



**PATIENT PRESENTING CLINICAL SIGNS**

**Bella Snow** Presented to DVM early July for coughing, suspected CHF so started on furosemide. July 16 had a suspected seizure with mild eosinopenia, mild monocytosis, mild basophilia, mod elevated urea, mild hyperproteinemia, mild hypocalcemia, mild hyponatremia, and mild hypochloremia. Suspect portosystemic shunt so recommended low protein diet and fortiflora. Bile acids came back as 30 umol/L. July 18 vomiting and had another suspected seizure which lasted 25mins (fell to her side, paddling, shaking, foaming, and urinated) .Last 2-3 weeks has been staring at the wall, head pressing, and perimeter shake. Last week has been randomly walking around like she is loss and unable to see food in front of her. Neuro exam: BAR, mild right head tilt, ambulatory with mild ataxia (occasional stumble), no paresis. Proprioception delayed in right pelvic limb and absent in left pelvic limb (IV catheter). No pain on cervical & spinal palpation. NSF on MRI & CSF.

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**COMPUTED TOMOGRAPHY OF THE ABDOMEN**

**SEX**

A pre- and post-contrast CT study of the abdomen in a bone and soft tissue reconstruction is provided for review.

FS

**COMPUTED TOMOGRAPHIC FINDINGS**

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

**AGE**

7 Years, 11 Months

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.

**INTERPRETED BY**

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

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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

**HOSPITAL NAME**

Toronto Animal Health Partners

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.

**REFERRING VET**

Dr. Greg Kilburn

The bony and surrounding soft tissue structures reveal no abnormalities.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- No evidence of portosystemic shunting, neither intra- nor extrahepatic

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

**DATE**

7-19-23



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**REFERRING VET**

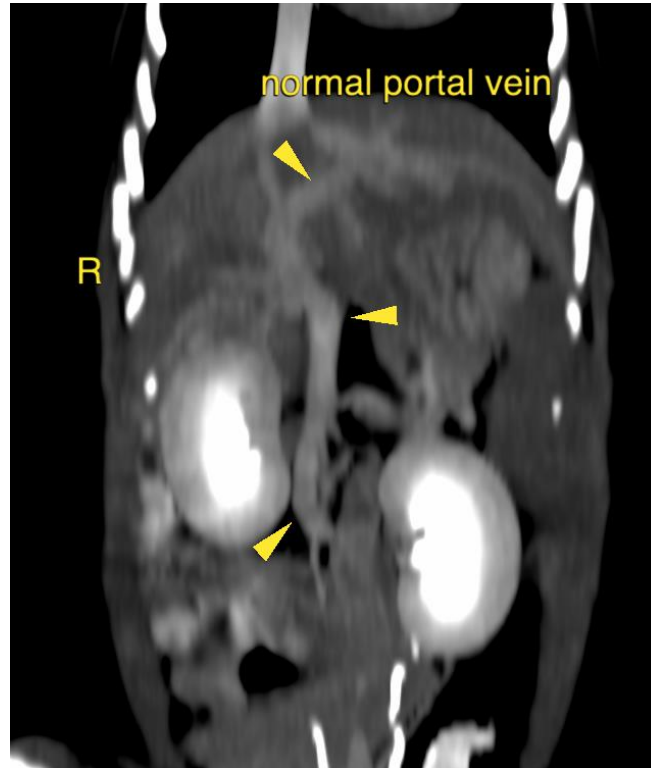
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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