



PATIENT

Kai Fernandez

PRESENTING CLINICAL SIGNS

Chronic hepatitis with secondary intrahepatic choleliths. Liver biopsy should be considered for further assessment. CT scan with angiogram could be considered to assess of portal vasculature and rule out portosystemic shunt. Chronic renal disease with possible hyperplasia (renomegaly) secondary to liver disease. SDMA, UA and culture are recommended.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC --- thrombocytopenia CHEM --- ALT elevated

BREED

Australian Shepherd
Mixed

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.

SEX

NM

Both kidneys present mild irregular margins; post contrast administration the nephrogram is irregular, presenting a striated pattern caused by interspersed hypoattenuating lines.

The adrenal glands are within normal limits for size, shape and organ architecture.

AGE

3 Years

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The gallbladder contains a moderate amount of gravity dependent mineralized sludge. Advanced mineralization of the intrahepatic biliary tree is visible. The extrahepatic common bile duct is within normal limits. The hepatic volume is moderately decreased, the hepatic parenchyma has a mild irregular contrast enhancement pattern.

HOSPITAL NAME

Veterinary Image
Center

Originating from the region of the splenic vein, a bunch of small tortuous vessels is seen at the medial aspect of the left kidney, draining to the renal vein. Originating from the splenic vein of the caudal extremity of the spleen, an abnormal vascular loop is coursing caudolaterally and dorsally along the left abdominal wall – dividing into multiple smaller vessels – bending cranially and draining to the left renal vein.

REFERRING VET

Dr. G. Castro, DVM

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.

INVOICE

49064

The vertebral body of S1 is not fused with S2.

COMPUTED TOMOGRAPHIC DIAGNOSIS

DATE

12-15-21

- Chronic hepatopathy with advanced mineralization of the biliary tree and mineralized biliary sludge
- No evidence of obstruction of the common bile duct
- Multiple acquired extrahepatic portosystemic shunts



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- Chronic nephropathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with chronic hepatic disease and chronic hepatitis (possibly parasitic) or congenital hepatic cirrhosis/fibrosis with secondary portal hypertension and acquired portosystemic shunting is the top differential here. Hepatic biopsy is warranted for further definition and final diagnosis. As the hepatic changes are irreversible, management is limited to palliative management of the patient.

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REFERRING VET

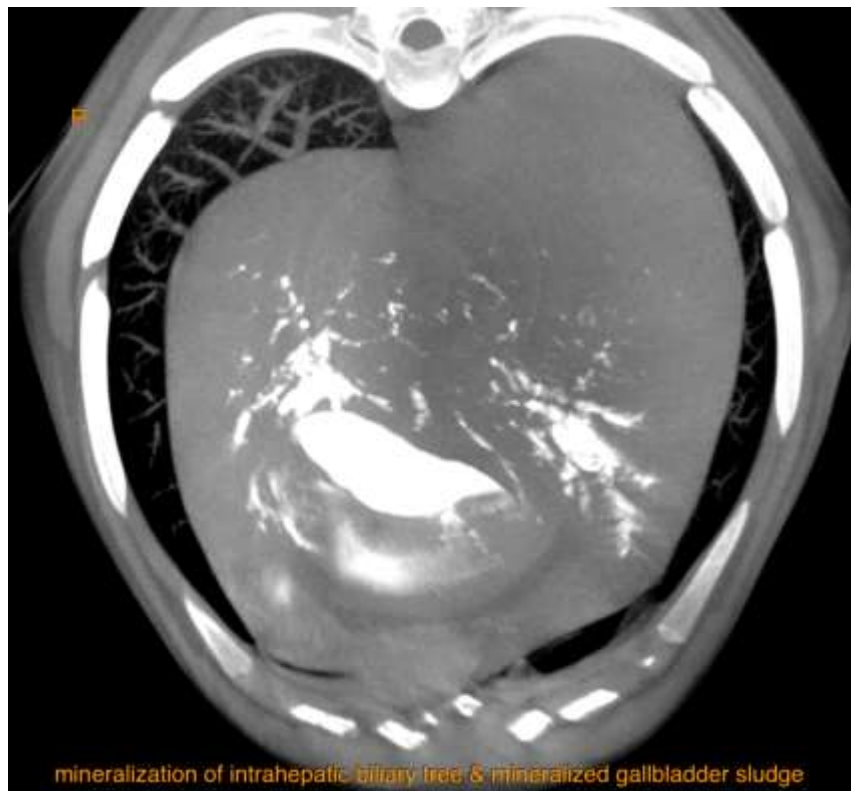
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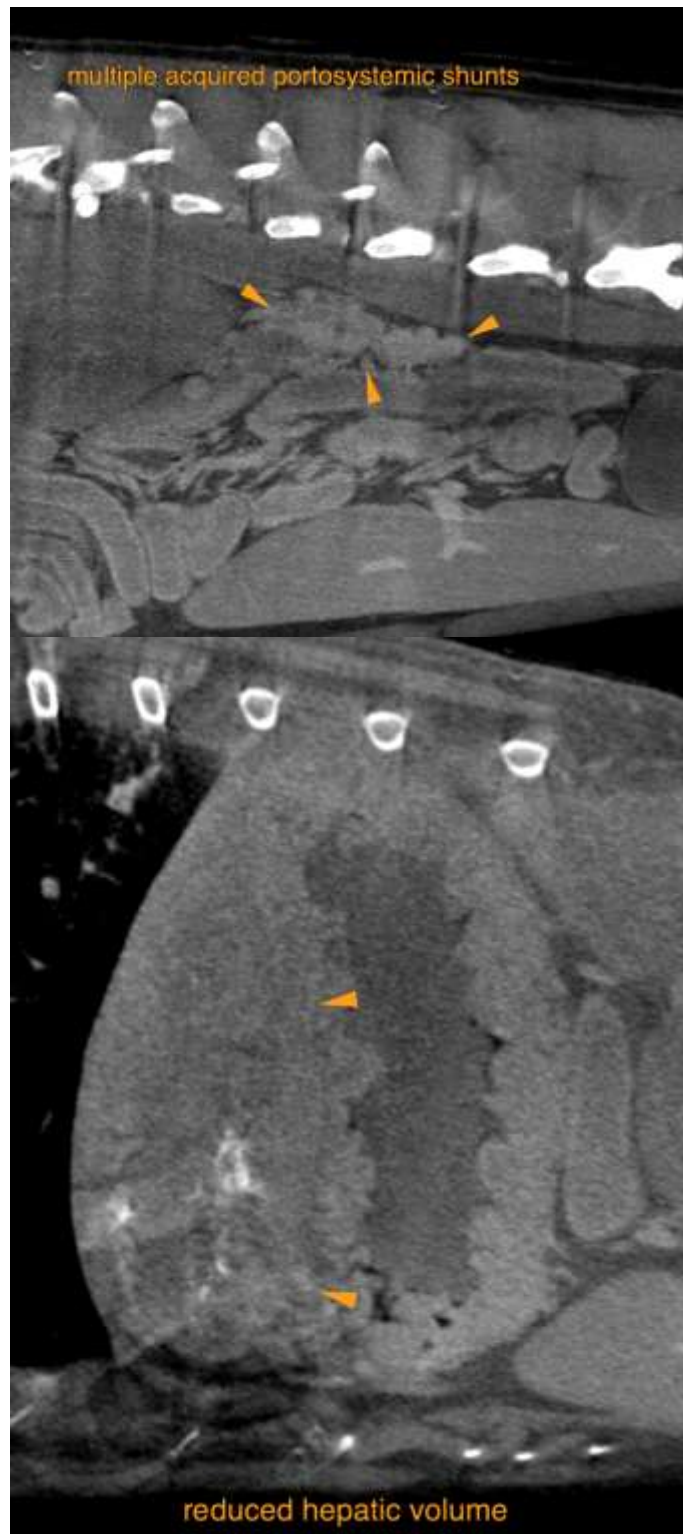
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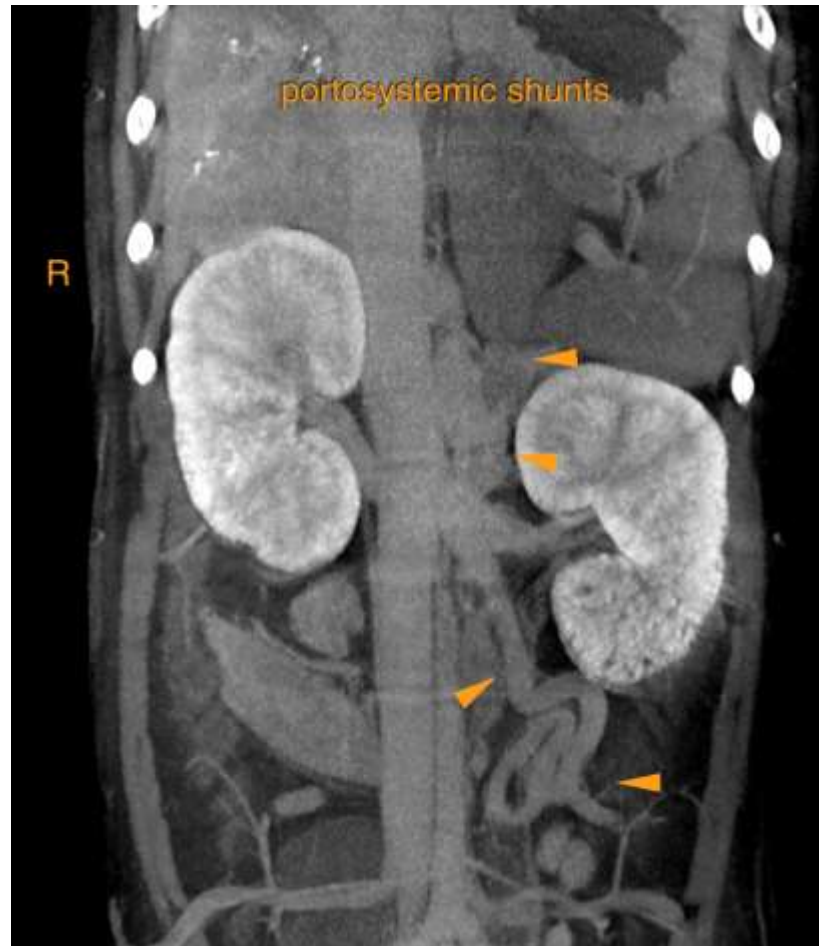
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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