



PATIENT

Dallas Crocco

SPECIES

Canine

BREED

Shih Tzu

SEX

Male Neutered

AGE

10Y, 25D

WEIGHT

16.20lbs

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

72990

DATE

12-15-25

PRESENTING CLINICAL SIGNS

History: Owner presented Dallas for evaluation of liver and gallbladder abnormalities, adrenal enlargement, and a possible liver mass identified on recent ultrasound. Owner reports history of right eye loss due to ulcers requiring multiple surgeries approximately three years ago. Dallas began exhibiting significant anxiety in April, coinciding with changes in household environment. Initial bloodwork revealed liver value elevations and adrenal abnormalities; gallbladder was noted to be sluggish with sludge. Owner provided records of bloodwork and urinalysis from April and June, noting one liver value normalized with supplements, while another remained elevated. Owner reports Dallas is currently receiving supplements for liver support, Rx Biotic probiotic, a fiber supplement, glucosamine and chondroitin, and CBD oil. No prescription medications or preventatives for fleas, ticks, or heartworm are given. Diet consists of Ziwi Air-Dried food, occasional frozen blueberries, carrot pieces, and natural ingredient treats; previously fed a different frozen food but discontinued due to delivery issues. Owner notes daily grooming and states Dallas has not had issues with appetite, water intake, urination, or defecation. No current vomiting, diarrhea, coughing, or sneezing reported. Anxiety onset is associated with a stressful encounter with another dog in the household. Onset of Symptoms: Anxiety and associated concerns began in April.

Abnormal PE/Chem/CBC/UA Results: PE: Fear/Anxiety/Stress Score: 3/5 - Nervous, not aggressive, trembling.; Eyes: OS: Enucleated. OD: Clear, no discharge. CBC: MCV 58.5; MCH 19.7; Platelets 574; Plateletcrit 0.67; Chem: 11/3/25: ALT: 108 (WNL); ALKP: 1950 (H); Chem: 7/22/25: ALT: 215; ALKP: 1833;

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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

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.

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.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration throughout the renal cortex bilaterally, well-defined, parenchymal filling defects are seen (<1 mm).



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The adrenal glands are prominent, presenting a maximum cross-sectional diameter of up to 8.0 mm. The architecture of the adrenal glands is maintained normal.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The left gastric vein is prominent. An anomalous vessel is originating from the left gastric vein – level with the minor curvature of the stomach – coursing craniodorsally over the left liver up to the level of the diaphragm. The anomalous vascular loop is measuring approximately 4.5 mm in diameter and is draining into the dilated phrenic vein.

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

- Congenital single extrahepatic portosystemic shunt, left gastric vein to phrenic vein (porto-phrenic shunt)
- Bilateral mild adrenomegaly
- Multiple small simple renal cortical cysts
- Normal thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The described behavioral changes may be a sequela to the portosystemic shunt. Although the shunt volume is likely small, surgical intervention by a slow progressive closure technique (ameroid constrictor, cellophane banding) may be considered. Ligation of the shunt vessel can be feasible as well if there is no evidence of portal hypertension during digital compression of the shunting vessel.

The adrenomegaly can present (non)functional adrenal hyperplasia – testing of the pituitary adrenal axis can be performed as advanced laboratory workup.



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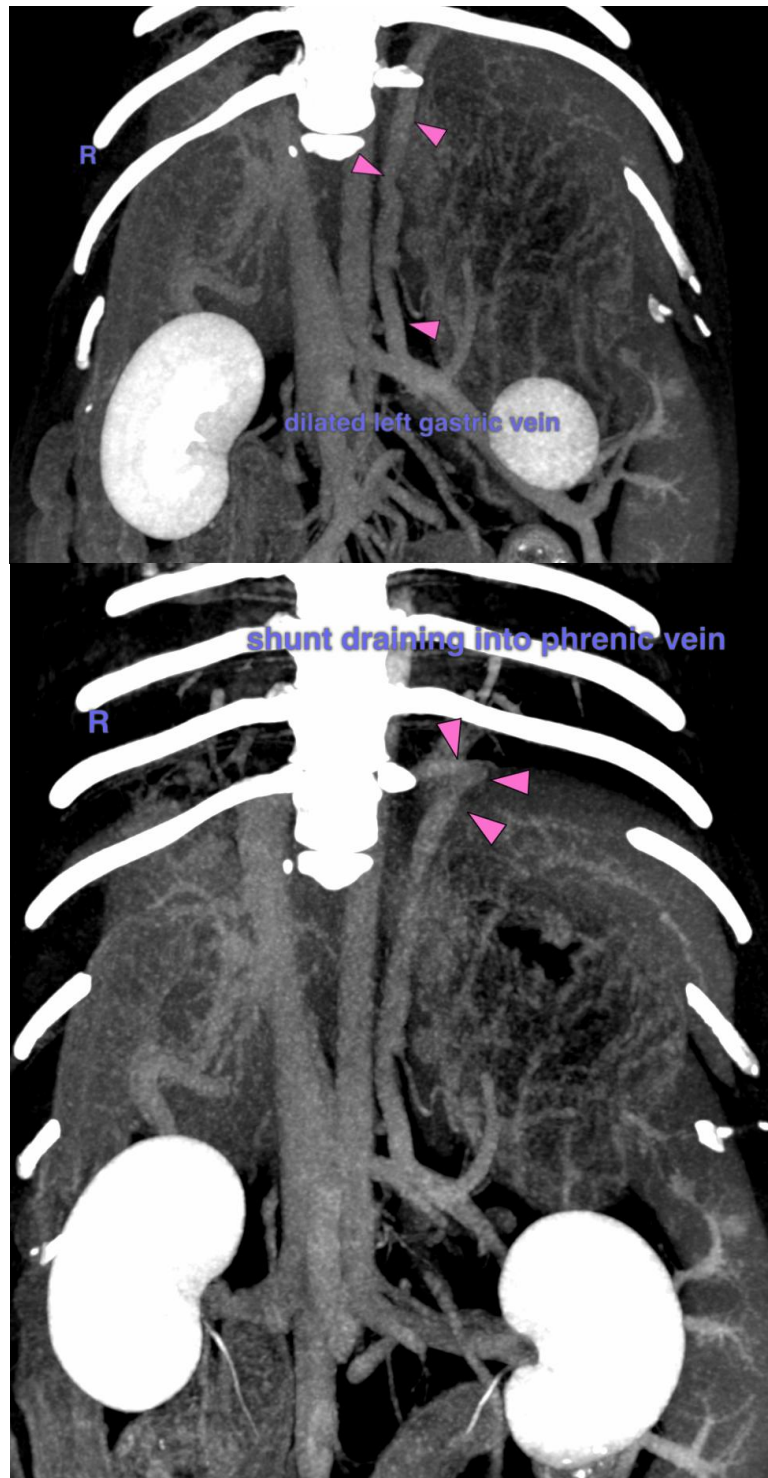
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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