



## PATIENT

Monster Pang

## SPECIES

Canine

## BREED

French Bulldog

## SEX

Neutered Male

## AGE

3 Years 1 Month

## WEIGHT

12.2 kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

trl

## HOSPITAL NAME

Bridgwater VH & WC

## REFERRING VET

Dr. Mander

## INVOICE

36548

## DATE

4/10/26

## PRESENTING CLINICAL SIGNS

History: Bile acids done at WCVM were elevated- suggestive of Portal Systemic Shunt. Currently hospitalized for seizure activity. TDX: PSS/intracranial mass.

Abnormal PE/Chem/CBC/UA Results: AMYLASE=435 U/L

## COMPUTED TOMOGRAPHIC STUDY OF THE SKULL AND ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

The skull has a brachycephalic conformation with significant crowding and rotation of the maxillary premolar teeth.

A supernumerary triadan 102 is appreciated. Triadan 305, 311 and 411 are absent. Triadan 411 is retained in the alveolar bone – surrounded by a well-defined geographic osteolytic lesion.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. The soft palate is elongated.

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 lateral ventricles of the brain are asymmetric, L>R.

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.

### Abdomen

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.



**PATIENT**

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

Monster Pang

**SPECIES**

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Canine

The T12 and T13 presents as hemivertebra.

**BREED**

The periarticular bones of both coxofemoral joints present mild osteophyte new bone formation.

French Bulldog

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**SEX**

- Elongated soft palate
- Retained triadan 405 with retention cyst formation – involving the alveolar crest of triadan 406
- Supernumerary triadan 102
- Multiple absent teeth
- Asymmetric lateral ventricles of the brain, L>R – incidental
- No evidence of portosystemic shunting, neither intra- nor extrahepatic

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

In the present study of the brain there is no evidence of macromorphological disease, and the presumptive diagnosis is idiopathic epilepsy. If not yet done so the workup should be complemented by examination of CSF and complete bloodwork to screen for brain disease that is not necessarily associated with structural changes of the brain parenchyma and rule out other systemic illness. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.

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No macroscopic vascular bypass of the liver was noted in the pre- and post-contrast studies of the abdomen. 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 workup should be complemented by ultrasound guided FNA sampling/TruCut biopsy or surgical liver biopsy (may have the best diagnostic yield).

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Extraction of triadan 405 and 406 appear beneficial.

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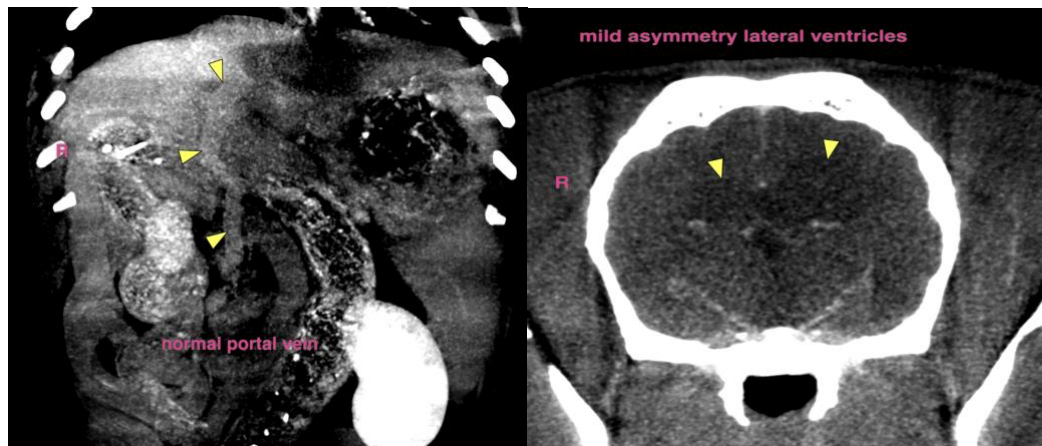
Dr. Mander

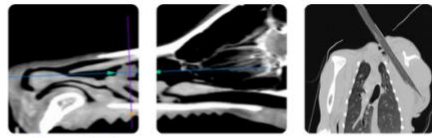
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)