



PATIENT

Sugarbear Schneider

SPECIES

Canine

BREED

Maltese

SEX

Female

AGE

5 Years

WEIGHT

2.3 kg

INTERPRETED BY

Dr. Mauro Caldas MV,
CBRV

IMAGING PERFORMED BY

CP/JLB

HOSPITAL NAME

Pet Emergency &
Referral Center- NVA

REFERRING VET

Dr. Elizabeth Lechner
Hines

INVOICE

16358

DATE

06/04/26

PRESENTING CLINICAL SIGNS

Discussed that Sugarbear has responded clinically to GI-directed therapy (prednisone taper, probiotics, diet) but continues to have persistently high bile acids and a small liver, raising concern for a congenital shunt or microvascular dysplasia. CT performed today to evaluate.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Survey and post contrast CT images provided for review,

COMPUTED TOMOGRAPHIC FINDINGS

Liver revealed moderately small size. No mass or nodules are seen. Gallbladder appears full. No stones are seen. Presence of anomalous vessel communicating the left gastric vein and right gastric vein direct to the caudal vena cava before the hepatic insertion. The vessel is 6.0 mm wide on the terminal portion beside the cava caudal.

Stomach and small Intestines appear normal. Feces are present with normal density and volume in the colon and rectum. Spleen revealed mild enlargement. No mass or nodules are seen.

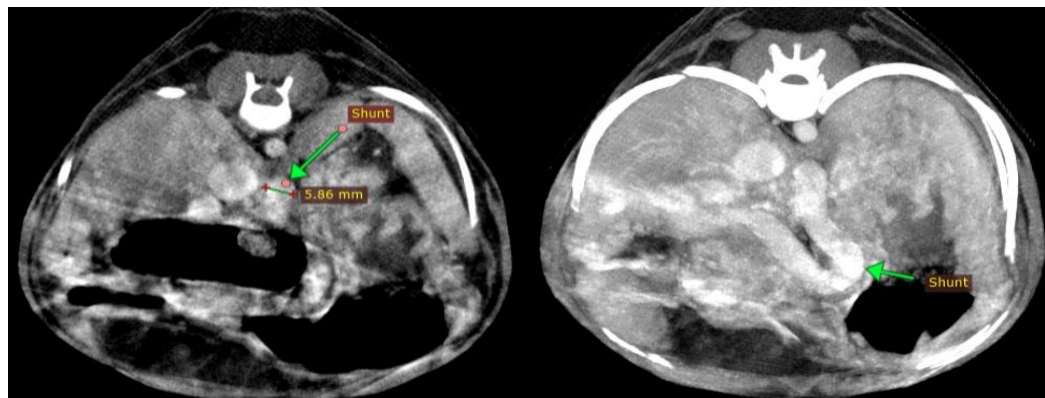
The adrenal glands appear normal. Both kidneys present with normal size and mild irregular shape. Small urolithiasis is seen on the left side. Normal contrast excretion on both sides. There is no evidence of peritoneal effusion or peritonitis. Medial iliac lymph nodes are symmetrical with normal size and shape. Urinary bladder revealed thin walls and presence of at least two small urolithiasis measuring up to 1.5 mm wide. Lumbar and sacral spine are aligned. No vertebral lysis seen. No medullary compression seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Aberrant left gastrocaval shunt with right gastric contribution.
- Secondary small liver
- Small urolithiasis in urinary bladder and left kidney.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Congenital portosystemic shunt is present. The small liver and presence of urolithiasis is secondary. Surgical correction is indicated.





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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Dr. Mauro Caldas MV, CBRV

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