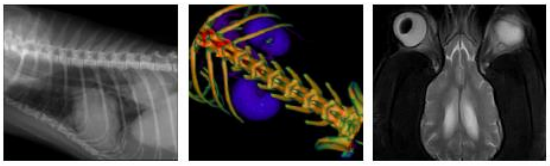
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Milo Corona

SPECIES

Canine

BREED

Yorkie

SEX

MN

AGE

10 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Critical Vet Care/Suncoast Veterinary

REFERRING VET

Dr. Young

INVOICE

56906

DATE

2-23-23

PRESENTING CLINICAL SIGNS

Patient presented for further diagnostics for suspect liver mass/gall bladder distention.

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.

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.

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

The volume of the left medial, left lateral and quadrate liver lobe is significantly decreased. The left intrahepatic branch of the portal vein has a decreased diameter. The right lateral and medial liver lobe present an increased volume with mild rounded margins; the parenchyma of the right division of the liver is homogenous soft tissue attenuating and contrast enhancing. The right medial intrahepatic branch of the portal vein is prominent.

The intrahepatic biliary vessels are mildly dilated and can be seen as post contrast fluid attenuating structures paralleling the hepatic veins.

The gallbladder is in a relative left sided position and significantly distended. The common bile duct has a diameter of 1.6 mm.

The portal vein presents a normal order of its tributary veins.

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.

Level with the intervertebral disc space L3/L4, mineralized disc material is protruding into the vertebral canal, occupying approximately 20% of the cross-sectional area of the vertebral canal at the same level.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hypoplasia left liver lobes – likely congenital
- Compensatory enlargement right liver lobes and increased diameter right medial intrahepatic branch of the portal vein
- Dilated gallbladder and mild dilation of the intrahepatic biliary tree
- Intervertebral disc protrusion L3/L4 with compressive myelopathy

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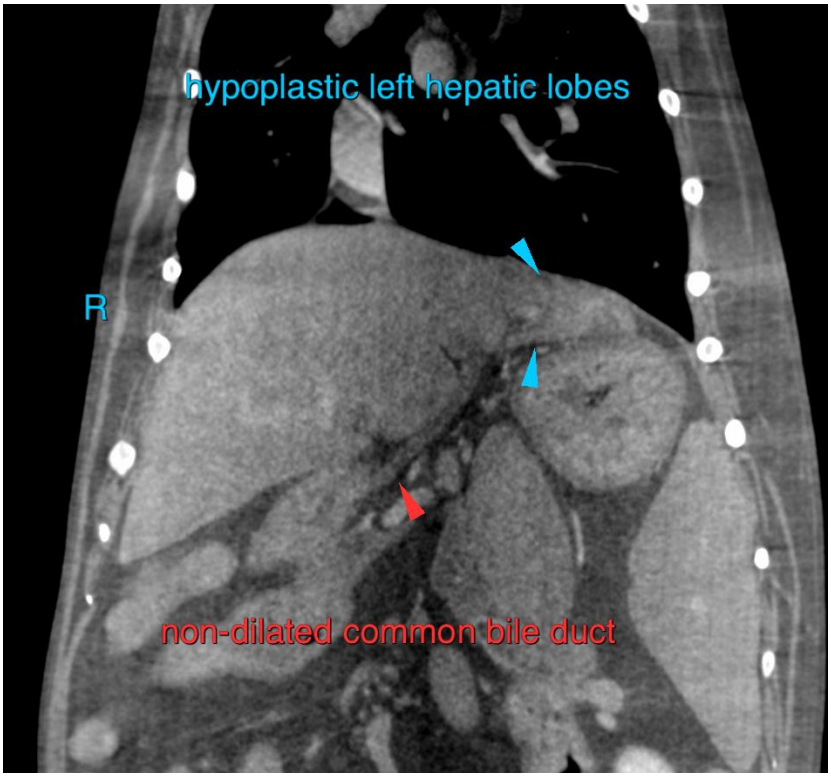
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes of the liver are consistent with congenital hypoplasia of the left liver lobes and secondary compensatory enlargement of the right liver – a quite uncommon malformation. Severe atrophy of the left hepatic lobes might be a differential. There is no evidence of a hepatic mass, however metabolic hepatic disease, hepatitis, or less likely diffuse infiltrative disease of the liver are still potentials. FNA sampling or hepatic biopsy can be used to screen for diffuse hepatic disease and lab work will provide information about normal hepatic function.

No mechanical obstruction as source for the dilation of the gallbladder is appreciated. Depending on the presenting clinical signs/laboratory changes choleretic drugs might be beneficial.



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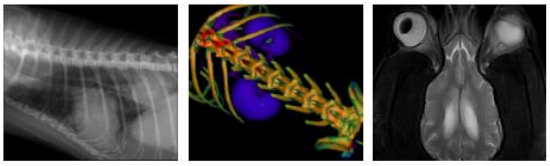

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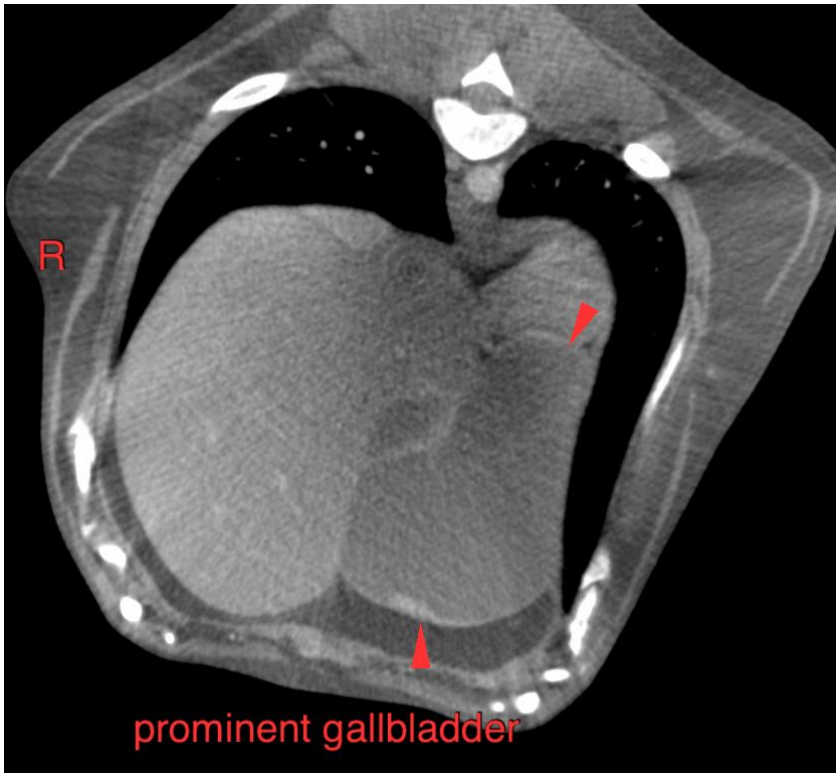

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com