



PATIENT

Bowie Plume

PRESENTING CLINICAL SIGNS

Elevated bile acids and hepatic encephalopathy consistent with portosystemic shunt.
Abnormal PE/Chem/CBC/UA Results: Suspected intrahepatic PSS

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and multiple post-contrast studies available for review.

BREED

Bernadoodle

COMPUTED TOMOGRAPHIC FINDINGS

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

SEX

Male

Mild bilateral renomegaly is seen. A mild amount of mineral attenuating material is present within the right renal pelvis. No evidence of pyelectasia is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

AGE

9 Months

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The liver is small in size. The gallbladder is severely distended with a large amount of uniformly fluid attenuating content.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

A short bulbous connection between the right divisional branch of the portal vein and the caudal vena cava is seen. The shunt measures 13mm in diameter. Abrupt reduction of the diameter and sparse intrahepatic portal vein branching is seen distal of the shunt.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

HOSPITAL NAME

Animal Health
Partners

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

REFERRING VET

Debbie Reynolds

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Single congenital intrahepatic portosystemic shunt.
- Microhepatica.
- Compensatory renomegaly.
- Mild renal sand - presumed to represent ammonium urates.

INVOICE

48106

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

10-30-21

The CT study reveals a right divisional intrahepatic portosystemic shunt. Interventional and surgical shunt attenuation techniques can be discussed. Dietetic and medical management could be applied in the meantime in preparation of the shunt closure if not performed already.



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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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