



**PATIENT PRESENTING CLINICAL SIGNS**

**Chula Gonzalez** History: Hx of vomiting and diarrhea. In October she also had pneumonia. Lung biopsy performed and BAL. Hx of distended abdomen, pure transudative effusion. Previous abdominal ultrasound: concern for portal hypertension.

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: BCS 2.5/5 Biopsy: bronchoalveolar pneumonia w pyogranuloma formation. Bile acids 6.6, post 84.9

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN**

**BREED**

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

German Shepherd

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

**Thorax**

Intact Female

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

**AGE**

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.

1 Year 1 Month

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The ventral aspects of the left cranial lung lobe – including the cranial and caudal part – are consolidated and present a moderately decreased volume. Multiple small mineralization are seen in the periphery of the cranial part of the left cranial lung lobe. The bronchi of the left cranial lung lobe taper in the hilar region and cannot be appreciated throughout the remainder of the lung parenchyma. A midline shift of the heart to the left is appreciated. The left caudal lung lobe presents a patchy ground glass attenuation pattern of the ventral aspects. The caudodorsal aspects of the left caudal lung lobe presents zones with dystelectasis.

**HOSPITAL NAME**

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**REFERRING VET**

Dr. Meaux

In the caudal aspect of the right cranial lung lobe, segmental peribronchial consolidation of the lung parenchyma is appreciated. The remainder of the right lung lobes present an aerated parenchyma with the expected architecture.

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

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**Abdomen**

The peritoneal fat presents mild to moderate fat-stranding. A small to moderate amount of fluid attenuating material is seen in the peritoneal cavity.

**DATE**

2/17/23



**PATIENT** 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.

Chula Gonzalez

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

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

Canine

The hepatic volume is moderately decreased. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing. A gallbladder cannot be delineated. The common bile duct is dilated, measuring 9 mm in diameter.

**BREED**

German Shepherd

At the medial aspect of the left kidney, a bunch of small tortuous anomalous vessels is appreciated. Originating from the splenic vein of the caudal extremity of the spleen, multiple anomalous vessels are seen, coursing dorsally and bending cranially, draining into the left renal vein.

**SEX**

Intact Female

The pancreas is swollen and the pancreatic lobes are accentuated by interspersed fluid.

**AGE**

1 Year 1 Month

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**

**INTERPRETED BY**

- Microhepatica
- Multiple acquired extrahepatic portosystemic shunts
- Peritoneal effusion
- Dilated common bile duct without evidence of mechanical obstruction
- Possible agenesis of the gallbladder
- History of pneumonia with potential hepatization of the left cranial lung lobe

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Meaux

The CT study is highly suggestive for primary hepatic disease - such as congenital hepatic fibrosis, or chronic hepatitis and cirrhosis – and secondary portal hypertension with acquired portosystemic shunting and mild peritoneal effusion. Hepatic biopsy is warranted to specify underlying hepatic disease.

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The pulmonary changes are fitting the history of chronic pneumonia likely with hepatization of the lung parenchyma.

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**PATIENT**

Chula Gonzalez

**SPECIES**

Canine

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**SEX**

Intact Female

**AGE**

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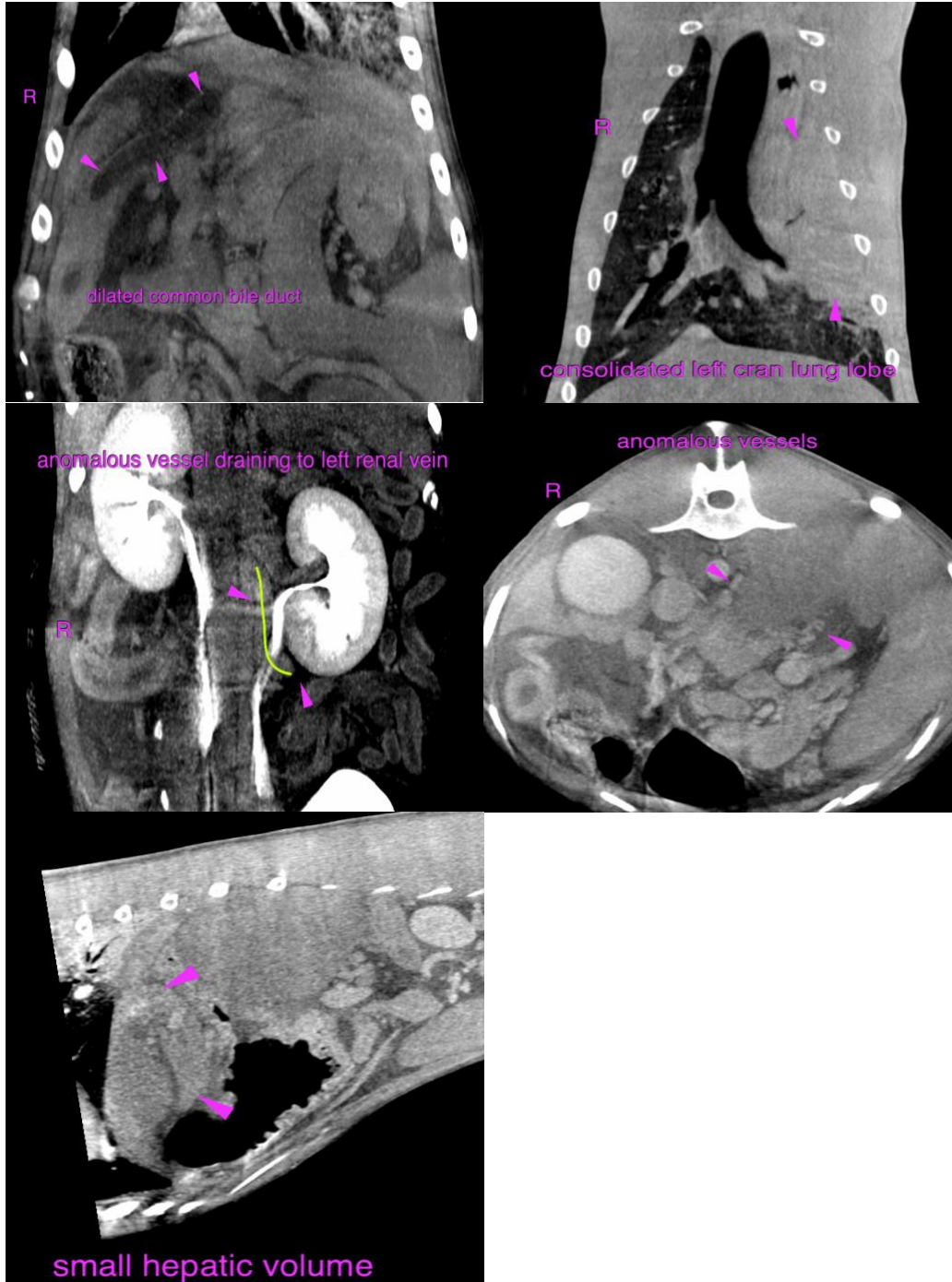
Dr. Meaux

**INVOICE**

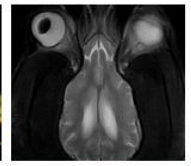
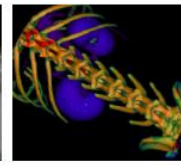
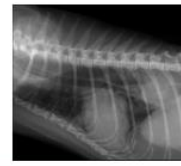
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Chula Gonzalez

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.

**SPECIES**

Canine

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**BREED**

German Shepherd

**SEX**

Intact Female

**AGE**

1 Year 1 Month

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