



PATIENT PRESENTING CLINICAL SIGNS

Taz Jansen Premedication with butorphanol . Induction with propofol. Intubated and maintained on isoflurane and oxygen with SCCS, IPPV support. Crystalloid fluids through the procedure. Monitored with oximetry / capnometry Uneventful anesthesia and recovery, see SmartFlow sheet for details, and data CT scan - pre and post contrast sequences of the abdomen and the caudal cava completed. Images submitted to Sonopath for radiology interpretation. Post recovery managed in hospital with plasma and antibiotics.

Canine Concern for cavitated left lobar liver lesion - R/O abscess versus hematoma versus vascular anomaly leading to hemoabdomen.

BREED COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX A small volume of fluid attenuating material is appreciated in the peritoneal cavity; the peritoneal fat presents moderate fat-stranding.

F 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.

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

INTERPRETED BY

At the caudal aspect of the left lateral liver lobe, the quadrate and right medial liver lobe, well-defined, fluid attenuating lesions are visible; the largest is located at the caudal aspect of the left division of the liver measuring 3.6 x 2.9 x 3.9 cm. The large lesion at the caudal aspect of the left division of the liver presents mild heterogeneity of the fluid attenuating content.

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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.

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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

Ravi Seshadri

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Subcapsular hepatic cavitory lesions left lateral, quadrate and right medial liver lobe
- Peritoneal effusion – history of hemoperitoneum

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The subcapsular fluid accumulations along the caudal surface of multiple liver lobes – the largest is appreciated at the caudal aspect of the left division of the liver – in combination with the history of hemoperitoneum is highly suggestive for subcapsular hepatic hematoma. Only little information is available regarding hepatic hematoma – rule out trauma, coagulopathy or congenital abnormalities of

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PATIENT the liver such as telangiectasis. The odds for abscess are very low in case absence of any inflammatory changes of the patient or fluid analysis.

Taz Jansen

SPECIES

Canine

BREED

Chihuahua Mix

SEX

F

AGE

4 Months

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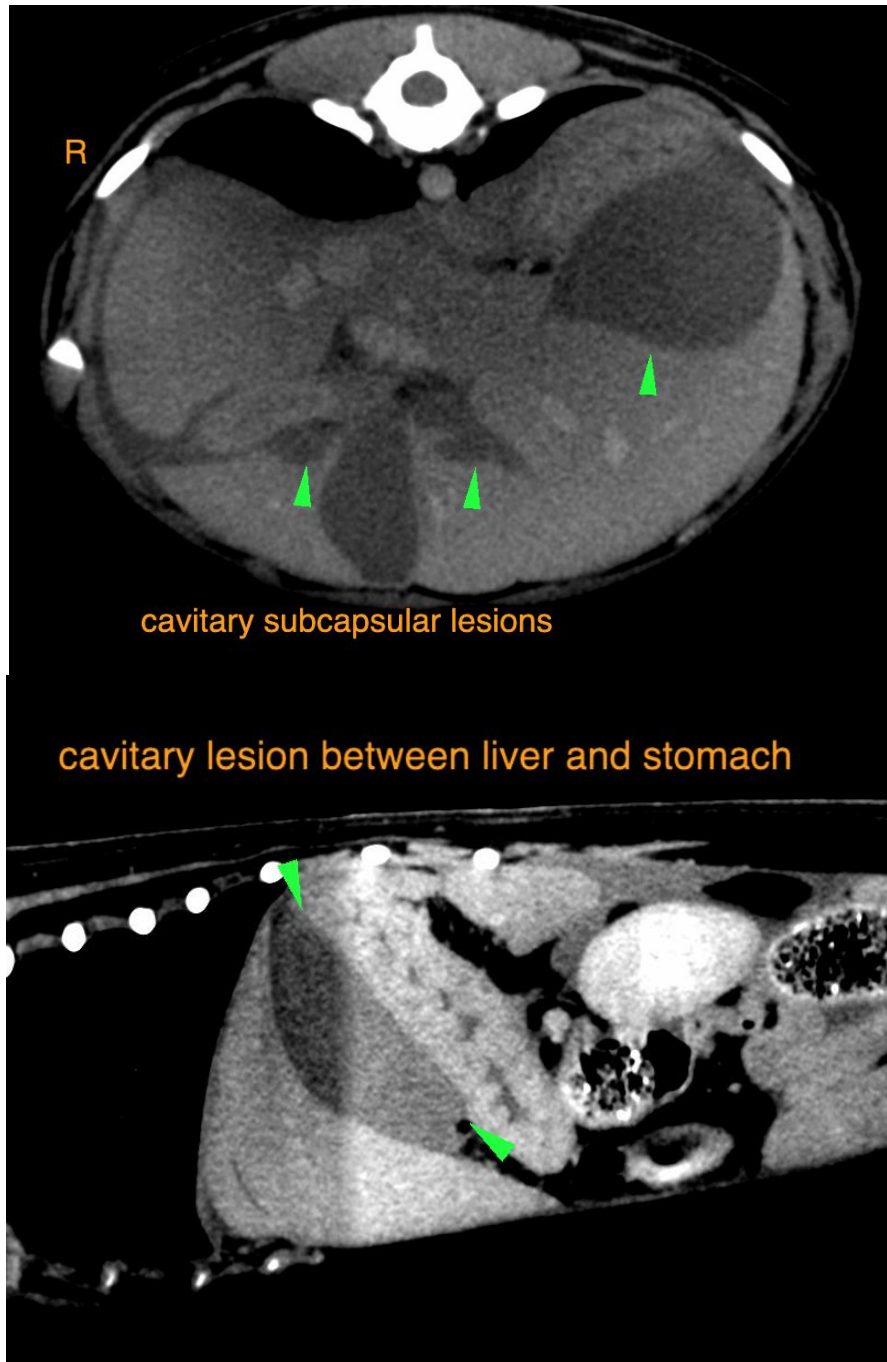
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

BREED

Chihuahua Mix

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SEX

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4 Months

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