



PATIENT PRESENTING CLINICAL SIGNS

Sofie Villares Suspected liver shunt. Presented with hepatic encephalopathy. Currently on lactulose and low protein diet.
 Abnormal PE/Chem/CBC/UA Results: CBC--- RBC mild increased CHEM --- ALT moderate increased BILE ACID --- Pre: 139.3(HIGH) Post: 258.9(HIGH)

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies available for review.

BREED

Yorkshire Terrier

COMPUTED TOMOGRAPHIC FINDINGS

A moderate amount of free peritoneal fluid is seen.

SEX

SF

There are multiple small and large tortuous vessels in the retroperitoneal space and caudal to the spleen which emerge from the portal vein, right and left gastric veins, and connect to the left and right renal veins as well as to the caudal vena cava.

AGE

4 Years

The liver is small in size and presents mild diffuse heterogeneous parenchymal enhancement. No evidence of an intrahepatic shunt is seen. One large shunt vessel is emerging from the splenic vein and feeds into multiple small extrahepatic shunt vessels caudal to the spleen and in the retroperitoneum which then feed into the left renal vein and caudal vena cava.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

Large renal calculi fill the renal pelvis of both kidneys. Multiple cortical renal infarcts are seen as well. Three 1- 2mm sized calculi are seen within the distal right ureter close to the ureteral papilla. No evidence of ureteral dilation is seen. The left ureter presents within normal limits. The urinary bladder is severely distended.

The spleen presents within the expected limits.

HOSPITAL NAME

Veterinary Image Center

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Diffuse hepatopathy with an overall small liver.
- Suspect portal hypertension and multiple acquired extrahepatic portosystemic collaterals.
- Ascites.
- Bilateral hypercalcemic nephropathy with multiple cortical renal infarcts and nephroliths within the renal pelvis.
- Distal right ureteral calculi - not causing complete ureteral obstruction at this point.

REFERRING VET

Dr. H. Lidin, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

54539

The CT findings support presence of reduced liver compliance with portal hypertension and multiple acquired extrahepatic portosystemic collaterals. Parenchymal disease (chronic hepatitis, cirrhotic hypertension, fibrosis and other) is a potential as well as vascular disease including AV-fistula/ae or vascular dysplasia.

DATE

10-10-22

The presence of nephroliths is compatible with sedimentation of ammonium urates.

Note the presence of right distal ureteral calculi. At this point, there appears to be no complete obstruction of the ureter.



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Liver biopsies could be considered for further definition.

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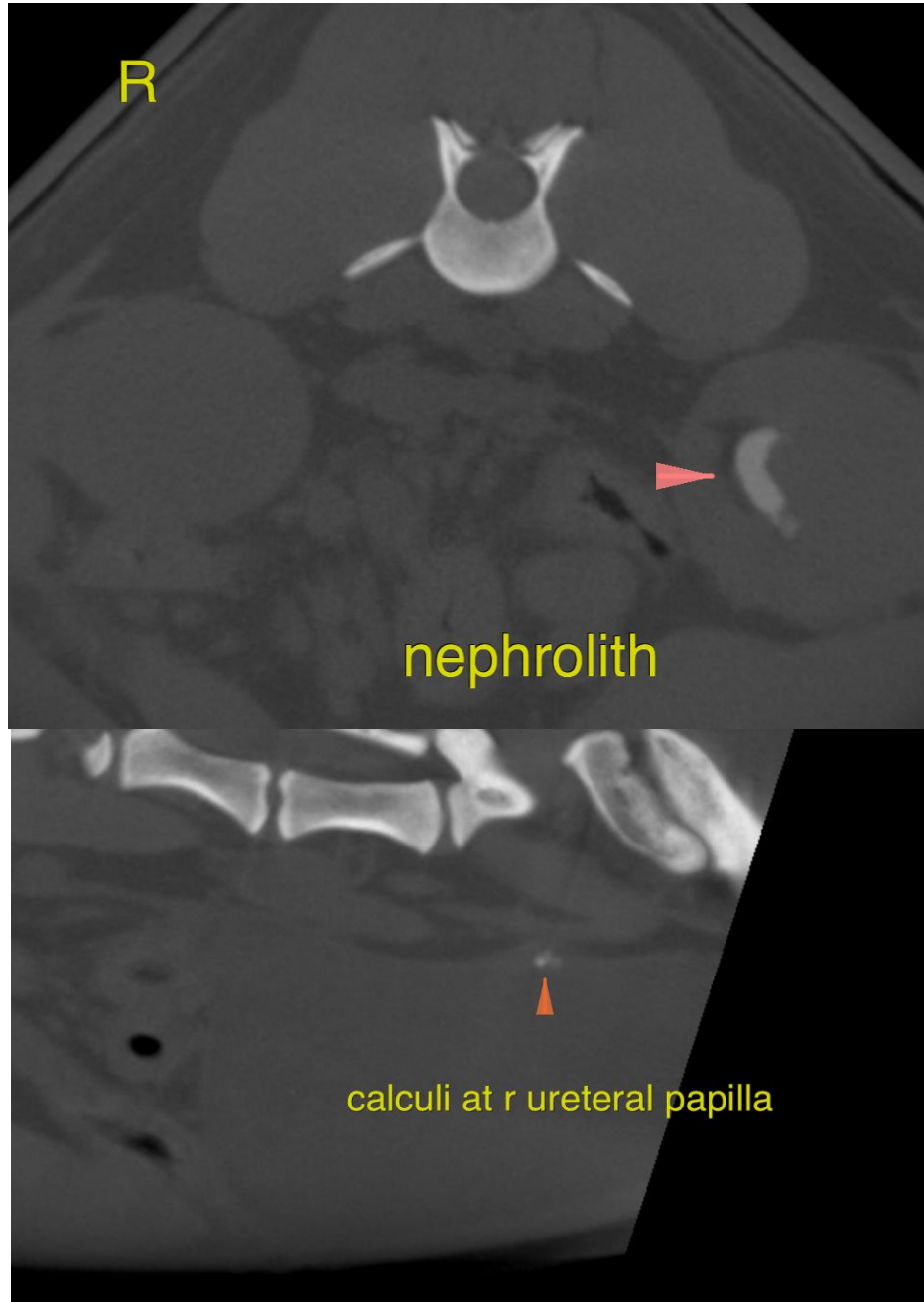
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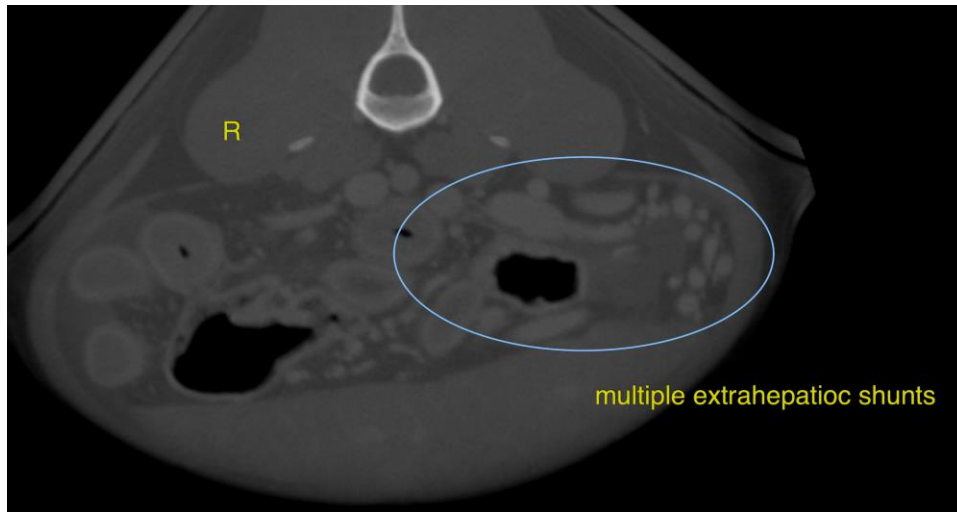
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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