



PATIENT

Kimber Neu

SPECIES

Canine

BREED

Schnauzer

SEX

Female

AGE

6 Months

WEIGHT

9 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVCI

IMAGING PERFORMED BY

Bill McGee, DVM,
DABVP

HOSPITAL NAME

Bridgeport AH, PLLC

REFERRING VET

Kathleen Wallace, DVM

INVOICE

35638

DATE

1/30/26

PRESENTING CLINICAL SIGNS

There is a history of gastrointestinal upset, hypersalivation, elevated alt and increased pre- and post-prandial bile acids. Suspected PSS

Abnormal PE/Chem/CBC/UA Results: alt-197 (10-118) bile acids - pre 15.4 post 134.6

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 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 vagina is prominent. The ovaries present peripherally accentuated contrast enhancing cavitory structures – that are considered as follicles.

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.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Proestrus or estrus
- 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 yield best diagnostic value).



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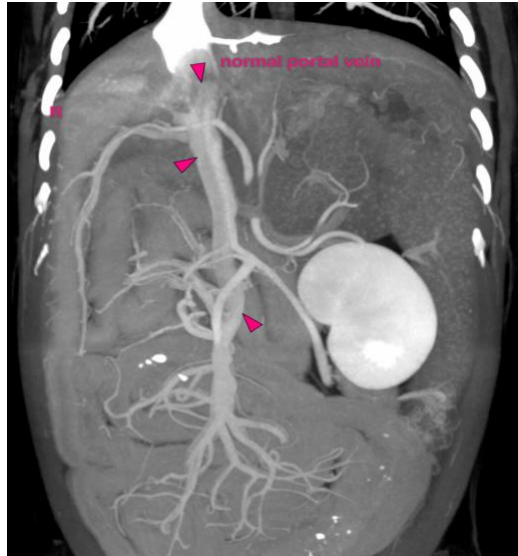
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com