



## PATIENT

Onyx Dixon

## SPECIES

Canine

## BREED

Kelpie

## SEX

Neutered Male

## AGE

6

## WEIGHT

20

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVCI

## IMAGING PERFORMED BY

Eamon

## HOSPITAL NAME

Belconnen VC

## REFERRING VET

Dr. Eamon

## INVOICE

37129

## DATE

5.14.26

## PRESENTING CLINICAL SIGNS

History: DULL/obtund, slow onset over one week, pronounced in the last 12hrs, lives on a farm

Abnormal PE/Chem/CBC/UA Results: ck/ast/coags nad drug test neg cbc/chem normal bile acids pending c-rp normal

## COMPUTED TOMOGRAPHIC STUDY OF THE SKULL AND ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

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.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The hepatic volume is moderately decreased; the hepatic margins are smooth. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

Medial to the left kidney, a bunch of small abnormal tortuous vessels is appreciated. Emanating from the splenic vein of the caudal extremity of the spleen, multiple small, tortuous vessels are appreciated, extending along the left lateral abdominal wall dorsally, orienting cranially and draining into the left renal vein.

The pancreas presents moderate edematous swelling, accentuating the pancreatic lobules.

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



**PATIENT**

The bony and surrounding soft tissue structures reveal no abnormalities.

Onyx Dixon

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Mild microhepatica
- Multiple acquired extrahepatic portosystemic shunts
- Pancreatic edema
- No evidence of peritoneal effusion
- Normal brain

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Neutered Male

The findings indicate diffuse hepatic disease – such as hepatic fibrosis/cirrhosis, possibly due to preceding hepatitis – and secondary portal hypertension and acquired extrahepatic portosystemic shunting. Hepatic biopsy is warranted for specification. The described clinical signs are considered as a sequela to hepatic encephalopathy.

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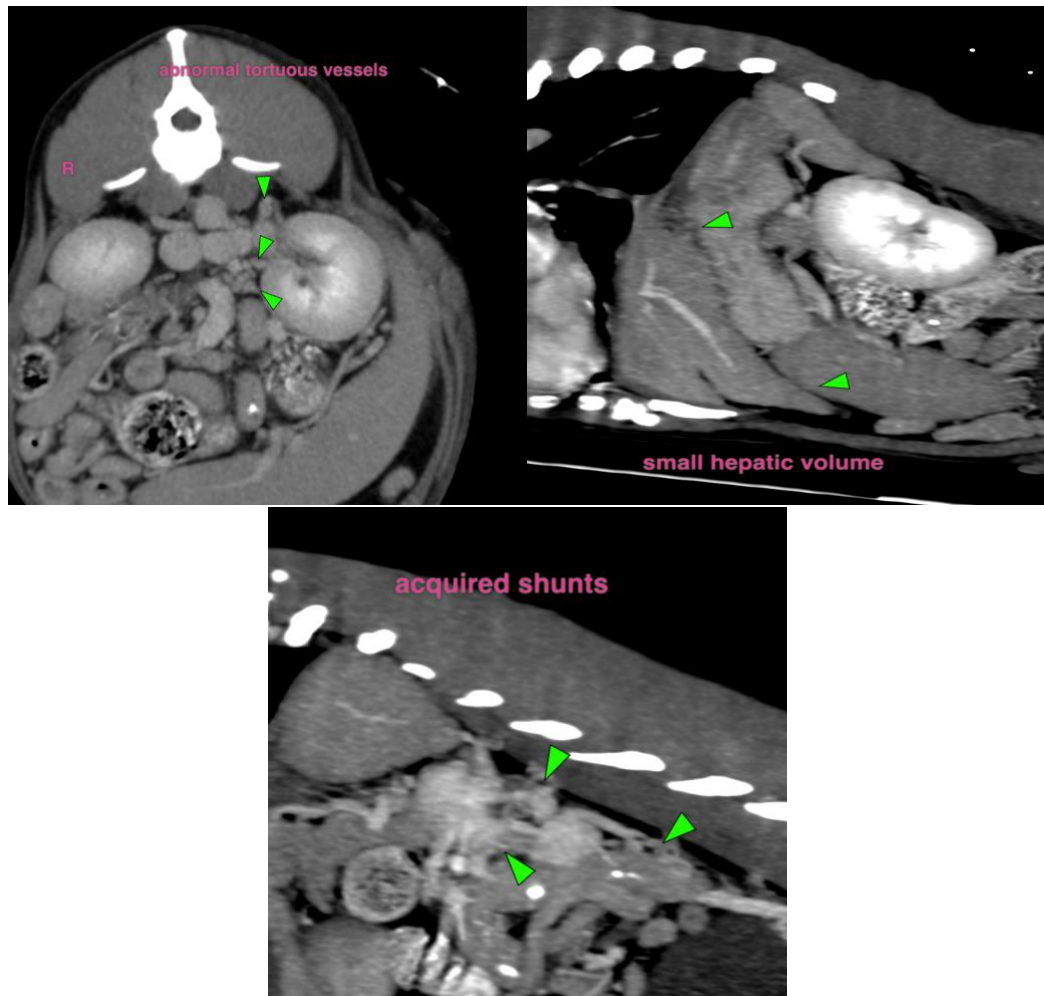
Dr. Eamon

**INVOICE**

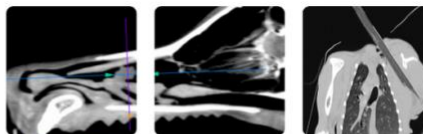
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in



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**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**

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