



**PATIENT PRESENTING CLINICAL SIGNS**

Hobie Finley ALT has tripled in value and ALKP has tripled as well since May. GGT was elevated higher as well. Understand ultrasound was indicative of Cushing's Disease. Owner is treating. Explained we have never performed LDDST, or ACTH stimulation test to confirm. Ultrasound also revealed cystic lymph node around liver, inflamed pancreas and sludge noted in gall bladder. More concerned there is more of an underlying cause of elevation other than Cushing's. If there is a gall bladder/bile duct issue, i.e. sludge/stone this could cause elevation. Also can not rule out neoplasia or infection. Monocytes were elevated as well which could be indicative of stress or even neoplasia. Owner also concerned about difficulty walking --something in pelvis or spine?  
**SPECIES** Canine  
**BREED** Boston Terrier

**COMPUTED TOMOGRAPHY OF THE ABDOMEN**

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

**SEX COMPUTED TOMOGRAPHIC FINDINGS**

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

**AGE** 13 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 left adrenal is mildly enlarged, measuring 8.4 mm, the right adrenal is measuring 7.4 mm in diameter.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

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

The hepatic volume is mildly increased and the caudoventral margins of the liver are protruding caudally beyond the costal arch and are mildly rounded. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing. A small amount of sludge is noted within the gallbladder.

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The common bile duct is mildly dilated, measuring 2.1 mm in diameter.

Originating from the left gastric vein, a thin anomalous vascular loop is coursing cranially beyond the stomach, between the left liver lobes, up to the level of the diaphragm. The anomalous vascular loop is measuring 5 mm in diameter. Level with the diaphragm, the anomalous vascular loop is draining into a prominent left phrenic vein.

**REFERRING VET**

Patrick Abernethy

The hepatic lymph nodes are prominent and present with multiple roundish post contrast hypoattenuating lesions, protruding from the surface of the respective lymph nodes.

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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.

**DATE**

9-17-22

T9 & T10 present as hemivertebra.

In the pictured parts of the caudal lung field, in the laterodorsal aspect of the accessory lung lobe, parabronchial, soft tissue attenuating and heterogeneous contrast enhancing nodular lesion is partially included within the field of view, measuring up to 1.7 cm in size. Mild peripheral



**PATIENT** mineralization of the pulmonary nodular lesion is noted.

Hobie Finley

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Male

**AGE**

13

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- Pulmonary nodule accessory lung lobe
- Mild hepatomegaly
- Cystic lymphadenopathy hepatic lymph nodes
- Mild left sided adrenomegaly – consider testing of the pituitary adrenal axis
- Single congenital extrahepatic portosystemic shunt, left gastric vein to phrenic vein (porto-phrenic shunt)
- Hemivertebra thoracic spine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appreciated portosystemic shunt might contributed to the laboratory findings, however despite the shunting there is evidence of mild hepatomegaly that is not – specific. Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.

Due to the small size of the shunting vessel, it might have not been related with clinical signs. Recommend testing of bile acids and ammonia stimulation test for assessment of hepatic function.

There is a pulmonary nodule appreciated in the periphery of the accessory lung lobe with dystrophic mineralization – the odds for primary pulmonary neoplasia (e.g. carcinoma) are high. However, granuloma is still a consideration. Consider diagnostic imaging of the thorax for evaluation of metastasis and possible surgical planning.

The cyst like lesions of the hepatic lymph nodes are likely incidental - e.g. lymphangiectasia, lymphatic cysts, cystic lymphatic ectasia or sinus dilation. I would consider the odds for neoplastic transformation of the respective lymph nodes low.



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Hobie Finley

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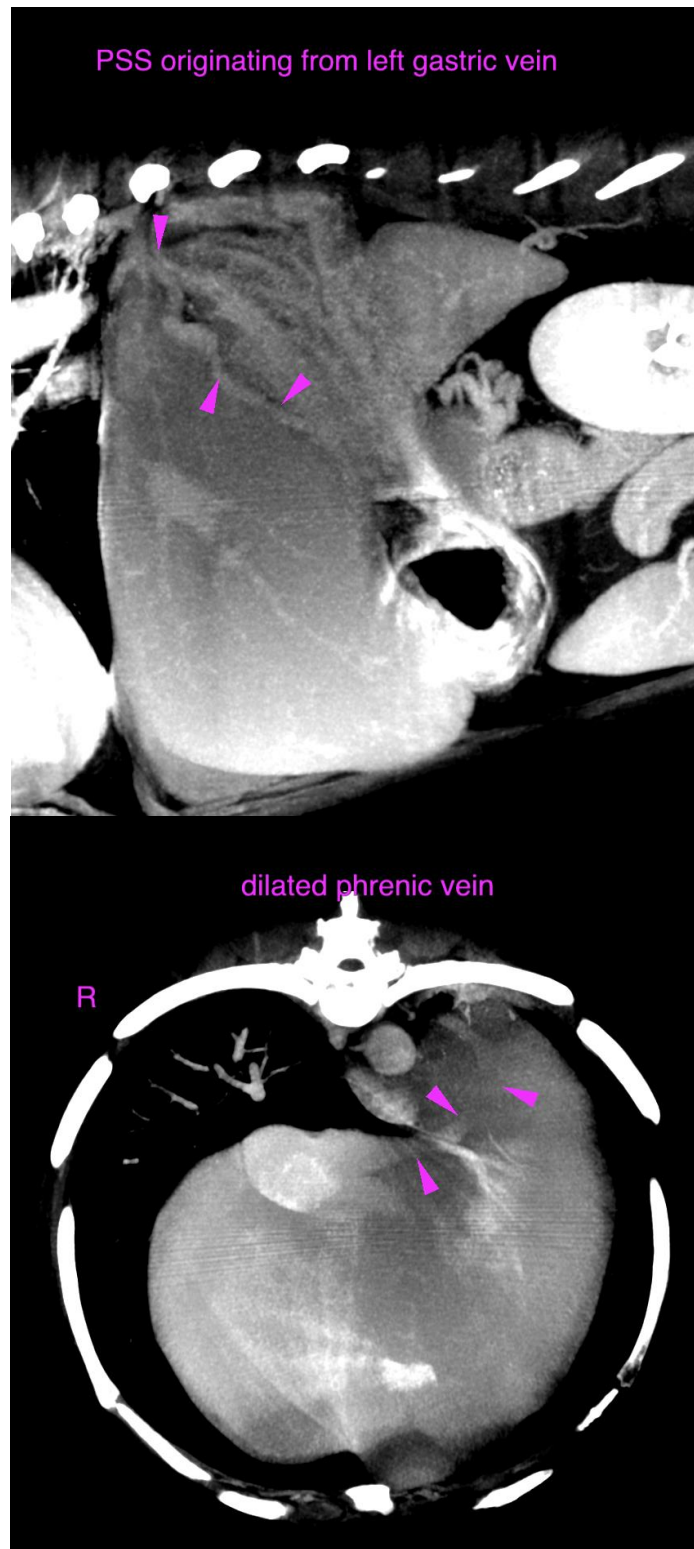
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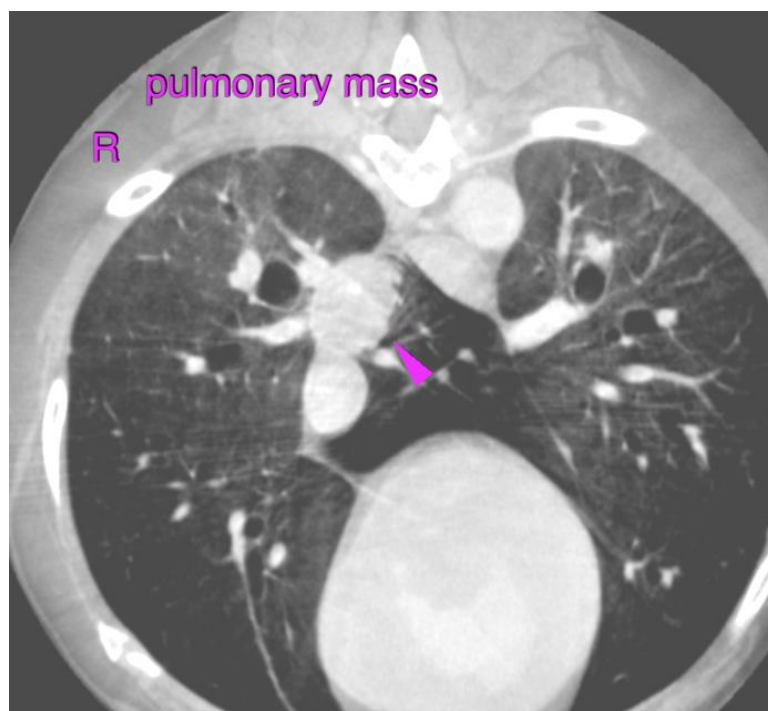
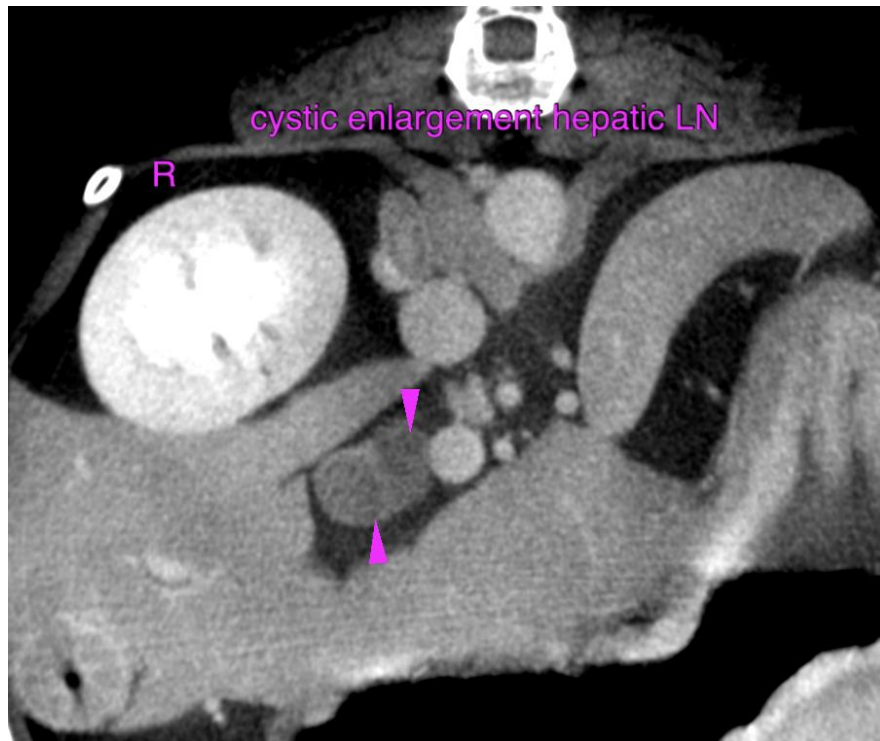
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**PATIENT**

Hobie Finley

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**

Boston Terrier

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

**SEX**

Male

**AGE**

13

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