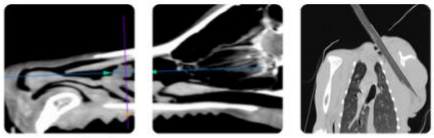

PATIENT

Ruthie Ann Moon

SPECIES

Canine

BREED

Yorkshire Mix

SEX

Spayed Female

AGE

1 Year

WEIGHT

1.8 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Daisy Parra, Maribeth Wingfield

HOSPITAL NAME

Neel VH

REFERRING VET

Dr. Jennifer Lavendar

INVOICE

35218

DATE

1/3/26

PRESENTING CLINICAL SIGNS

History: SUBJECTIVE: Ruthie Ann, a 1 Yrs. 9 Mos. black/brown Yorkshire/Mix Spayed Female Dog presented to Neel Veterinary Hospital for a recheck assessment of: Ruthie Ann presents for vomiting and neurological signs including drooling and pacing, vomited one time this morning. Patient History: Ruthie Ann has a history of suspected pancreatitis versus hepatic disease with elevated bile acids causing neurological signs. She sustained a concussion prior to Christmas. Previously, episodes of similar signs were attributed to pancreatitis by her regular veterinarian, but after the concussion, hepatic disease was identified as the cause. Client reports that when bile acids become elevated, it causes brain stimulation resulting in neurological signs. Typically fed on a 7 AM and 7 PM schedule. Current Medications: - Antibiotic (timing with meals) - Lactulose OBJECTIVE: GENERAL EXAM: ASSESSMENT: Problem List: - Suspected hepatic encephalopathy - r/o portosystemic shunt, chronic hepatitis, hepatic insufficiency - Neurological deficits - r/o hepatic encephalopathy, post-concussion syndrome, intracranial lesion - Bilateral patellar luxation (historical finding) - r/o degenerative joint disease, congenital malformation - History of pancreatitis (historical finding) - r/o chronic pancreatitis, dietary intolerance.

Abnormal PE/Chem/CBC/UA Results: Diagnostics: Abdominal ultrasound: small liver with subjective attenuation of intrahepatic portal vein supports tentative diagnosis of portosystemic shunt, anomalous vessel not identified. Mild renal or diverticular mineralization and echogenic urine noted. Findings support hepatic insufficiency. - CBC: Hematocrit 34.3% (L) [37.3-61.7], Hemoglobin 12.2 (L) [13.1-20.5], MCV 53.4 (L) [61.6-73.5], MCH 19 (L) [21.2-25.9], Reticulocyte hemoglobin 22.1 (L) [22.3-29.6], White blood cells 17.64 (H) [5.05-16.76], Neutrophils 12.29 (H) [2.95-11.64], Monocytes 1.32 (H) [0.16-1.12]. These values have been historically low - Chemistry panel: Creatinine 0.3 (L) [0.5-1.8], Cholesterol 95 (L) [110-320]- Pancreatic lipase: 117 [0-200] - - Bile acid stimulation test: Both pre- and post-prandial values >180

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

The post contrast phase is an early arterial phase without enhancement of the portal or venous vessels.

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.

Evaluation of the portal vein is limited by the early post contrast phase – the portal vein level with the hilar region of the liver appears small. No additional abnormalities of the

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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.

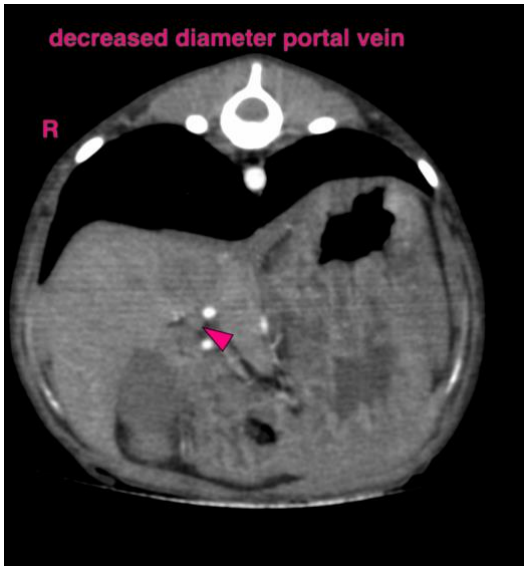
The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Possible decreased diameter of the portal vein
- Otherwise, normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the post contrast series is an early arterial phase with no contrast enhancement of the portal vasculature. Although the portal vein appears small level with the hilar region of the liver I cannot appreciated a pathological vessel. Anyway, repeating the post contrast series during the venous phase would be beneficial to rule in/out portosystemic shunting entirely.



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, DVM, Dr. med. vet. DipECVDI
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