



## PATIENT

Soupcon Lower

## SPECIES

Canine

## BREED

Biewer Terrier

## SEX

FS

## AGE

5Y

## WEIGHT

2.18kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Julia

## HOSPITAL NAME

Pet Emergency &  
Referral Center - NVA

## REFERRING VET

Dr. Kara Fiore

## INVOICE

73371

## DATE

1-19-26

## PRESENTING CLINICAL SIGNS

History:

- History of seizure like episodes. Elevated bile acids on rdvm work up. Abdominal CT performed to assess for liver shunt or other liver abnormality.

Abnormal PE/Chem/CBC/UA Results: Bile Acids: Pre 4.1/Post 86.1

## 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 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.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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.

In the subcutaneous tissue dorsal to the left iliac wing, a well-defined soft tissue attenuating nodule is seen; measuring 6 mm in diameter.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Non-specific subcutaneous nodule dorsal to left iliac wing
- No evidence of portosystemic shunting, neither intra- nor extrahepatic

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No macroscopic vascular bypass of the liver was noted in the pre- and post-contrast studies of the abdomen. However, if the clinical signs are consistent with insufficiency of the liver primary non-cirrhotic portal hypertension (microvascular dysplasia) or other diffuse parenchymal liver disease workup should be complemented by ultrasound guided FNA sampling/TruCut biopsy or surgical liver biopsy (may have the best diagnostic yield).



## PATIENT

Soupcon Lower

## SPECIES

Canine

## BREED

Biewer Terrier

## SEX

FS

## AGE

5Y

## WEIGHT

2.18kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Julia

## HOSPITAL NAME

Pet Emergency &  
Referral Center - NVA

## REFERRING VET

Dr. Kara Fiore

## INVOICE

73371

## DATE

1-19-26



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  
[info@sonopath.com](mailto:info@sonopath.com)