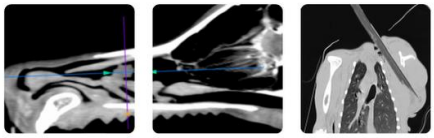


PATIENT

Honey Whyte

SPECIES

Canine

BREED

Central Asia Shepherd Dog

SEX

Female Spayed

AGE

4Y, 3M, 28D

WEIGHT

145.00lbs

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Joseph D'Abbraccio, DVM

HOSPITAL NAME

Catskill Veterinary Services, PLLC

REFERRING VET

Joseph D'Abbraccio, DVM

INVOICE

73207

DATE

1-6-26

PRESENTING CLINICAL SIGNS

9/3/2025: The patient was seen for an annual check. 12/18/2025: AUS was done. Conclusions: 1. Focal nodule in the right cranial abdomen 2. Hyperechoic hepatopathy 3. Abnormal spleen with a splenic thrombus Honey presents today for CT-chest and abdomen. Any Concerns: No Any Abnormal Behavior?: No Any medications and/or supplements: Today is last day of enro, have not given yet, Colbaloquin and Cranadin. Owner also gave gaba/traz as instructed What time were medications given?: gaba/traz last night 9-9:30pm. Supplements given last night. Last Meal?: Free-feeds, Owner pulled food around 8pm last night Pet's diet: Purina UR (recent change) Any treats or human food being given: Sausages to give medications, also occasional human food from 2yr old in household Appetite: normal
Abnormal PE/Chem/CBC/UA Results: PE: tail is red and scabbing Assessment: Skin infection (tail); Suspect early kidney disease; CBC: Hematocrit 40.8; Hemoglobin 13.3; MCH 21.9; Reticulocyte Hemoglobin 19.1; Chem: Albumin 2.6; Globulin 4.2; Albumin:Globulin Ratio 0.6; Chem: Urine Creatine 109; Urine Protein 11; Urine Protein:Creatinine Ratio 0.10; UA: Collection Method Cystocentesis; Color Pale Yellow; Clarity Cloudy; Specific Gravity 1.016; pH 6.5; Blood/Hemoglobin 250; WBC >50/HPF; RBC 6/HPF; Bacteria, Cocci Suspect presence; Bacteria, Rods Present; Non-Squamous Epithelial Cells <1/HPF;

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Along the thoracic & lumbar spine, multifocal spondylosis formation is seen.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior, but multiple zones with dystelectasis of the dorsal dependent aspects of the lung, R>L.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

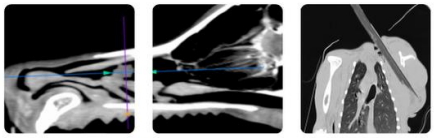
Abdomen

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

The jejunal lymph nodes are moderately prominent and present an irregular contrast enhancement pattern.

Both kidneys present within normal limits for size, shape and organ architecture. The renal pelvis bilaterally is dilated, measuring up to 7 mm in width. 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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The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The hepatic volume is moderately decreased.

Segments of the splenic vein, jejunal veins and the portal vein present intraluminal filling defects. The cranial segment of the portal vein has a decreased diameter.

At the medial aspect of the spleen, a bunch of small abnormal tortuous vessels is appreciated. Level with the cardiac a dilated esophageal vein is noted. Originating from the vein of the caudal extremity of the spleen an abnormal vessel is appreciated, dividing into multiple small tortuous vessels that present an uncoordinated course through the abdomen that appears to drain into the right renal vein.

The common bile duct is dilated, measuring up to 8 mm in diameter and can be appreciated up to the papilla duodeni major.

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.

Sacralization of L7 is appreciated, articulating bilaterally with the sacroiliac joint.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Thrombosis of the portal vein and multiple of its branches
- Multiple acquired extrahepatic portosystemic shunts
- Microhepatica
- Dilated common bile duct without mechanical obstruction
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals thrombosis of the portal vein and multiple segments of its tributary vein – an underlying cause cannot be specified, and preceding or ongoing hypercoagulable state is likely (e.g. pancreatitis, systemic inflammation, hepatic/renal disease, immune mediated disease, paraneoplastic – such as lymphoma). If not done so yet, complete lab work including testing for possible infectious agents is recommend.

The microhepatica is supporting the diagnosis of underlying chronic hepatic disease or congenital abnormality of the portal vein, such as portal vein hypoplasia. Hepatic biopsy ± FNA sampling of the spleen can be used as advanced diagnostic tools.

The acquired portosystemic shunting is considered as a sequela to secondary portal hypertension – no intrahepatic branches of the portal vein can be appreciated.

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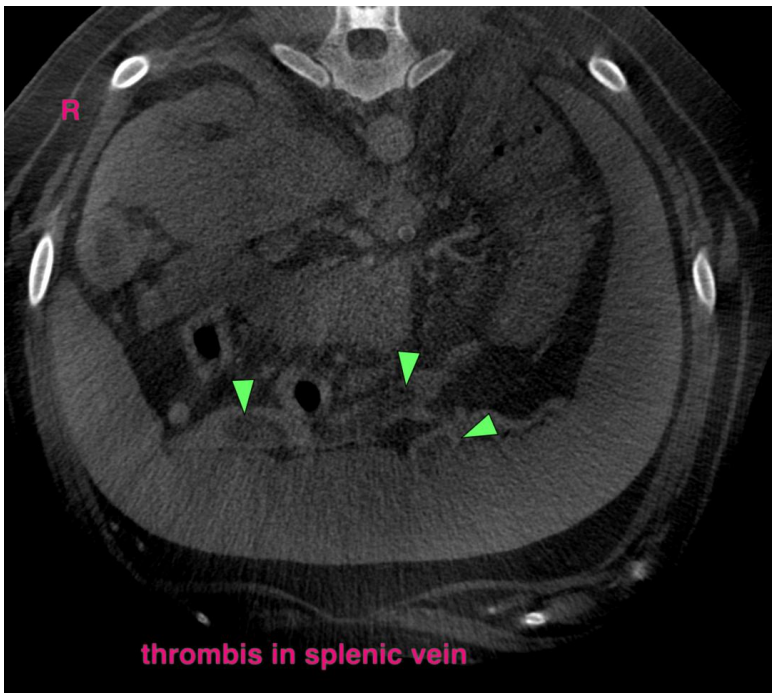

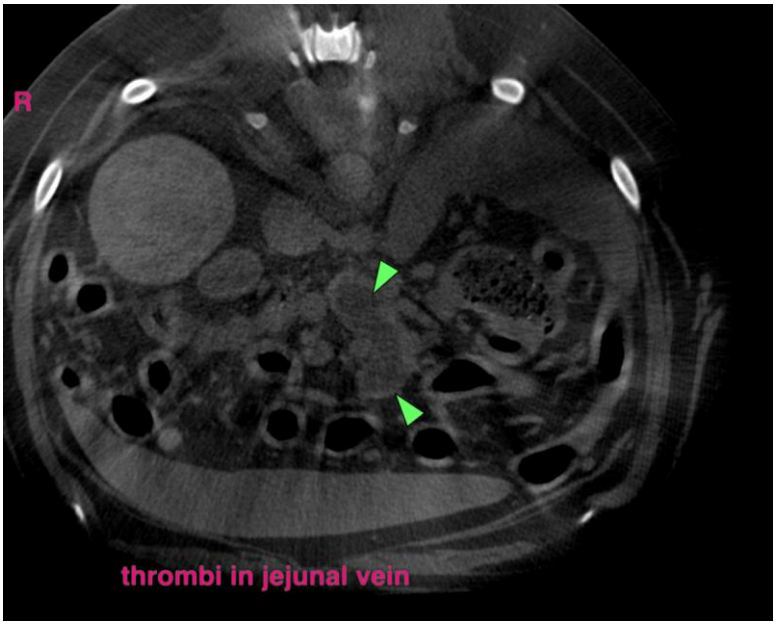

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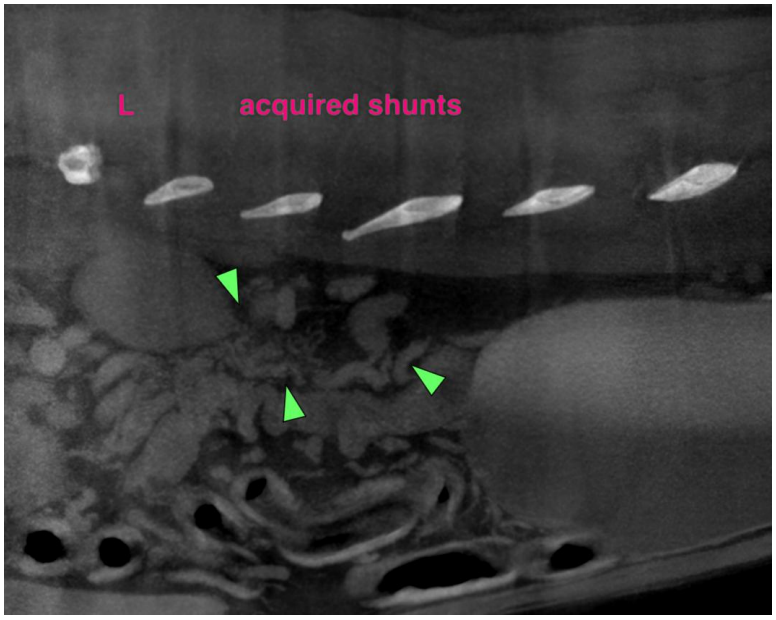

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com