



**PATIENT**

Scott Adam Matthew

**SPECIES**

Canine

**BREED**

Poodle

**SEX**

Male

**AGE**

11 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Medical  
Centre Sdn Bhd

**REFERRING VET**

Dr. Sivan

**INVOICE**

51300

**DATE**

4-1-22

**PRESENTING CLINICAL SIGNS**

Referred for CT abdomen suspecting portosystemic shunt Scott was anorexia and having vomiting and diarrhea. Scott was vomited undigested food 6 hours after last meal. ultrasound abdomen revealed small liver and significant dilated vasculature. cholecystitis is noted. Abnormal PE/Chem/CBC/UA Results: CBC reveals leukocytosis, band neutrophil and monocytosis. biochemistry is unremarkable. preprandial bile acid test is normal

**COMPUTED TOMOGRAPHY OF THE ABDOMEN**

A pre- and post-contrast CT study of the abdomen in a soft tissue reconstruction 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.

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 and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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**

- No evidence of portosystemic shunting, neither intra- nor extrahepatic

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although the post contrast CT studies present all with incomplete contrast enhancement of the portal vasculature – due to early arterial phase - no macroscopic vascular bypass of the liver was noted. However, if the clinical signs are consistent with insufficiency of the liver primary non-cirrhotic portal hypertension (microvascular dysplasia) or other diffuse parenchymal liver disease would still be a potential and should be ruled out by means of ultrasound guided or surgical liver biopsy.

In case of doubt, consider repeating the CT scan in a more delayed phase.



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**TECHNICAL COMMENTS**

For imaging of the portal vein, you can use a bolus tracking technique (if available in the scanner software) or start the first scan approximately 30 sec after the start of contrast injection. A 'normal' delayed post contrast phase will also result in sufficient contrast enhancement of the portal vasculature.

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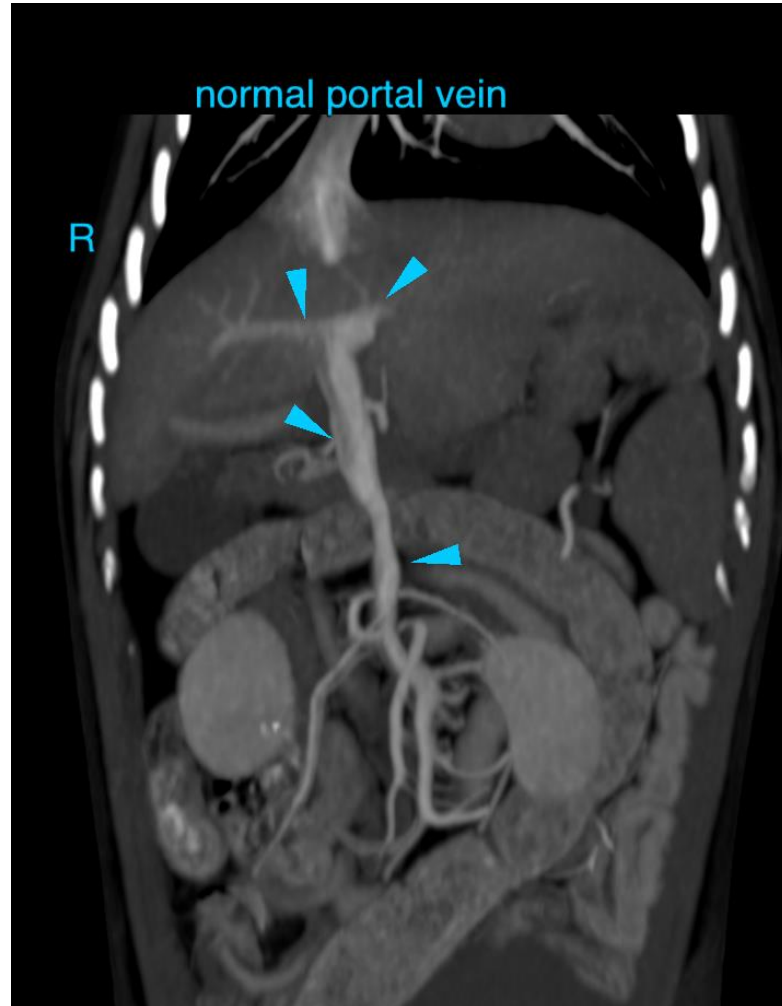
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**DATE**

4-1-22

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  
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