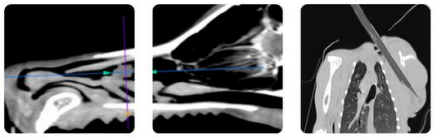

PATIENT

Beatrix Rogers

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Female Spayed

AGE

1Y, 10M

WEIGHT

9.6lbs

INTERPRETED BY

Nele Eley (Ondreka), DVM Dr. med. vet., DipECVDI

IMAGING PERFORMED BY

JSS/JRD

HOSPITAL NAME

Parrish Creek Veterinary Clinic

REFERRING VET

Dr. Echols

INVOICE

73343

DATE

1-14-26

PRESENTING CLINICAL SIGNS

Microhepatica, renal enlargement and a bladder stone, possible vascular shunt. Did not find extrahepatic shunt. Difficult to be sure that there was no intrahepatic shunt due to fluid and ingesta in the stomach and the fact that the liver was small.
Abnormal PE/Chem/CBC/UA Results: Abnormals (CBC/Profile/UA/Cytology/Rads): 12-16-25: Elevated ALT (258 U/L), low total protein (5.3 g/dl), low globulin (2.3 g/dl), BUN low (6 mg/dl) , Cr low (0.3 mg/dl), low urine s.g (1.003), bacteriuria (marked cocci > 40 hpf)

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Microhepatica is confirmed on the CT study.

A single extrahepatic portosystemic shunt vessel is seen originating from the right gastric vein. The shunt courses in a long loop and enters the caudal vena cava from the left. Shunt diameter is 6mm; Isthmus at the entrance is 3.5mm. Portal vein diameter diminishes distal to the shunt origin. No additional extrahepatic shunts are identified. The intrahepatic vasculature is sparse.

Bilaterally symmetric renomegaly is present with no evidence of renal calculi.

Multiple small urinary bladder calculi are seen with the largest measuring 3.5mm.

No free abdominal fluid or other organ abnormalities are identified.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Single congenital extrahepatic portosystemic shunt: right gastric vein shunt.
- Microhepatica.
- Renomegaly secondary to compensatory hyperperfusion.
- Urinary bladder urolithiasis.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings confirm presence of a single congenital extrahepatic portosystemic shunt which correlates with clinical signs, laboratory abnormalities, and previously noted microhepatica.

Compensatory bilaterally symmetric renomegaly is noted.

The diminished portal vein diameter distal to the shunt suggests significant diversion of portal blood flow consistent with low protein and globulin levels.

The bladder calculi are secondary to hyperammonemia. Secondary urinary tract infection cannot be ruled out. Clinical correlation and eventual urinalysis are recommended.

Portosystemic shunt surgical attenuation should be considered.

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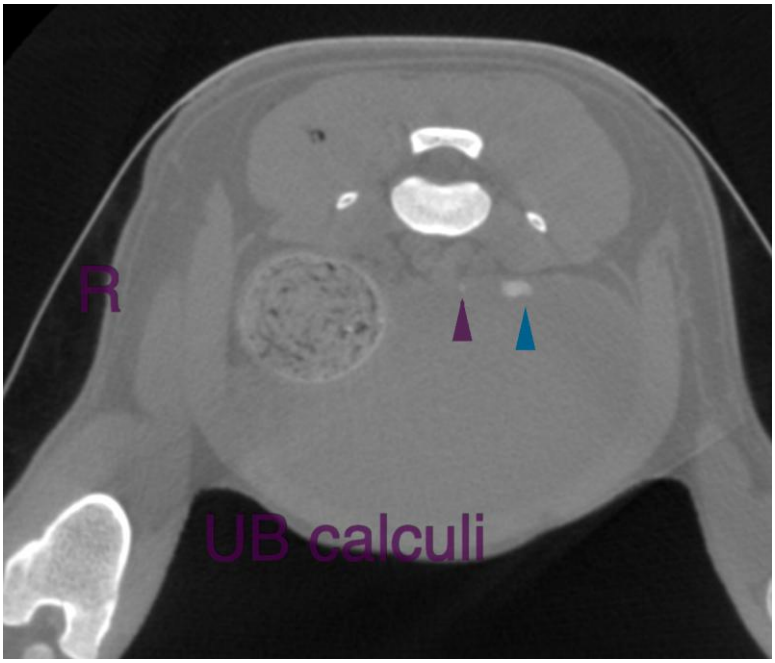

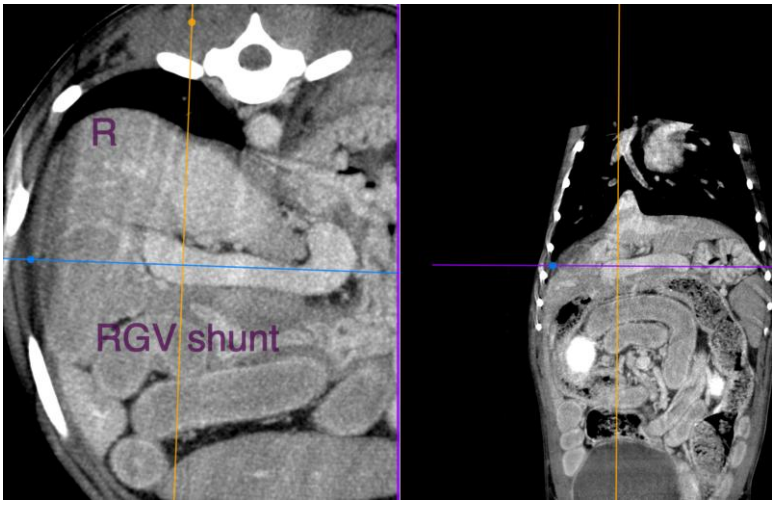

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
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