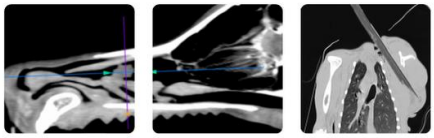

PATIENT

Layla Matias

SPECIES

Canine

BREED

Min Schnauzer

SEX

Female

AGE

1Y, 4M

WEIGHT

18lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

HVSFA

HOSPITAL NAME

Hospital Veterinario
San Francisco de Asis

REFERRING VET

Meaux

INVOICE

73104

DATE

12-23-25

PRESENTING CLINICAL SIGNS

Rule out liver shunt. Owner reports episodes of abnormal behavior after eating. Not as common recently, but presented to rDVM for vomiting and ADR. Referred for abdominal CT.
Abnormal PE/Chem/CBC/UA Results: Bile acids results mildly elevated post meal at 29.3.
Unremarkable CBC Chemistry: Phos 2.0, Amylase 413

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.

A separate right & left caudal vena cava of the pre-renal segment is seen.

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.

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.

In the subcutaneous tissue of the left caudolateral abdominal wall, a zone with localized fat-stranding is seen – considered as a sequela to preceding subcutaneous injection.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- No evidence of portosystemic shunting, neither intra- nor extrahepatic
- Double caudal vena cava, pre-renal segment

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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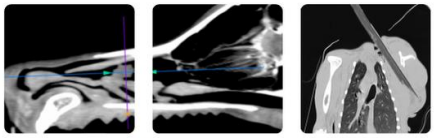

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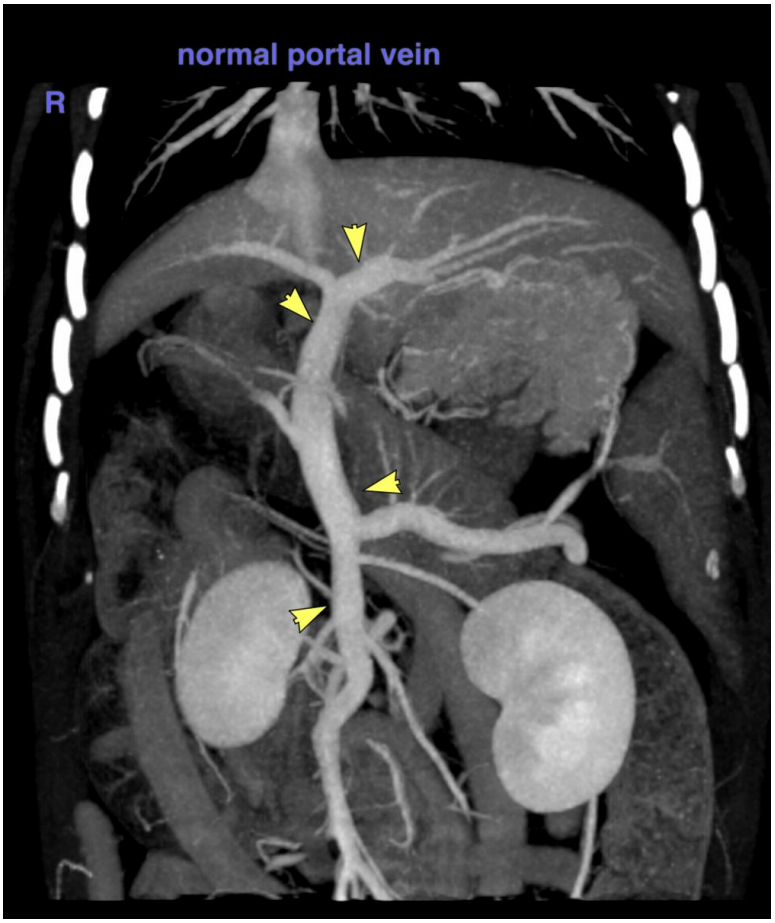

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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