



PATIENT

Chimuelo Rodriguez

SPECIES

Canine

BREED

English Bulldog

SEX

Male

AGE

17W

WEIGHT

14lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

HVSFA

HOSPITAL NAME

Hospital Veterinario
San Francisco de Asis

REFERRING VET

Dra. Rodriguez

INVOICE

74147

DATE

3-11-26

PRESENTING CLINICAL SIGNS

The patient reportedly began experiencing seizure episodes approximately two months ago. According to the owners, the seizures are brief, lasting less than one minute. The patient has not exhibited vomiting or diarrhea and maintains a normal appetite. The owner was unable to determine whether the seizures occur before or after eating. Imaging is requested to evaluate the patient and rule out possible intracranial abnormalities. Additionally, evaluation of the abdomen is requested to rule out a possible gastrointestinal foreign body obstruction.

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The dentition is in transition.

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, but a very small amount of gravity dependent soft tissue material in the right tympanic bulla. 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 lateral ventricles of the brain are prominent, R>L.

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.

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 left principal bronchus is collapsed. 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 is hypoinflated and presents multiple zones with dystelectasis.

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

Abdomen



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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.

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. Originating from the left intrahepatic branch of the portal vein, an anomalous short vascular loop is bending to the right and merging with a dilated left hepatic vein. The remainder of the intrahepatic branches of the portal vein cannot be appreciated.

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

The position, delineation and wall of the gastrointestinal tract are considered within normal limits throughout. In the stomach, a loop of a lineal metal attenuating structure is appreciated.

L7 is asymmetric presenting a transverse process at the left aspect and is articulating with the right sacroiliac joint

The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Congenital single intrahepatic portosystemic shunt, left divisional shunt
- Gastric foreign body - wire
- Ventriculomegaly lateral ventricles of the brain
- Asymmetric lumbosacral transitional vertebra

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intrahepatic portosystemic shunt is a plausible explanation for the presenting neurological clinical signs. Recommend discussing potential treatment options – such as coil embolization versus surgical management options with internal medicine and surgeon.



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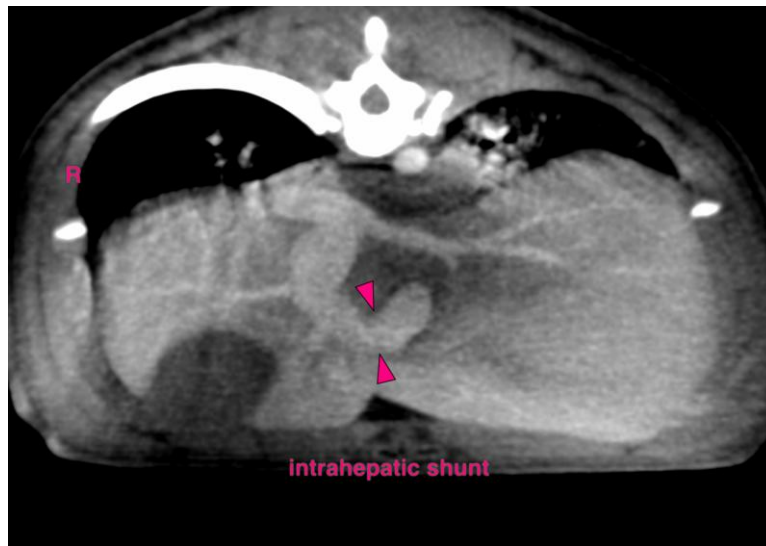
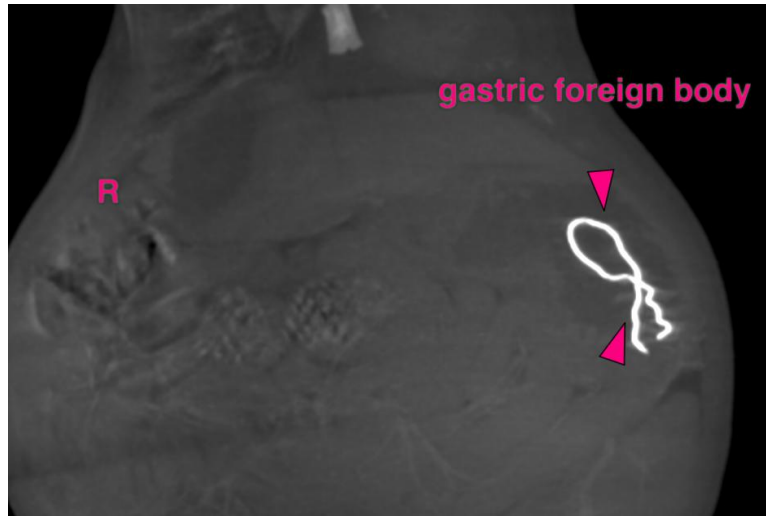
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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