



PATIENT PRESENTING CLINICAL SIGNS

Marley Lobraico

ALT elevation Energy level: normal Appetite/diet: great Diet: RC schnauzer adult and puppy - currently transitioning Water consumption: normal Urination: normal V/D/C/S: None Current medications: -Aventi liver supplements: 1/4 tab PO BID - Rx December 2022? Background history: Parent's dog, the daughter is here for the appointment. There is concern given her ALT elevation. Daughter confirmed Aventi liver supplement. Marley has been living with owner's daughter for about 2 weeks and owners will not be back until April. Marley's breeder was on schnauzer puppy food and is currently transitioning onto adult version of this food. Owners originally brought Marley to the vet in September where after walking they felt that she had maybe ate something off of the ground and were concerned that she was perhaps having a reaction (marijuana / mushroom suspected). No other medications tried outside of the liver supplements. No neurological abnormalities noted after eating. Daughter reports that she is acting normal at home and owners did not reports any concerns regarding her mentation after eating. No issues reported during or after OVH. Other medical issues: Travel history: None - breeder is in Ontario Heart worm protection/vaccination history: UTD on vaccines and preventatives Any other concerns: #INPUT# Previous diagnostics: (Most recent at the top) December 13th, 2022: -CBC: all WNL - HCT 0.47, Plt 249, WBC 9.6, neut 5.3, lymph 3.6, mono 0.3, eos 0.3, baso 0 -Chem: ALT 122 H, lipase 598 H, rest WNL - AST 38, ALP 94, GGT 7, Tbili 2.4, chol 4.1, creat 65, BUN 6.8 -Bile acids: pre 1.0 (N), post 62.0 H October 31st, 2022: -Lim chem: ALT 172 H, Glob 20 L, rest WNL - ALP 90, Tbili 2.5, creat 65, BUN 6.0 October 7th, 2022: -CBC: all WNL - HCT 0.468, Plt 313, WBC 12.04, neut 6.34, lymph 4.34, mono 0.63, eos 0.7, baso 0.003 -Chem: all WNL - ALT 124, ALP 126, GGT 2, Tbili 3, chol 4.57, creat 78, BUN 9.2 September 28th, 2022: -Lim chem: ALT 204 H, rest WNL - ALP 160, creat 59, BUN 4.9, Alb 31, TP 59 Abnormal PE/Chem/CBC/UA Results: Normal PE. Persistently elevated ALT and bile acids with no clinical signs.

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

FS

AGE

10 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHY OF THE ABDOMEN

A pre- and post-contrast CT study of the abdomen in a high frequency filter reconstruction is provided for review.

HOSPITAL NAME

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COMPUTED TOMOGRAPHIC FINDINGS

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

REFERRING VET

Dr. Melanie Dickinson

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.

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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.

DATE

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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.



PATIENT

The bony and surrounding soft tissue structures reveal no abnormalities.

Marley Lobraico

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal abdomen
- No evidence of portosystemic shunting, neither intra- nor extrahepatic

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Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study of the abdomen presents without abnormalities. No macroscopic vascular bypass of the liver was noted. 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 would still be a potential and can be ruled out by the means of liver biopsy.

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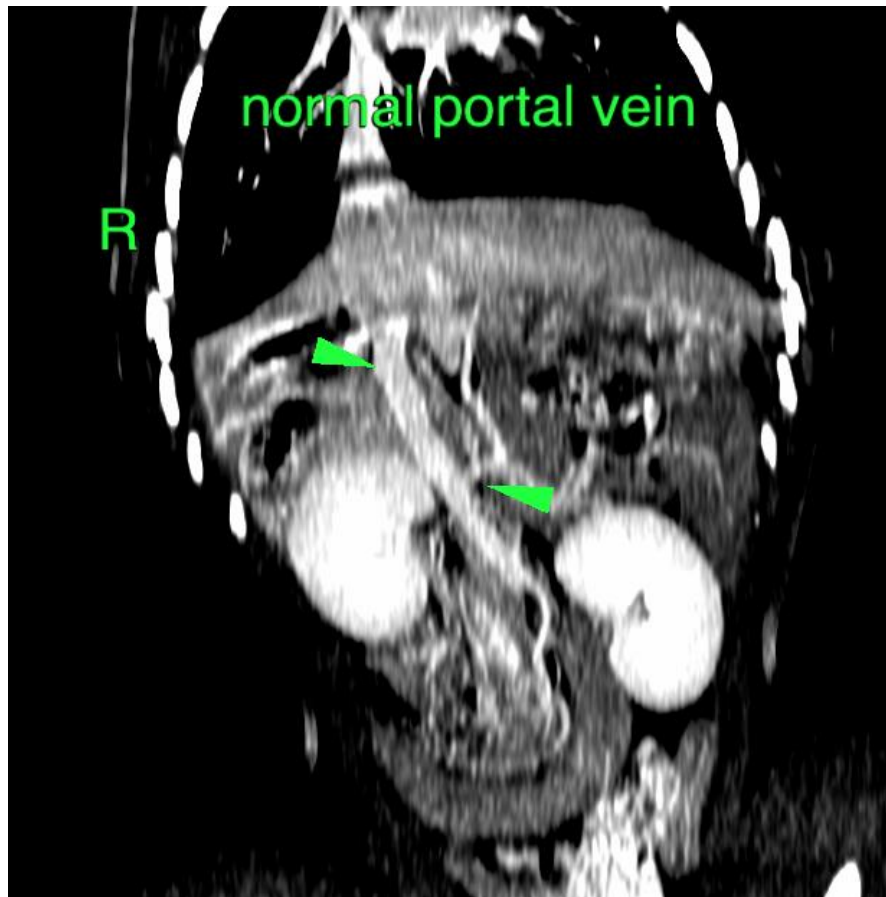
Dr. Melanie Dickinson

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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.

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.

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

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