



PATIENT PRESENTING CLINICAL SIGNS

Miles Guzman Young Maltese X. Few months ago was clinically ill and had moderately/markedly elevated ALT liver enzyme. Improved with time / medications. Now clinically normal, ALT is now only mildly elevated. Bile acids however remain moderately elevated (Pre bile acids 44, Post bile acids 70). Clinically normal. CTA to rule out shunt. More suspicious for microvascular dysplasia / portal vein hypoplasia or secondary to breed (Maltese X).

Canine Abnormal PE/Chem/CBC/UA Results: Mildly elevated ALT. Normal PE.

COMPUTED TOMOGRAPHY OF THE ABDOMEN

BREED A pre- and post-contrast CT study of the abdomen in a bone and soft tissue reconstruction is provided for review.

Maltese X

COMPUTED TOMOGRAPHIC FINDINGS

SEX The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

MI A separate left & right caudal vena cava of the pre-renal segment is appreciated.

AGE 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.

1 Year The adrenal glands are within normal limits for size, shape and organ architecture.

INTERPRETED BY

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

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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

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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.

REFERRING VET

COMPUTED TOMOGRAPHIC DIAGNOSIS

Dr. Ashley Gold

- No evidence of portosystemic shunting, neither intra- nor extrahepatic
- Double caudal vena cava, pre-renal segment

INVOICE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

57734 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 would still be a potential and should be ruled out by means of ultrasound guided or surgical liver biopsy.

DATE

4-11-23



PATIENT

Miles Guzman

SPECIES

Canine

BREED

Maltese X

SEX

MI

AGE

1 Year

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HOSPITAL NAME

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REFERRING VET

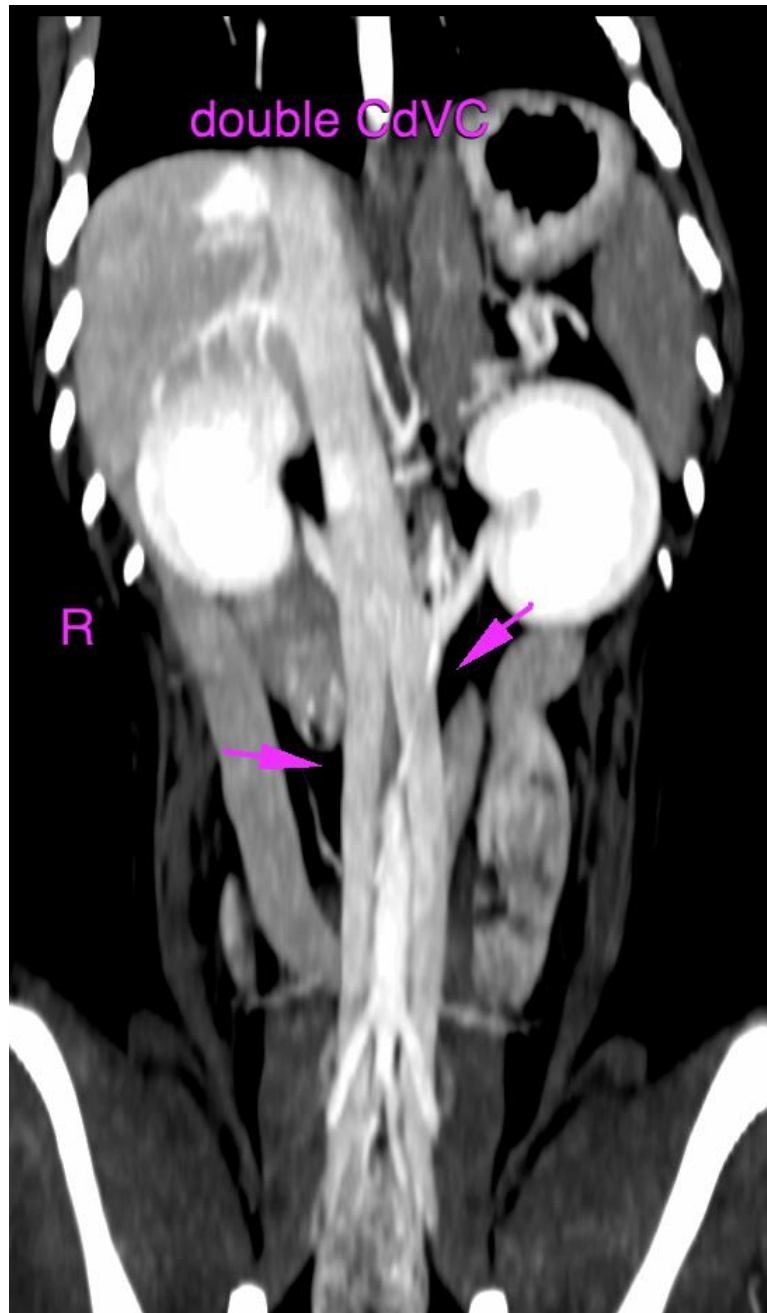
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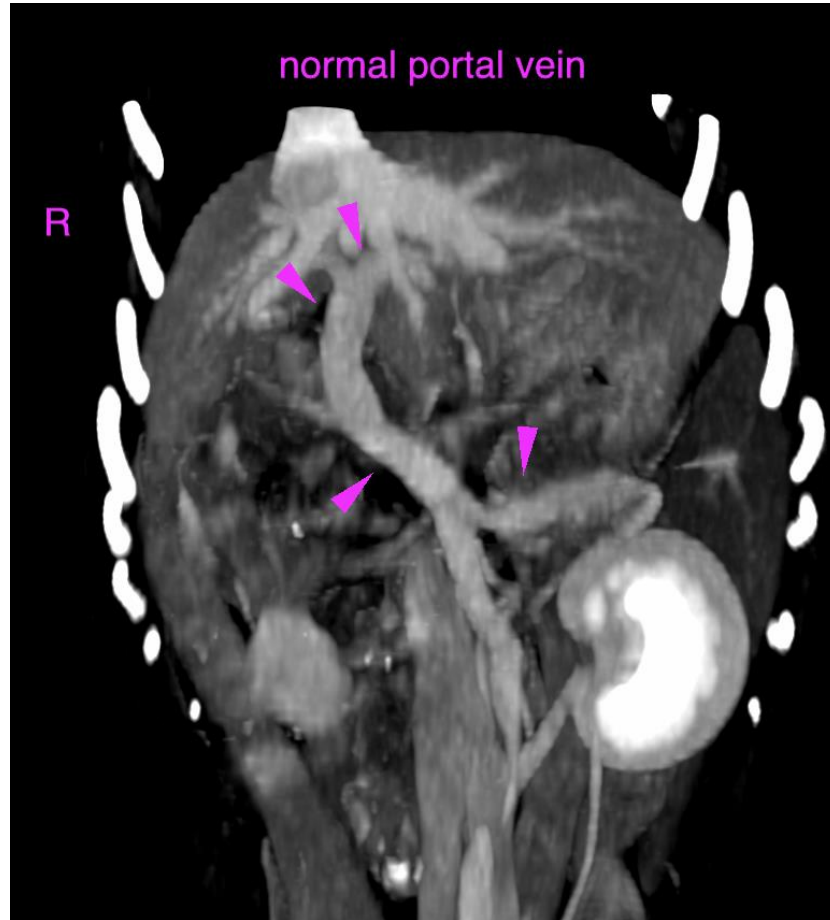
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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