



**PATIENT**

922-22"Lola" Lifeline  
Puppy Rescue

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

FS

**AGE**

4-5 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Health Care  
Denver

**REFERRING VET**

Cathryn Sayer

**INVOICE**

54251

**DATE**

9-25-22

**PRESENTING CLINICAL SIGNS**

Lola has been a strange case. She had a non healing fracture of the RF limb that required amputation. After the amputation she didn't eat very reliably, didn't thrive. She has come in twice in the last month for just not acting right, seems neurologically impaired yet her CN are normal and no spinal pain or pain on cervical flexion. Recently we ran a bile acids test and her result was above the range that the machine could read. Not gaining weight very well. Intermittent diarrhea. Abnormal PE/Chem/CBC/UA Results: Most recent BW shows low BUN and creatinine, low albumin, severely elevated ALT and bile acids. Strongly suspect liver shunt.

**COMPUTED TOMOGRAPHY OF THE ABDOMEN**

A high resolution pre- and post-contrast CT study of the abdomen is 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. In the hilar region of the liver, mild mineralization is seen in the lumen of the portal vein; post contrast administration, an intraluminal filling defect is seen in the portal vein, occupying approximately 80% of the cross-sectional area of the portal vein and extending over approximately 1.7 cm. No abnormal vessel is noted inside of the liver parenchyma. At the medial aspect of the left kidney, a bunch of small tortuous vessels is appreciated.

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**

- Portal vein thrombosis, level with the hilar region of the liver
- Multiple acquired extrahepatic portosystemic shunts

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are consistent with portal vein thrombosis – the mineralization indicate chronic thrombus formation – with secondary acquired extrahepatic portosystemic shunting. A preceding prothrombotic state – e.g. systemic infection, immune mediated disease or primary hepatic disease – is considered likely here. Recommend complementing workup by complete coagulation panel ± hepatic biopsy. The chances of lytic therapy for the portal vein thrombosis should be discussed with internal medicine.



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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.

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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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