



**PATIENT**

Simba Li

**SPECIES**

Canine

**BREED**

Australian  
Labradoodle

**SEX**

M

**AGE**

2 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

Dr. Stephanie Lovell

**INVOICE**

52900

**DATE**

7-15-22

**PRESENTING CLINICAL SIGNS**

Acute on set seizures right after acquiring from breeder. Possible polyuria. Bile acids elevated pre/post approx 30. Ammonia bw normal. Mild ataxia. Query portosystemic shunt? Neurological examination: Mentation: Quiet, but responsive, interested (sniffs the ground and explores when taken to walk around) Gait/Posture: Ambulatory with moderate generalized ataxia; hypermetric gait in pelvic limbs; pelvic limbs slide laterally when standing on slick floor Cranial nerves: absent menace response OU, otherwise no significant findings Postural reactions: hopping delaying in right thoracic limb (IVC), mildly delayed in both PLs, no proprioceptive positioning deficits appreciated Spinal reflexes: within normal limits Muscle mass/tone: mild generalized sarcopenia, otherwise nsf Sensation: normal (cries in response to gentle tail pinch) Pain: nonpainful on palpation of vertebral column

**COMPUTED TOMOGRAPHY OF THE ABDOMEN**

A pre- and post-contrast CT study of the abdomen in a bone and soft tissue reconstruction are 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.

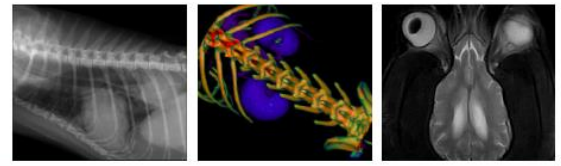
The bony and surrounding soft tissue structures reveal no abnormalities.

**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



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disease would still be a potential and should be ruled out by means of ultrasound guided or surgical liver biopsy.

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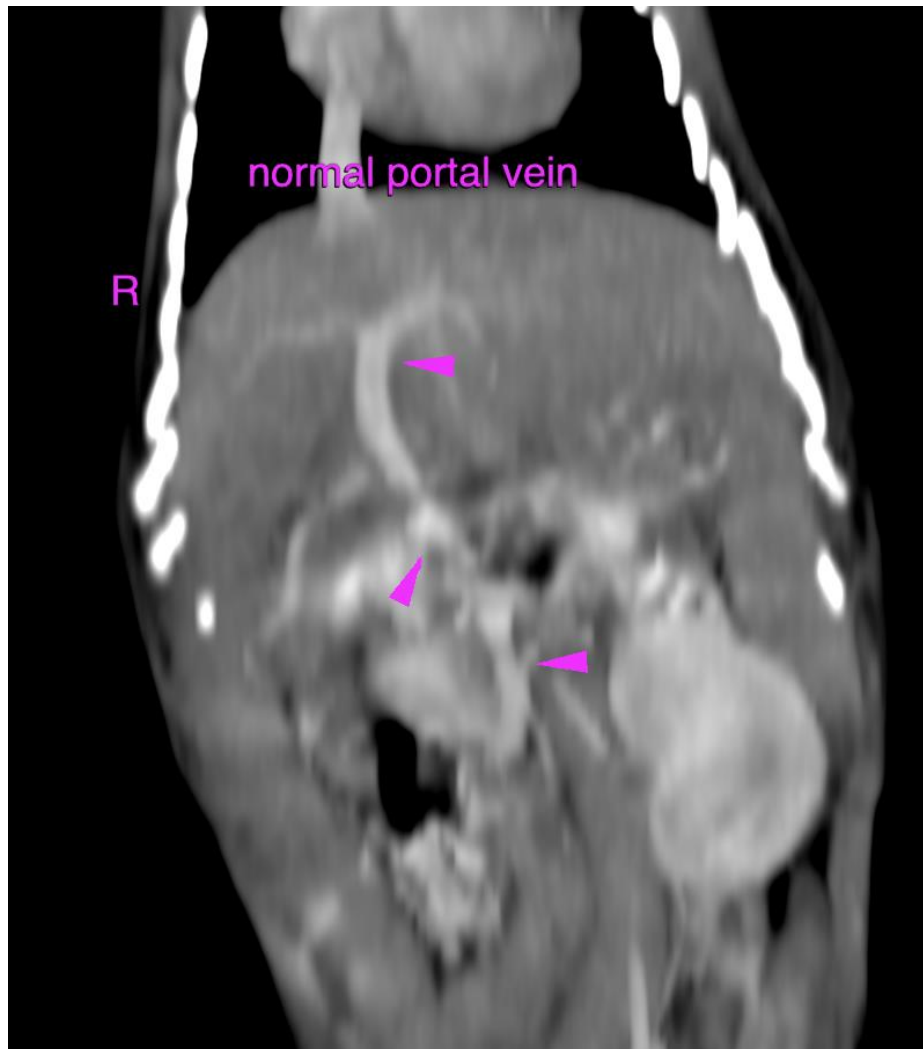
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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