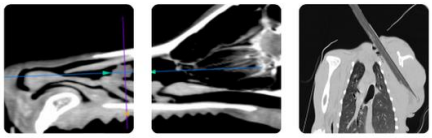

PATIENT
Chloe Chacon

SPECIES
Canine

BREED
Maltese

SEX
FS

AGE
3Y

WEIGHT
6kg

INTERPRETED BY
Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY
Mobile Pet Imaging

HOSPITAL NAME
Mobile Pet Imaging

REFERRING VET
Armstrong

INVOICE
73801

DATE
2-17-26

PRESENTING CLINICAL SIGNS

- Hx of PSS recently diagnosed by you with our CT (see previous report), repair surgery done last Wed, patient presented 2 d later with epilepsy. It was refractory to Keppra but responded to Pheno and Keppra. P is neurologic.

Abnormal PE/Chem/CBC/UA Results: Quiet and distant, pink moist mm, normal thorax and abd, surgical scar is healing, PLNs normal, p is nonambulatory, paddles with the front legs when carried. Brain done due to owners request to rule out tumor or obvious disease, owners are aware of the limitations of CT for CNS.

COMPUTED TOMOGRAPHY OF THE SKULL AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadan 306 is absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

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. A small amount of mineral attenuating material is associated with the right renal pelvis. 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. At the left lateral aspect of the caudal vena cava, cranial to the left renal vein, a metal attenuating ameroid constrictor is seen.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

In the midline along the ventral abdominal wall, the subcutaneous fat presents localized soft tissue striation

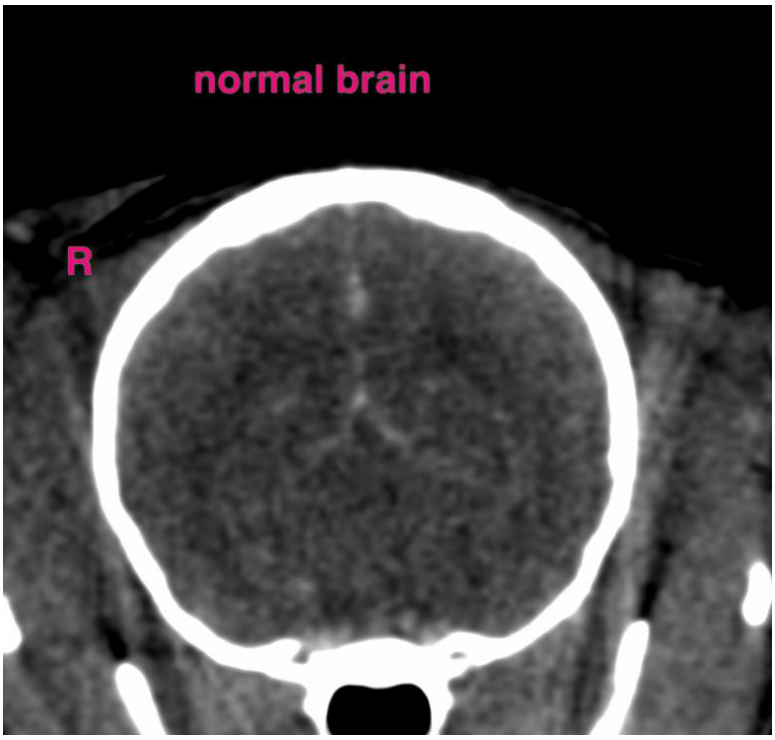
COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of congenital single extrahepatic shunt, left gastric shunt, that has recently been treated via an ameroid constrictor – likely patent shunt vessel
- Absent triadan 306
- Normal brain

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no abnormalities, that do explain the recent onset of seizure activity. If not yet done so the workup should be complemented by examination of CSF. 'Post attenuation neurological signs* may be a potential here. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.

* Mullins, Ronan A., and Tomas Serrano Creheut. "Post attenuation neurologic signs after surgical correction of congenital portosystemic shunts in cats: a narrative review." *Veterinary Surgery* 52.3 (2023): 349-360.



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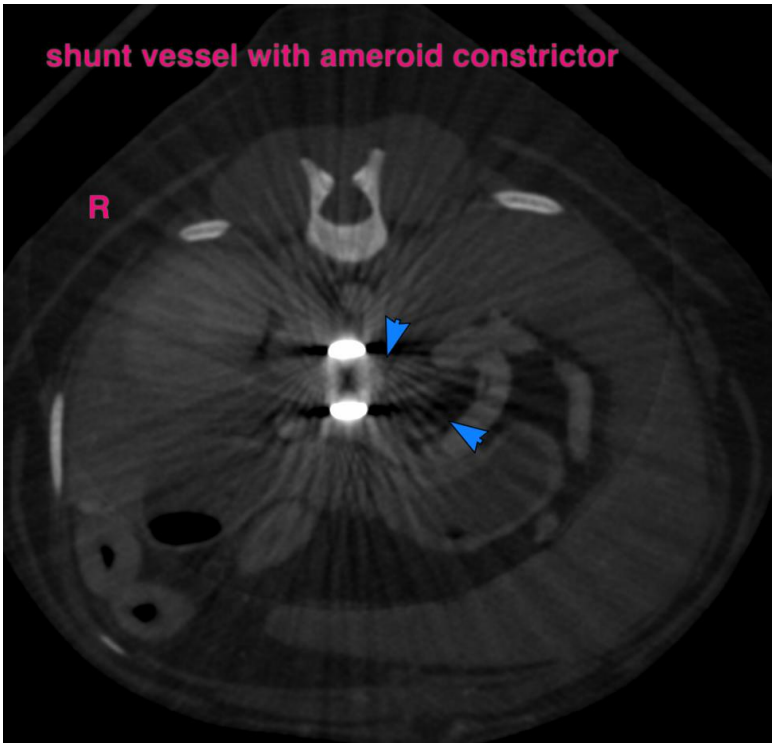

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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