the right 8th rib presents segmental widening with segmental loss of the normal trabecular pattern.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Single congenital intrahepatic shunt, left divisional intrahepatic shunt
- Discospondylitis T13/L1 and signs of physitis caudal vertebral endplate T12
- Microhepatica

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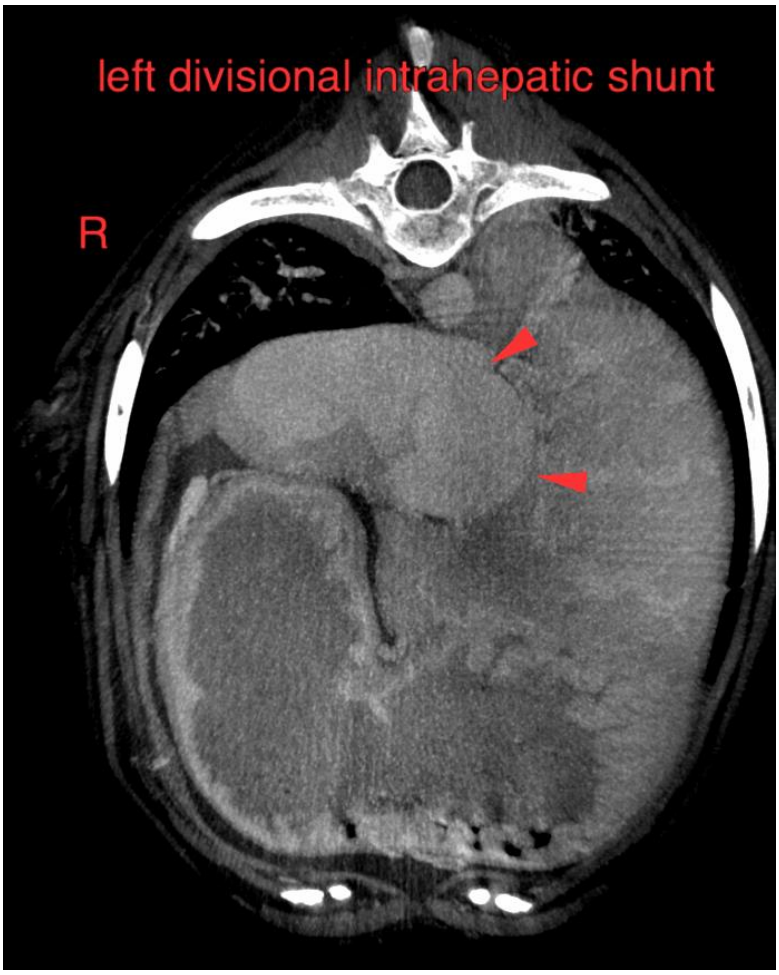
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with a congenital single left divisional intrahepatic portosystemic shunt. The appreciated discospondylitis and physitis are commonly a sequela to secondary cystitis secondary to portosystemic shunt –alkalic urine – and hematogenous spread.

Surgical or interventional technique using a slow progressive closure technique is the therapy of choice. Empirical treatment until surgery along with feeding of a hepatic diet is recommended.



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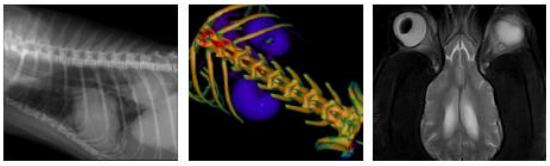

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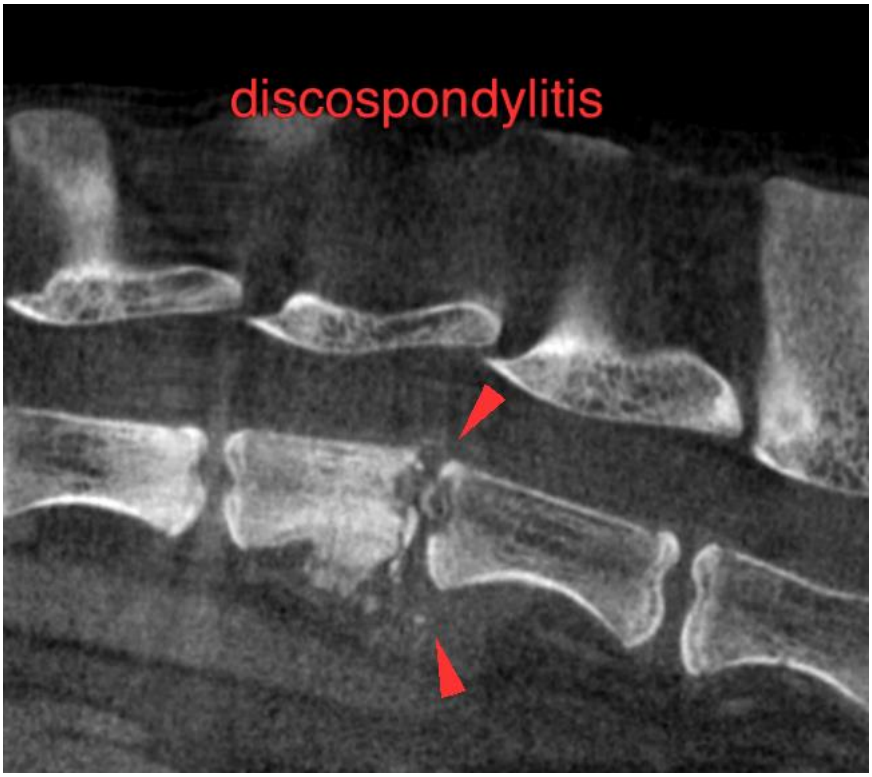

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com