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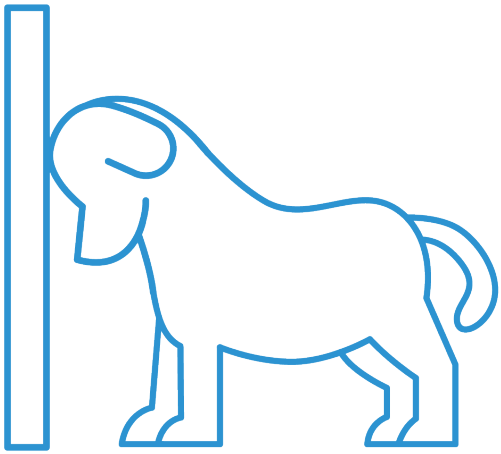

Hepatic Encephalopathy

micro drip study guide

December 21, 2021

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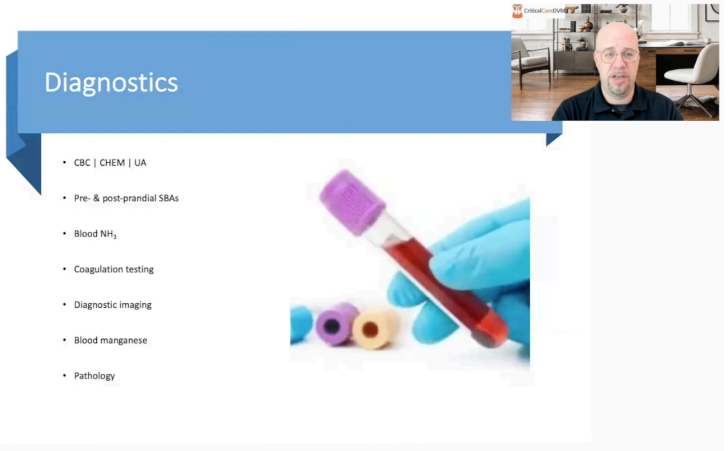
Be advised this document is here to enhance your learning experience and is a cumulative of the slides and transcript & area for your notes. You are welcome to take your notes electronically or print then use it to supplement your learning while watching the drip



CBC CHUM UA, bile acids, blood plasma, ammonia if you have the capability I like the HESCA unit to do this. I believe IDEXX also has a bedside one. It has to be measured in hospital. This is not something that you're going to send off because it's so late bile.

Coagulation testing because liver dysfunction associated with clotting factor abnormalities secondary coagulation or hemostasis issues. Diagnostic imaging. A lot of people will initially start with abdominal radiography, that's great. So for example in our shunt kiddos, one might expect to identify micro Hepatia. But an absence of micro Hepatia doesn't mean that you don't have a shunting abnormality.

I'm often asked, well what about abdominal ultrasonography? It's a viable option, you just need to be really, really good. I've never met a radiologist who loved doing shunt hunts. The way I explain it to owners is if I do an ultrasound for a suspected part of systemic vascular anomaly and I see it, great. We know what it is, we deal with it.

If I don't see it, because sometimes these vessels are just a few millimeters in diameter, it doesn't it mean it's not there. So I don't like doing abdominal stenography for these kiddos. I much, much prefer doing abdominal CT with angiography. Kills two birds with one stone.

You confirm your diagnosis and you give the surgeon a nice anatomical roadmap to go in and for example, perform a shunt attenuation surgery. We may get to a point where measuring blood and manganese levels become something that we do, because maybe we need to talk about chelating blood manganese and then certainly liver pathology in the form of a biopsy.