



**PATIENT**

Stella Sanilac  
Scoopers

**PRESENTING CLINICAL SIGNS**

Pet had a seizure at 7 months old, then was relinquished to a Rescue, where she has continued to have intermittent seizures.  
Abnormal PE/Chem/CBC/UA Results: Blood work on 4/5/22 - Elevated T4 4.7 (1.0-4.0), elevated CK 554 (10-200, post-ictal) Blood work 4/16/22 - NH3 128 (0-98), pre and 1 hour post-prandial bile acids 57.7 (0-14.9) 60.5 (0-29.9)

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE ABDOMEN**

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

**BREED**

Yorkshire Terrier

**COMPUTED TOMOGRAPHIC FINDINGS**

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

**SEX**

FS

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.

**AGE**

11 Months

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

**INTERPRETED BY**

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.

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

**HOSPITAL NAME**

Wilson Veterinary  
Hospital

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

Mild focal swelling in the midline of the ventral abdominal wall seen – consistent with preceding spaying.

**REFERRING VET**

Dr. Subramanian

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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

**INVOICE**

51594

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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**

4-18-22



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**REFERRING VET**

Dr. Subramanian

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.

**INVOICE**

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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  
sebast.schaub@gmail.com

**DATE**

4-18-22