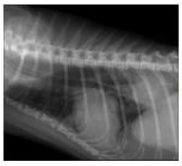
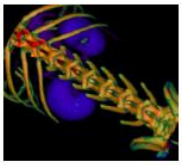
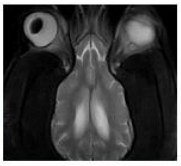




PATIENT

Aries Hedge

SPECIES

Canine

BREED

Great Dane

SEX

Male Intact

AGE

11 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging
CFL

REFERRING VET

Borecky

INVOICE

51383

DATE

4-7-22

PRESENTING CLINICAL SIGNS

Seizures: Concern for Portosystemic Shunt Rx: Keppra ER 500 mg 3 tabs PO BID

COMPUTED TOMOGRAPHY OF THE SKULL AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

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

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 ventricular system is non-dilated and symmetric.

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.

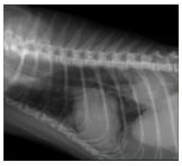
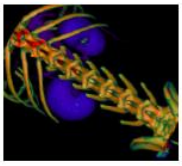
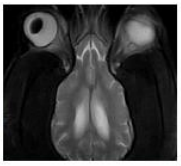
The adrenal glands are within normal limits for size, shape and organ architecture.

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

The contrast enhancement of the portal vein is limited. 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.

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The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Structural normal brain
- No evidence of portosystemic shunting, neither intra- nor extrahepatic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In the present study of the brain there is no evidence of macromorphological disease, which supports the presumptive diagnosis of 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.

No macroscopic vascular bypass of the liver was noted in the pre- and post- contrast studies of the abdomen. However, contrast enhancement especially of the intrahepatic portal branches is limited and if the clinical signs are consistent with insufficiency of the liver repeating the CT study of the liver should be considered . Rule out primary non-cirrhotic portal hypertension (microvascular dysplasia) or other diffuse parenchymal liver disease as well – hepatic biopsy can be used as advanced diagnostic test.

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
sebast.schaub@gmail.com