



## PATIENT

Lollipop Hancy

## SPECIES

Canine

## BREED

Labradoodle

## SEX

Female Spayed

## AGE

8Y, 7M

## WEIGHT

40

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Sidney

## HOSPITAL NAME

East Hill Animal  
Hospital

## REFERRING VET

Laura Hall

## INVOICE

74362

## DATE

3-26-26

## PRESENTING CLINICAL SIGNS

- Monday started lethargy, Incontinence, distended abdomen, increased thirst and decreased appetite
- Abdomen painful on palpation
- Ascites

Abnormal PE/Chem/CBC/UA Results: Anemia, Hematacrit- 22%, WBC- 42K, Pancreatic Lipase- 218, Sodium -142, Albumin- 1.6, ALT- 279, ALP- 1,615, Bilirubin -1.6 and Cholesterol- 83

## 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 pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

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.

### 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 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 presents the expected architecture and attenuation behavior.

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

### Abdomen

In the peritoneal cavity a moderate amount of gravity dependent fluid attenuating material is visible.



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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 present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The hepatic volume is moderately decreased, and the margins are generalized significantly irregular – presenting a coarse macronodular appearance. The hepatic parenchyma is uniform soft tissue attenuating and has a heterogeneous contrast enhancement pattern, accentuating the nodular appearance of the entire parenchyma.

At the medial aspect of the caudal pole of the left kidney, multiple anomalous small tortuous vessels are appreciated – draining into the caudal aspect of the left renal vein.

The lymphatic vessels in the cranial abdomen are generalized significantly dilated – including the cisterna chyli.

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.

The bony and surrounding soft tissue structures reveal no abnormalities.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Microhepatica with generalized macronodular appearance of the hepatic parenchyma
- Multiple acquired extrahepatic portosystemic shunts
- Significant dilation and proliferation of lymphatic vessels cranial abdomen – including the cisterna chyli and thoracic duct
- Peritoneal effusion
- Normal skull
- Normal thorax

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic changes are consistent with chronic hepatic disease and subsequent hepatic cirrhosis and concomitant portal hypertension. The portal hypertension may have developed more recently as there is significant dilation of the cranial abdominal lymphatic vessels due to increased lymph production that may be compensated in future by development of more acquired shunting vessels. The findings do explain the presenting clinical signs.

Hepatic biopsy may be used for confirmation.



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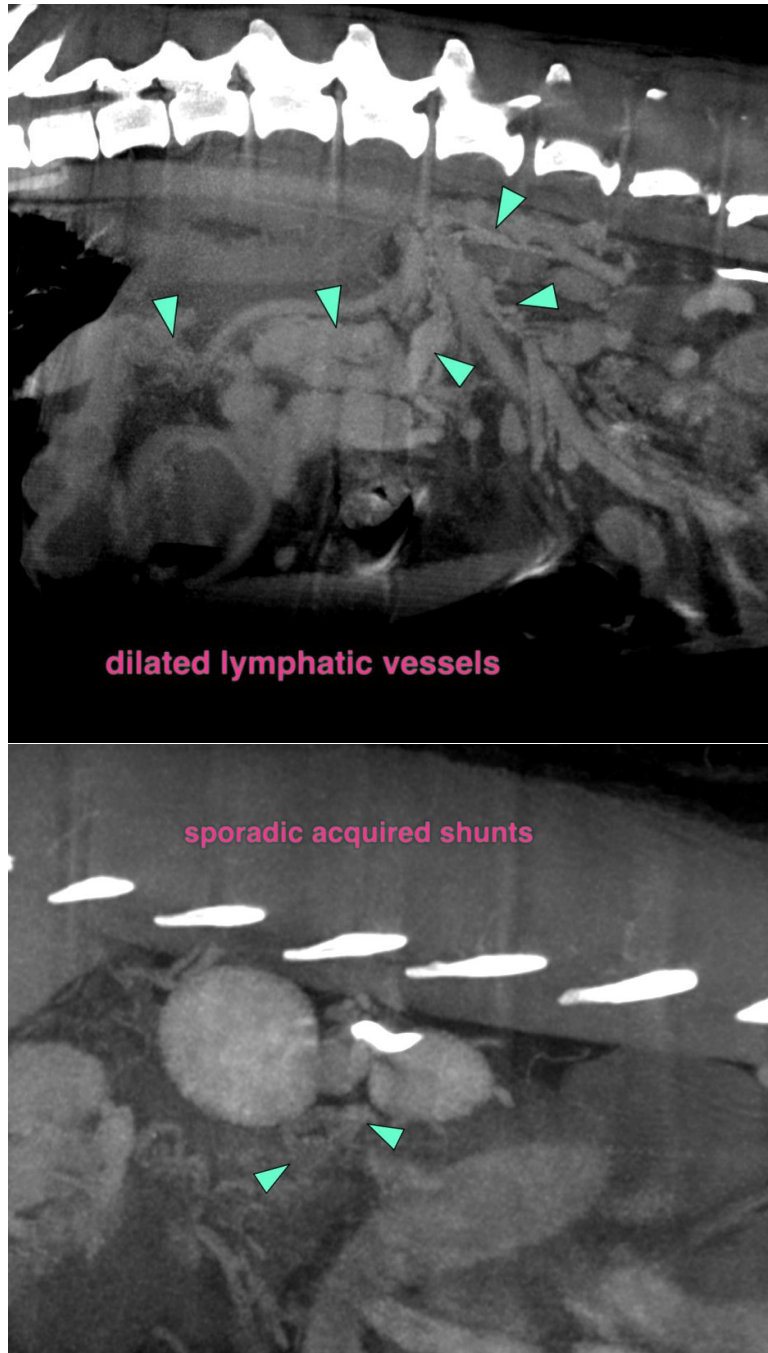
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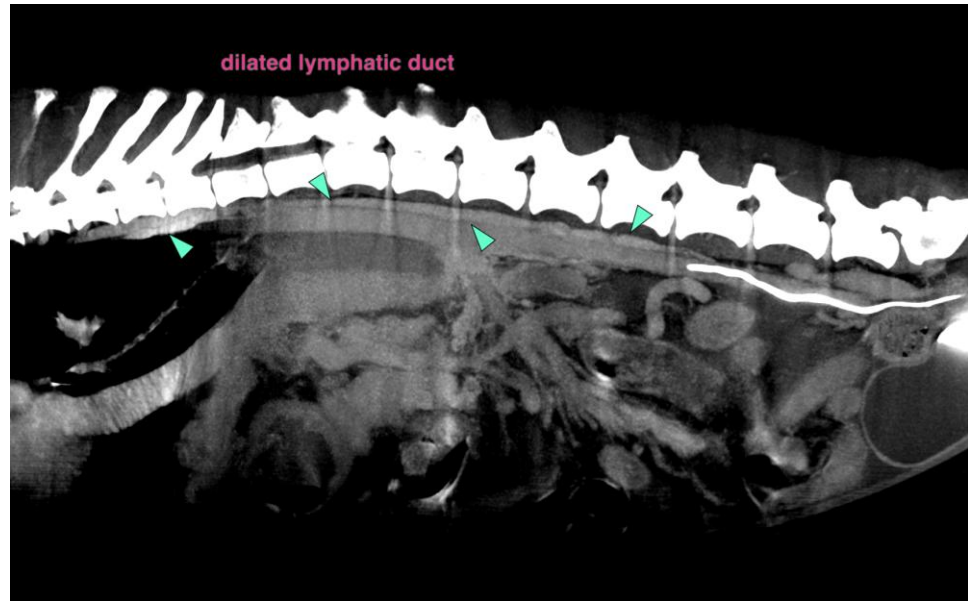
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)