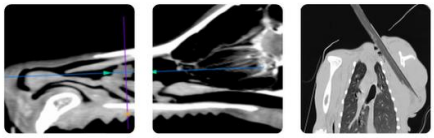


PATIENT

Amelia Pantelis

SPECIES

Canine

BREED

Mastiff Mix

SEX

Spayed Female

AGE

5Y

WEIGHT

130

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

JT

HOSPITAL NAME

Aloha Pet & Bird Hospital

REFERRING VET

Dr. Pepen

INVOICE

74082

DATE

3-9-26

PRESENTING CLINICAL SIGNS

One month history, progressive ascites. Intermittent gi signs. History intermittent vaginal discharge. Previous bloodwork, mildly elevated liver enzymes, elevated eosinophils, chest x-rays, abdominal ultrasound within normal limits other than ascites. Fluidcytology neutrophilic, bg fluid 62. Rule out septic abdomen.

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

A high resolution plain CT study of the skull and thorax and a pre- and post-contrast CT study of the abdomen 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 submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation 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 pattern is uniform.

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.

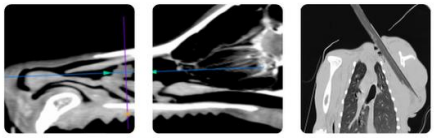
Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

Abdomen

In the peritoneal cavity, a small volume of gravity dependent, fluid attenuating material is appreciated. The peritoneal fat presents generalized moderate soft tissue striation.

Multiple streak and motion artefacts are appreciated throughout the peritoneal cavity, limiting evaluation of smaller intraabdominal structures.

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.



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

The hepatic volume is increased, the caudoventral hepatic margins are rounded and are protruding caudally beyond the costal arch. The gastric axis is deviated caudally. The hepatic parenchyma has a homogeneous attenuation and contrast enhancement pattern.

At the medial aspect of the left kidney, there appear to be multiple abnormal tortuous vessels, and a prominent anomalous vessel is entering the left renal vein from the caudal aspect.

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

- History of peritoneal effusion
- Hepatomegaly
- Suspect multiple acquired extrahepatic portosystemic shunts
- Normal skull
- Normal thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the streak artefacts and early post contrast phase are limiting the diagnostic yield of the abdominal series – especially evaluation of the vascular structures is very limited.

There appear to be multiple anomalous vessels that enter the left renal vein that would be indicative for acquired extrahepatic portosystemic shunting due to portal hypertension. Either Doppler ultrasound examination or repeating the CT series of the abdomen in ventral recumbency with a venous contrast phase can be considered for confirmation and ruling outer other pathology that may have been effaced.

The odds for underlying chronic hepatitis with secondary hepatic cirrhosis are increased. Other potentials for the hepatomegaly include metabolic hepatic disease or diffuse neoplastic infiltration.

I do not see signs of peritoneal free gas that would support the diagnosis of septic peritonitis. Anyway, correlate with results of fluid analysis.

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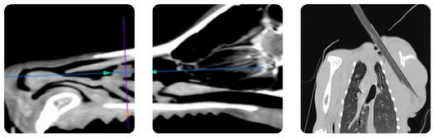

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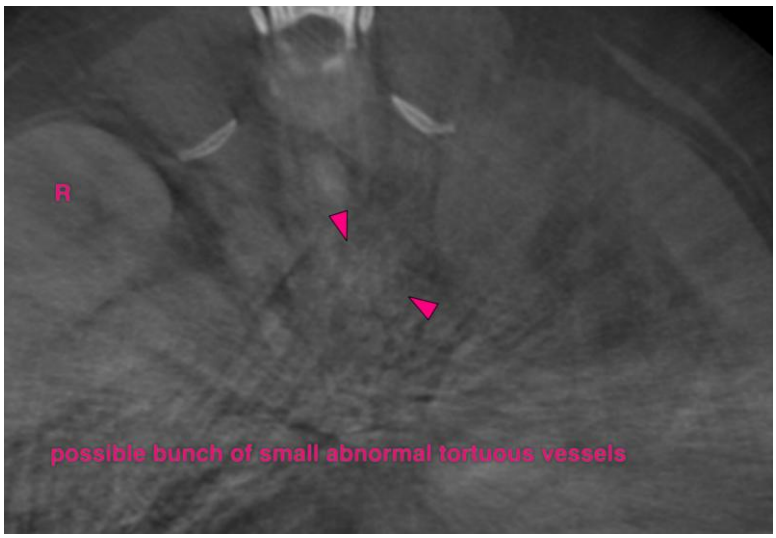

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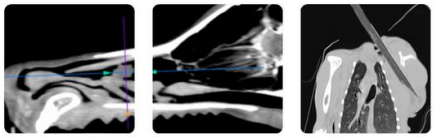

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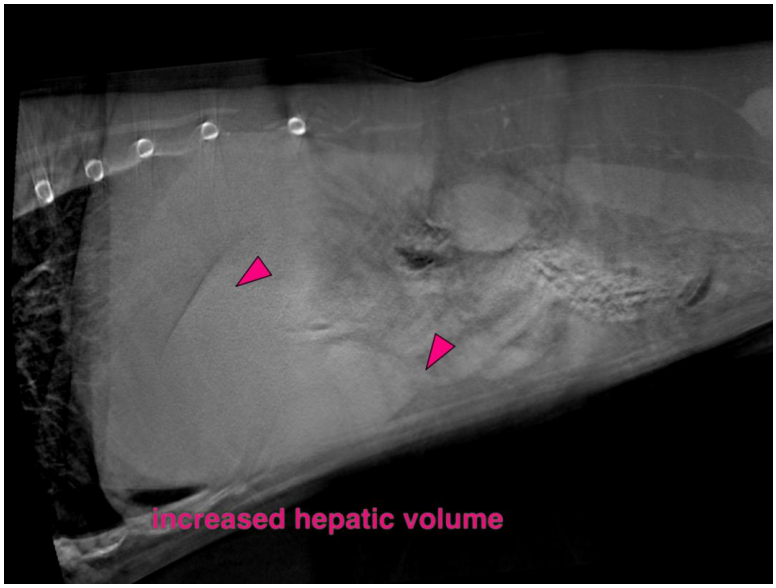

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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