



PATIENT	PRESENTING CLINICAL SIGNS
Bella Levett	History:
SPECIES	<ul style="list-style-type: none">External referral - 12/12/25 presented to OV for diarrhoea, bloated abdomen - acute ascites detected, with low urea, TP, albumin, mild anaemia; clear fluid on abdominocentesis; bile acid stimulation test elevated Levels; also UTI detectedHas had peripatetic AUS: "portal vein: generally the flow is quite normal in the portal vessels, though the portal vein is thickened thereis normal hepatopetal flow in mesenteric, splenic and gastroduodenal veins, but there is an anomalous and tortuous vessel that appears to extend from the pancreatic duodenal vein and is lost near the diaphragm." "kidneys: unremarkable size and shape, mild medullary band sign and pylectasis of 1 mm with echogenic"Final conclusions: "The ascites has now resolved, potentially the ascites was the cause rather due to the hypoproteinaemia. Presently no evidence of clots, but this cannot be excluded. Presently the GI tract is unremarkable but there is considerable fluid in the lumen. There is an anomalous vessel that I cannot fully work out the anatomy of. It may reflect a portosystemic shunt, despite the normal appearance of the portal vein with normal flow present. The urine is rather echogenic. This is not normal."UTI still present today (cystocentesis sample taken before CT scan)
Canine	
BREED	
Norwich Terrier	
SEX	
Female	
AGE	
1Y, 9M	
WEIGHT	
6.5kg	Abnormal PE/Chem/CBC/UA Results: CBC: - Monocytosis - Low RETIC-HGB BC: Low urea Urea 1.4 (2.5 - 9.6 mmol/L) Hypoalbuminemia Hypoproteinaemia Total Protein 45 (52 - 82 g/L) Albumin 15 (23 - 40 g/L) Low Cholesterol 2.52 (2.84 - 8.26 mmol/L)
INTERPRETED BY	COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN
Nele Eley (Ondreka), DVM Dr. med. vet., DipECVDI	Plain and post contrast studies are available for review.
IMAGING PERFORMED BY	COMPUTED TOMOGRAPHIC FINDINGS
Ana	The liver is slightly small in size with no other morphological abnormality or mass effects.
HOSPITAL NAME	An anomalous vessel is identified emerging from the portal vein level with the splenic vein coursing dorsally and cranially and entering the azygos vein consistent with an extrahepatic portal azygos shunt. Maximum shunt diameter is 7.5mm. Portal vein diameter decreases abruptly cranial to the shunt origin. Dilation of the right azygos vein is seen throughout. Evidence of multiple extrahepatic shunts is not seen.
Animal Trust - Bolton	Evidence of urinary calculi is not noted.
REFERRING VET	Evidence of free abdominal fluid is not seen at the time of the examination.
Ana Valega	Images are adequate for interpretation, but some limitations are present due to motion artifacts.
INVOICE	COMPUTED TOMOGRAPHIC DIAGNOSIS
73442	<ul style="list-style-type: none">Single congenital extrahepatic porto-azygos shunt.
DATE	INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS
1-26-26	The anomalous vessel course and connection are consistent with a porto-azygos shunt. The CT findings appear to correlate with the prior ultrasound reports which described an anomalous vessel in



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DipECVDI

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REFERRING VET

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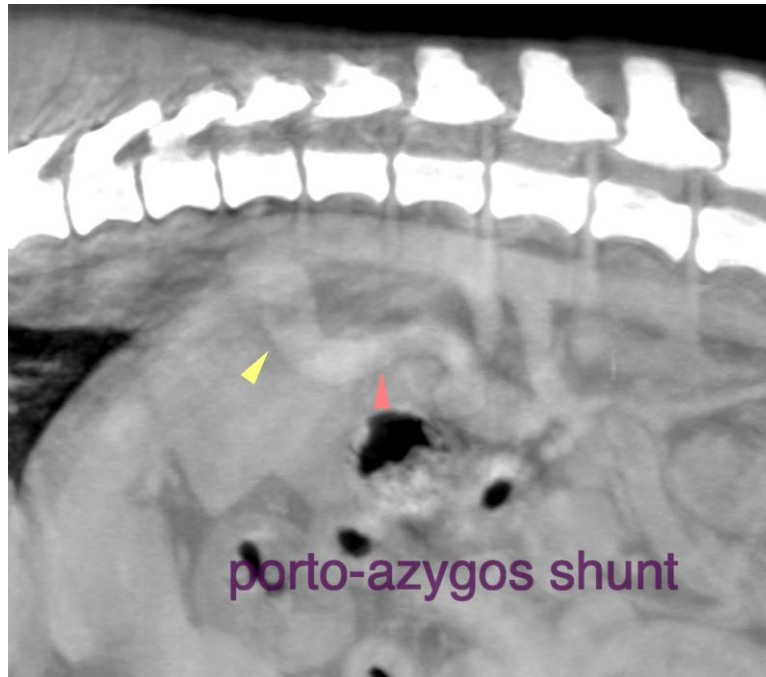
INVOICE

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the cranial abdomen. No other structural abnormalities were identified. Surgical intervention for shunt attenuation is recommended along with medical and dietetic management.





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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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Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.

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