

**PATIENT**

Ollie Sookraj

**PRESENTING CLINICAL SIGNS**

Elevated bile acids, strongly suspect liver shunt. CT for surgical planning. Abnormal PE/Chem/CBC/UA Results: Pre Bile Acids 187.8 & Post Bile Acids >420 small liver on x-rays,

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN**

2 post-contrast studies, one early and one delayed of the abdomen, available for review.

**BREED**

Yorkshire Terrier

**COMPUTED TOMOGRAPHIC FINDINGS**

An extrahepatic shunt vessel is seen originating from the splenic vein and feeding into the caudal vena cava via a long loop into the dilated phrenic vein. Shunt diameter is 5mm. The portal vein diameter decreases abruptly cranial of the shunt origin and is significantly reduced compared to the aorta.

**SEX**

Male Neutered

The liver is small in size. Intrahepatic portal vascular branching is sparse. The gallbladder is dilated with a large amount of uniformly fluid attenuating bile.

**AGE**

1 Year, 4 Months

Fluid and a small ovoid mineral attenuating structure are seen within the stomach.

Both kidneys present mild generalized enlargement. There appears to be a moderate amount of mineral attenuating material within the renal pelvis of both kidneys. No evidence of ureteral obstruction is seen. A moderate amount of mineral attenuating material appears to be present within the urinary bladder.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Single congenital extrahepatic portosystemic shunt of the portophrenico-type.
- Microhepatica.
- Compensatory renomegaly.
- Renal and urinary bladder sand - likely ammonium urate.
- Small foreign object in the stomach.

**HOSPITAL NAME**

Mobile Pet Imaging

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study confirms the presence of an abnormal vascular bypass between the extrahepatic portal system and the systemic veins. A single extrahepatic portophrenico shunt is seen. Consider shunt closure via a slowly attenuating technique after taking the patient under dietetic management. Lactulose and antimicrobial treatment could be considered in the pre- and peri-operative phase as well.

**REFERRING VET**

Meaux

**INVOICE**

47759

**DATE**

10-12-21



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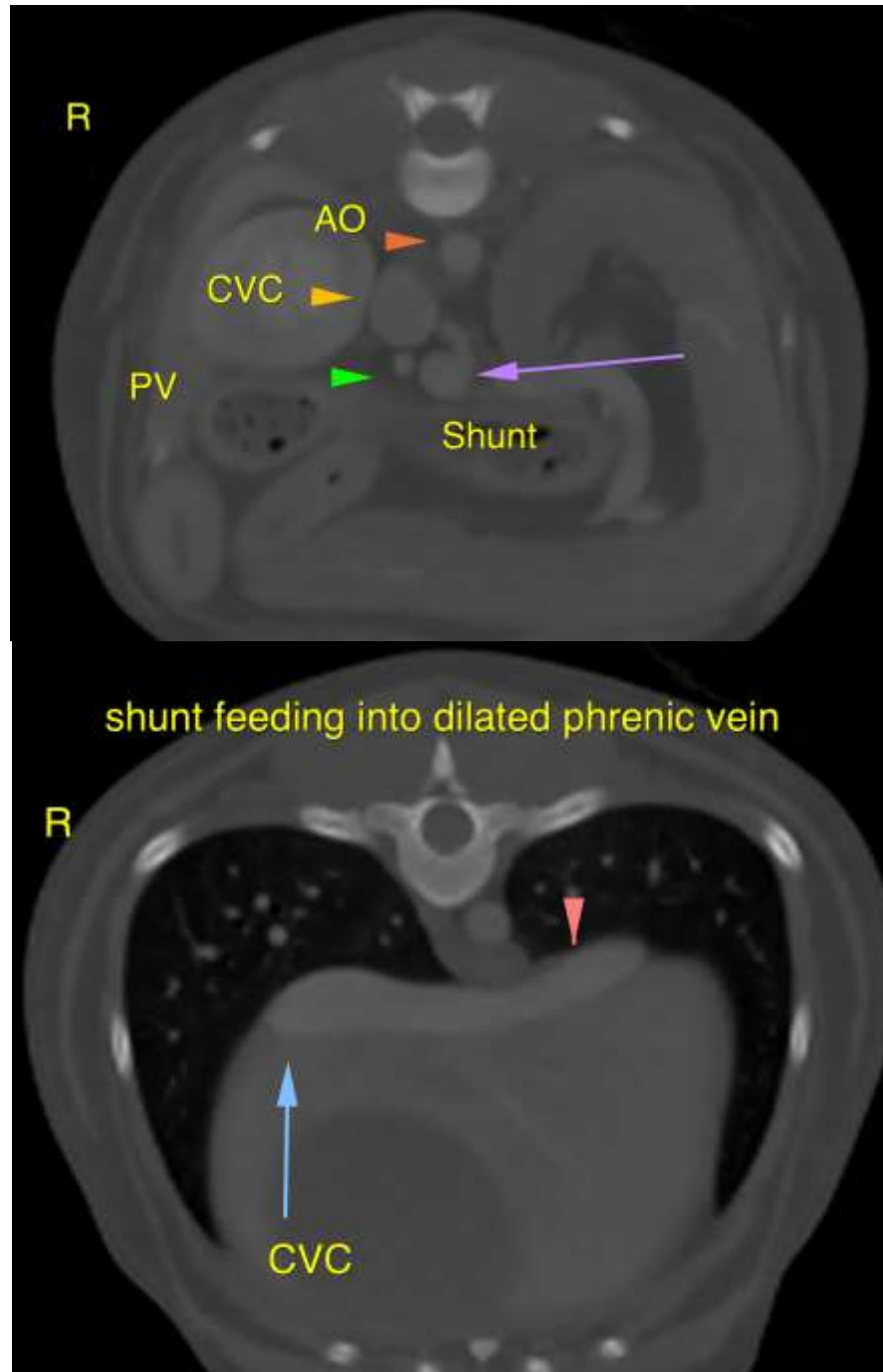
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**SPECIES**

Canine

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com

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