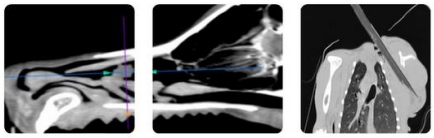

PATIENT

Huckleberry Hager

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

6Y

WEIGHT

3.2kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Lisa and Bailey

HOSPITAL NAME

Casselton Vet Service

REFERRING VET

Mary Moen

INVOICE

74746

DATE

4-22-26

PRESENTING CLINICAL SIGNS

1/27/26 - ALT 796
2/2026 - 4dx negative
ALT 1600+ in 2021.
2021 Abd ultrasound indicated liver shunt. The liver was mildly smaller but no homogenous with hyperechoic portal
veins. They appeared normal in size. A small 1.2mm diameter shunt was found intrahepatically. GB was normal.
Suspected/congenital portosystemic liver shunt diagnosed by abdominal ultrasound on 08/19/2021 (small intrahepatic shunt likely).
Persistent marked ALT elevation documented (ALT >1000 U/L on 06/22/2021; ALT 1642 U/L on 07/21/2021; ALT 796 U/L or ALT 800 U/L reported 01/27/2026)
Patient appears healthy, bright alert and active. Eating normal for her (tends to pick at food). No vomiting/diarrhea/coughing/sneezing.
Abnormal PE/Chem/CBC/UA Results: Chronic Elevated ALT results on 4/22/26: 586

COMPUTED TOMOGRAPHY OF THE ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen 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

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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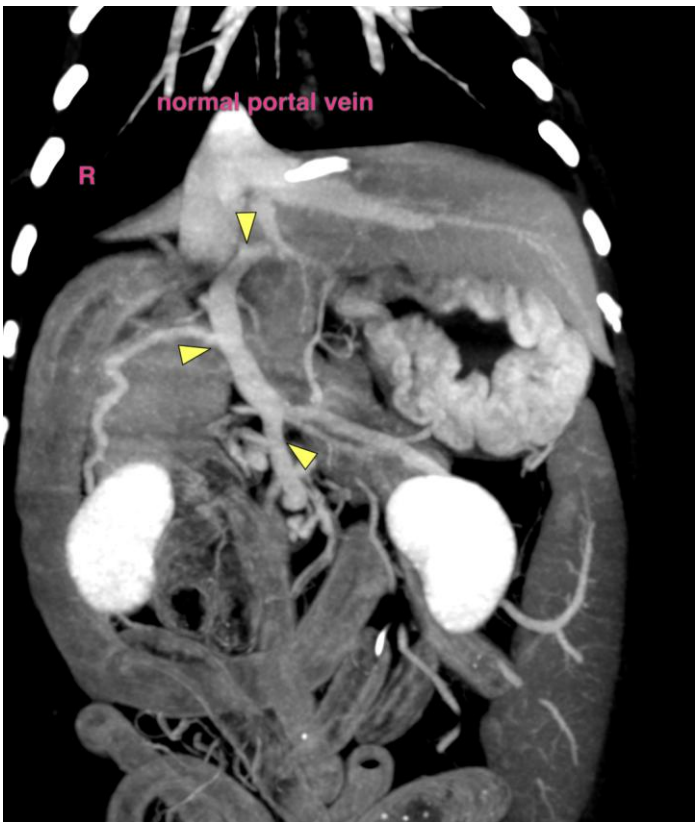

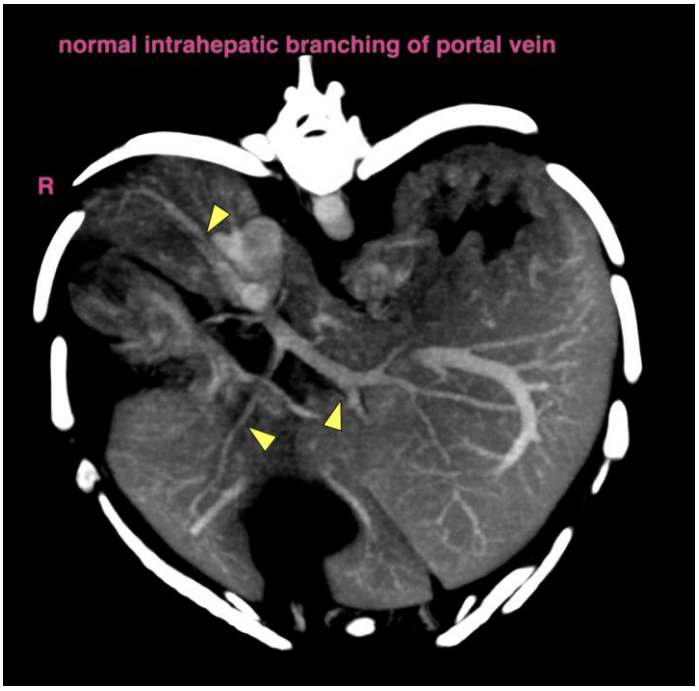

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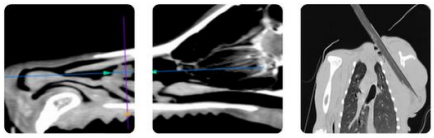

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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