



**PATIENT PRESENTING CLINICAL SIGNS**

Sophie Parke extra-hepatic vs intra-hepatic PSS vs Budd Chair like malformation Hx: Patient presented on 4/26/22 for routine vaccines--on presentation patient had a severely distended abdomen. O stated that belly has gotten swollen over the last 5 days. She was eating/drinking and isn't lethargic at this time. O stated that they recently moved so it is possible that she got into something during move. Told o that I thought she was acting a little subdued/depressed for a puppy. Recommended blood work which owner approved--spoke with o about abnormalities (Referral blood work: non-regenerative anemia, thrombocytopenia (mild), elevated ALT/ALKP/GGT, hypochlosterolemia) and concern for congenital problem likely relating to liver-- possible shunt although signs are atypical. Recommended referral to specialist hospital. O approved--sent referral for abdominal ultrasound. Ultrasound results: mild reduction in hepatic size with normal parenchyma. Reduced vascularity in the liver. No gross extra-hepatic PSS. Cholelith in left liver. Small choleliths in the gall bladder. No gross evidence of right sided heart dysfunction. Bile Acids: pre normal. Post: 139.8 umol/L Referral sent to James River sx in Richmond VA: Concerned for either intra-hepatic PSS or more specifically a Budd-chair like malformation in the hepatic vein. Recommendation: CT scan of abdomen with contrast vs. MRI. Discussed possibility for abdominal exploratory to look for extra-hepatic PSS-- if nothing found a liver biopsy. Owner opted for a CT scan at this time

Canine

Border Collie Mix

Female Intact

20 Months

Abnormal PE/Chem/CBC/UA Results: Referral blood work: non-regenerative anemia, thrombocytopenia (mild), elevated ALT/ALKP/GGT, hypochlosterolemia Bile Acids: pre normal. Post: 139.8 umol/L

**COMPUTED TOMOGRAPHY OF THE ABDOMEN**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

Parts of the abdomen are cropped by the field of view.

The peritoneal cavity contains a marked amount of fluid attenuating material, and the abdomen is distended. The fluid attenuating material causes border effacement of the abdominal organs.

Post contrast administration a bunch of small vessels is seen at the medial aspect of the left kidney as well as an anomalous vascular loops originating from the splenic vein of the caudal extremity of the spleen, extending caudally and dorsally, bending cranially and drain into the left renal vein.

The hepatic volume is subjectively decreased. Splaying of the hepatic lobes by the fluid attenuating peritoneal material is appreciated.

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

The gallbladder contains a mild amount of hyperattenuating, gravity dependent sludge.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Advanced Animal  
Imaging

**REFERRING VET**

Blair Hollowell, DVM

**INVOICE**

52385

**DATE**

6-8-22



**PATIENT**

Sophie Parke

**SPECIES**

Canine

**BREED**

Border Collie Mix

**SEX**

Female Intact

**AGE**

20 Months

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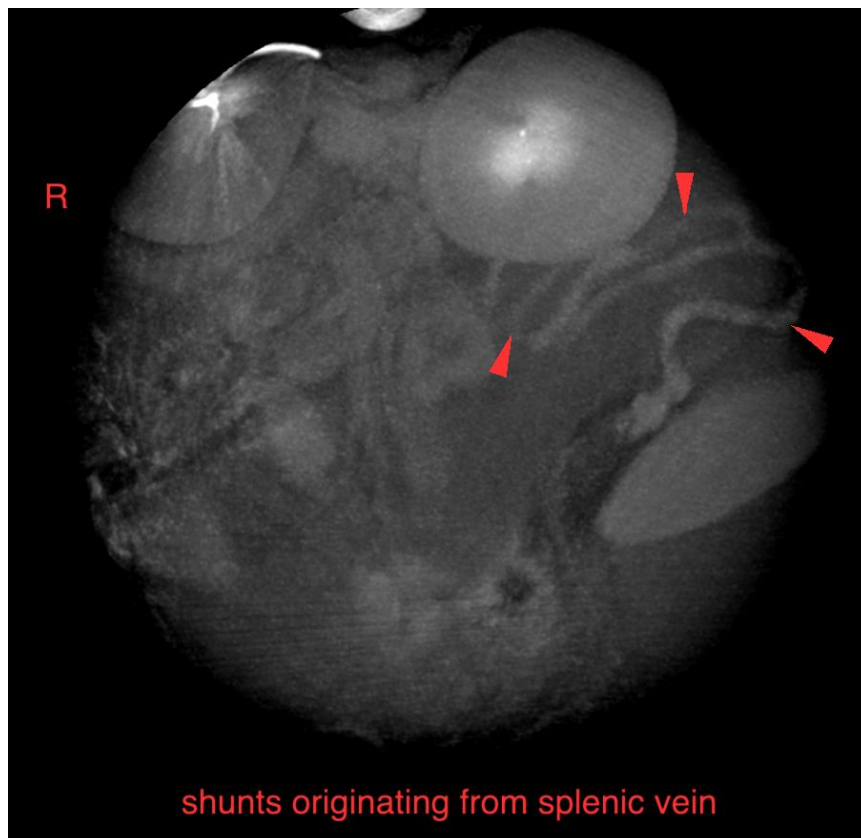
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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Multiple acquired extrahepatic portosystemic shunts
- Suspect microhepatica
- Marked peritoneal effusion

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study is highly suggestive for primary hepatic disease - such as congenital hepatic fibrosis, or chronic hepatitis and cirrhosis - and secondary portal hypertension with acquired portosystemic shunting. Hepatic biopsy is warranted to specify underlying hepatic disease. Treatment options are limited to palliative management of the patient.





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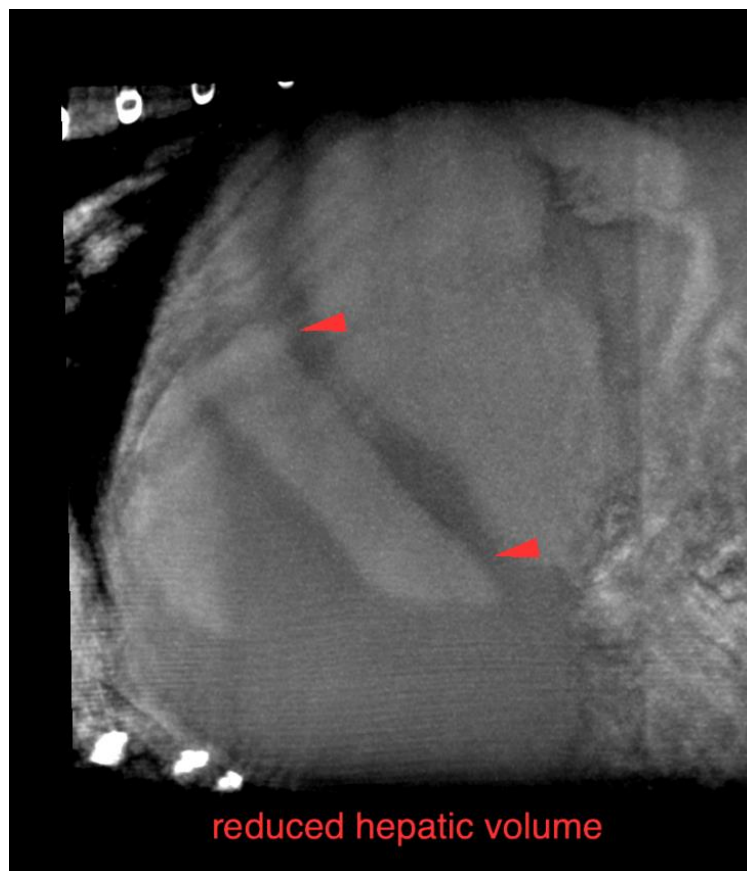
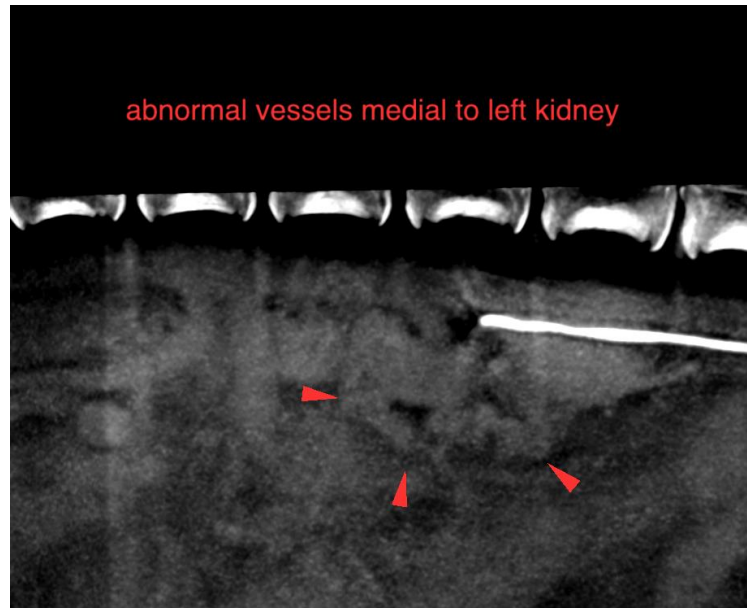
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**PATIENT**

Sophie Parke

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.

**SPECIES**

Canine

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  
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