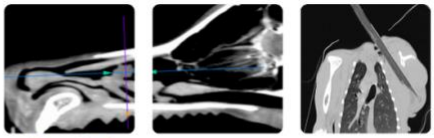

PATIENT

Frankie Meyer

SPECIES

Canine

BREED

Cattledog Mix

SEX

Spayed Female

AGE

1 Year 5 Months

WEIGHT

38 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Samantha Short

HOSPITAL NAME

AHC Denver

REFERRING VET

Samantha Short

INVOICE

36457

DATE

3/31/26

PRESENTING CLINICAL SIGNS

- Presenting for evaluation of liver disease
- Started being picky with food in January, bloodwork at that time was not overtly abnormal. Repeat bloodwork last week had worsened significantly and showed severe liver disease. Radiographs and abdominal ultrasound showed microhepatica, possible portal hypertension, possible shunting.
- She was started on Lactulose TID, Levetiracetam TID, Amoxicillin BID, Omeprazole BID, Denamarin SID , Royal Canin hepatic diet and is currently doing much better.
- Still very thin body condition
- Abnormal PE/Chem/CBC/UA Results: Bile acids 165, 168. Low MCV and MCH on CBC. BUN 7. All liver values increased. Cholesterol low. Creatine kinase mildly elevated.

COMPUTED TOMOGRAPHIC STUDY 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 splenic volume is moderately increased and presents an even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

At the medial & caudal aspect of the left kidney and caudal aspect of the right kidney, multiple abnormal small tortuous vessels are appreciated draining into the caudal vena cava/left renal vein.

The hepatic volume is moderately decreased; the gastric axis is oriented cranially. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing. The gallbladder is absent. No dilation of the intrahepatic branches of the biliary tree is appreciated. The common bile duct is not dilated, unremarkable.

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
- Agenesis gallbladder

PATIENT

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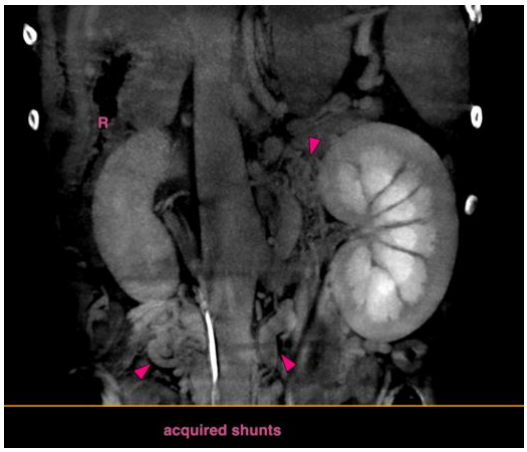
- Multiple acquired extrahepatic portosystemic shunts
- No evidence of peritoneal effusion
- Splenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is indicative for primary hepatic disease - such as congenital hepatic fibrosis, or chronic hepatitis and cirrhosis that may go along with gallbladder agenesis – and secondary portal hypertension with acquired portosystemic shunting due to secondary portal hypertension. Hepatic biopsy is warranted to specify underlying hepatic disease.

Potential causes for splenomegaly include extramedullary haematopoiesis, neoplasia (especially lymphoma), lymphoid or myeloid hyperplasia, hypersplenism and infectious diseases. The splenomegaly might be accentuated by general anesthesia and the age of the patient.



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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com