



PATIENT PRESENTING CLINICAL SIGNS

Ginamar Rivera Patient has been presented with an inflamed abdomen. An abdominocentesis was performed. Patient has been taking Ursodiol, Prednisolone, Furosemide and denamarin. Patient is BAR and eating well. Abnormal PE/Chem/CBC/UA Results: CBC --- mild thrombocytosis CHEM --- liver enzymes increased Abdominal ultrasound conclusions: hepatic cirrhosis/fibrosis is highest on the differential list. Lesser consideration would be given to diffuse hepatic infiltrative neoplasia. The presence of peritoneal fluid suggests portal hypertension.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE ABDOMEN

BREED

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

Chihuahua

COMPUTED TOMOGRAPHIC FINDINGS

SEX

A moderate amount of fluid attenuating material is seen throughout the peritoneal cavity. Fluid attenuating material is extending caudally at the left aspect of the rectum up into the subcutaneous tissue of the perineal region.

SF

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.

AGE

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

9 Years

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

INTERPRETED BY

The right liver lobes, quadrate liver lobe and left lateral liver lobe present reticular mineralization of the parenchyma and the volume of the respective liver lobes is significantly decreased. The volume of the right medial liver lobe is markedly increased, presenting a homogeneous soft tissue attenuating parenchyma with a heterogeneous contrast enhancement pattern. The base of the caudate process of the liver presents reticular mineralization of the parenchyma and a decreased volume, the caudal aspect has a normal architecture of the parenchyma, is uniform soft tissue attenuating and contrast enhancing. The left intrahepatic branch of the portal vein presents an intraluminal filling defect.

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Dr. med. vet. DipECVDI

HOSPITAL NAME

Veterinary Image Center

Along the minor curvature of the stomach, multiple small tortuous anomalous vessels are seen, coursing along the esophagus and draining into a dilated phrenic vein. Originating from the splenic vein, an anomalous vascular loop is coursing caudally, bending dorsally and cranially again, draining into the caudal vena cava via the right renal vein.

REFERRING VET

Dr. M. Carrillo, DVM

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The gastric axis is deviated caudally by the enlarged left liver lobe.

INVOICE

The bony and surrounding soft tissue structures reveal no abnormalities.

59489

COMPUTED TOMOGRAPHIC DIAGNOSIS

DATE

7-19-23

- Advanced mineralization and atrophy of multiple hepatic lobes, but the left medial liver lobe and caudate process of the caudate liver lobe
- Multiple acquired extrahepatic portosystemic shunts
- Thrombus in left intrahepatic branch of the portal vein
- Peritoneal effusion
- Suspect small left sided perineal hernia



PATIENT

Ginamar Rivera

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated hepatic changes are compatible with advanced chronic hepatopathy – such as chronic hepatitis – with likely secondary cirrhosis. Secondary portal hypertension with peritoneal effusion and acquired portosystemic shunting. The thrombus in the left intrahepatic branch of the portal vein is likely a sequela to impaired hepatic function and secondary procoagulatory state.

SPECIES

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Treatment options are limited to palliative management, the long term prognosis is guarded as the hepatic changes are irreversible.

BREED

Chihuahua

SEX

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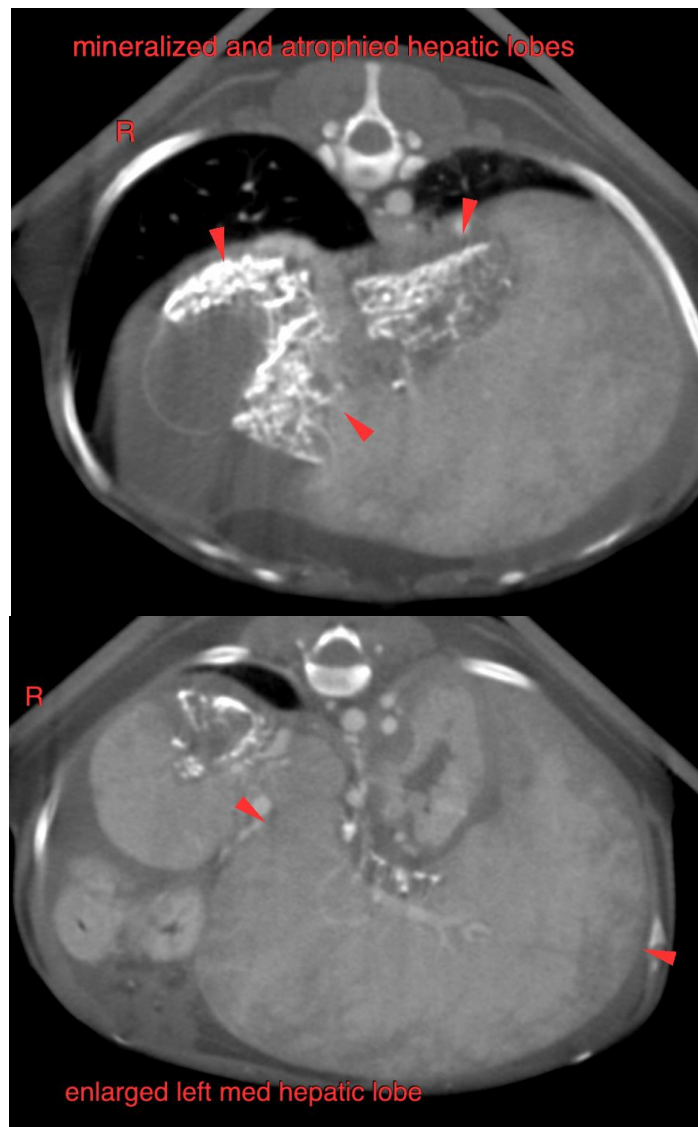
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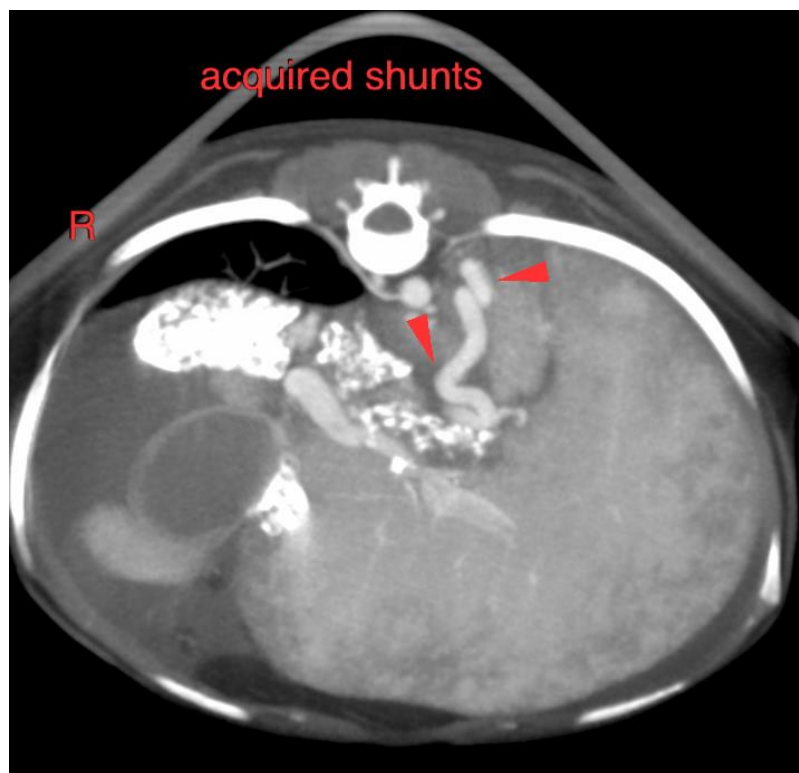
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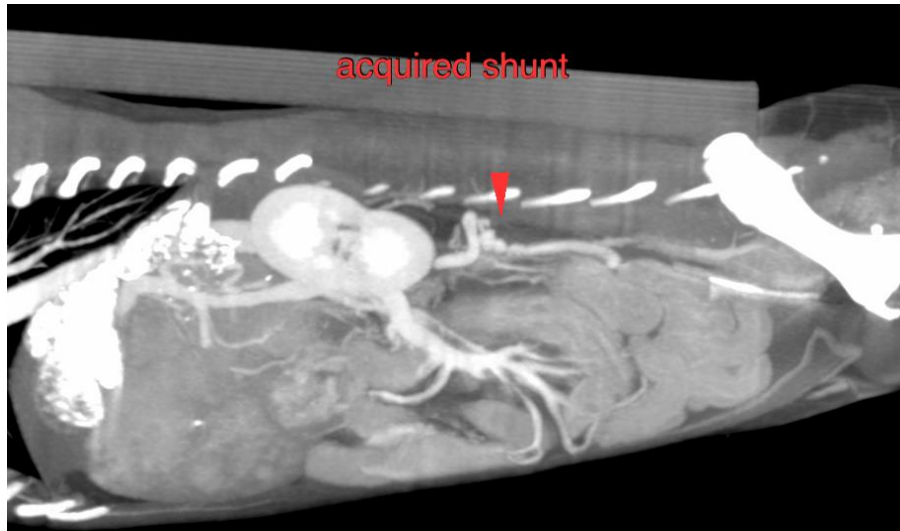
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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