

**PATIENT**

Lily Delarosa

SPECIES

Canine

BREED

Dachshund

SEX

F

AGE

6 Months

INTERPRETED BYNele Eley, DVM
Dr. med. Vet. DipECVDI**HOSPITAL NAME**Animal Surgical
Center**REFERRING VET**

Westchester AH

INVOICE

47953

DATE

10-25-21

PRESENTING CLINICAL SIGNS

Lily presented for liver problem (portosystemic shunt suspect, elevate bile acids). Owners report mouth chattering signs and staring into space. They have not witnessed any seizure activity. This was first noted 2 and 3 weeks ago and her clinical signs have progressed in this time. Lily responded slightly to medication. Previous diagnostics were obtained and revealed elevated liver values and bile acids. Abdominal ultrasound reveals microhepatica and no overt shunt vessel was identified.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain study of the caudal abdomen and post-contrast study of the cranial abdomen available for review. Low contrast resolution of the post-contrast study.

COMPUTED TOMOGRAPHIC FINDINGS

The liver is small in size. The gallbladder is moderately to severely distended with uniformly fluid attenuating bile. The gallbladder wall is smooth and thin. The intrahepatic portal vascular branching appears to be reduced.

An extrahepatic portosystemic shunt represented by a short connection between the splenic vein and caudal vena cava is seen. The shunt feeds into the caudal vena cava from the left side level with the cranial pole of the right kidney. The portal vein diameter decreases abruptly cranial of the shunt origin.

Mild bilaterally symmetric renomegaly is noted with presence of mineral attenuating material within the renal pelvis. No pyelectasia and no ureteral dilation is noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Single congenital extrahepatic portosystemic shunt of the spleno-caval type.
- Microhepatica.
- Mild bilateral compensatory renomegaly.
- Renal calculi / sand compatible with ammonium urates.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study confirms the suspected portosystemic shunt. An extrahepatic spleno-caval shunt is identified. Dietetic and medical management should be continued until shunt closure by a slowly attenuating technique such as cellophane banding, ameroid constrictor, or other can be implemented.



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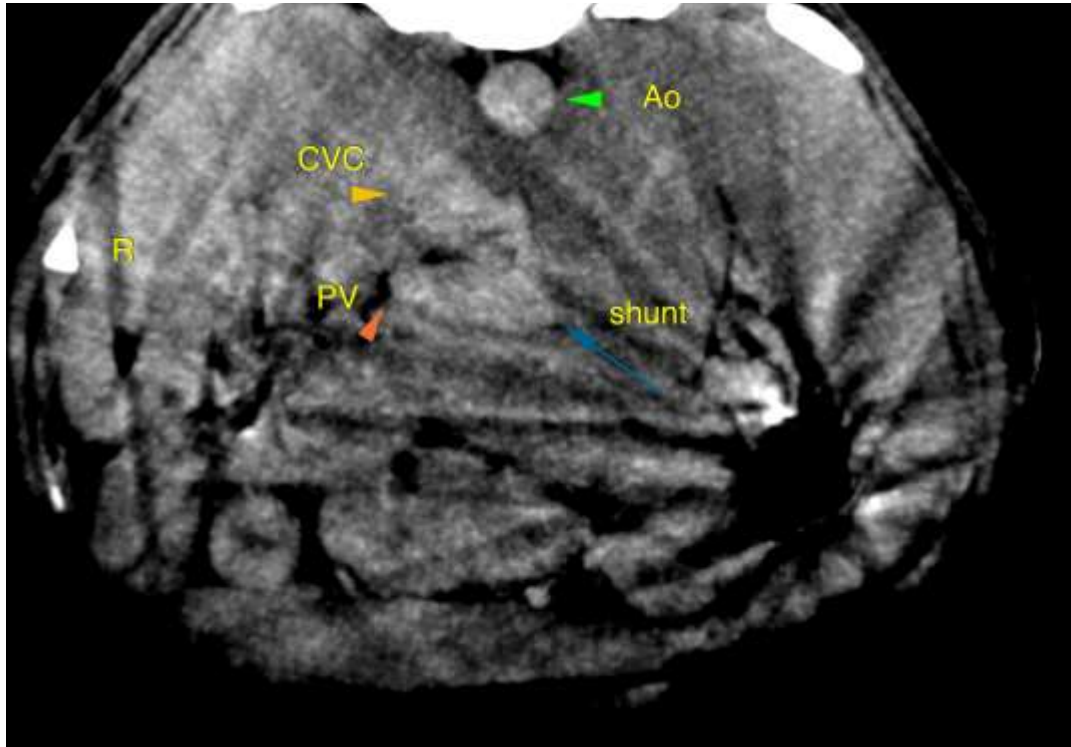
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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