



**PATIENT**

Cody O'Callegan

**PRESENTING CLINICAL SIGNS**

Elevated Liver enzymes, abdominal bile acids-2 hour post 119.9, small liver on u/s, unable to visualize shunt but suspect shunt vs. microvascular dysplasia  
Abnormal PE/Chem/CBC/UA Results: ALT 634, Bile acid pre 24.8 2 hour post 119.9

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN**

Plain and post contrast studies available for review. The study is right/left flipped.

**BREED**

Pekingese

**COMPUTED TOMOGRAPHIC FINDINGS**

The liver is small. The gallbladder is moderately to severely distended with uniformly fluid attenuating content and thin walled.

**SEX**

MN

A single extrahepatic portosystemic shunt vessel is originating from the splenic vein and courses dorsally to feed into the dilated phrenic vein level with the diaphragm where it then enters the caudal vena cava from the left side. Maximum shunt diameter is 6mm. The portal vein diameter decreases abruptly cranial of the shunt origin. Intrahepatic portal vein branching appears to be reduced.

**AGE**

1 Year

No evidence of renal calculi is seen.

Multiple visible thoracolumbar intervertebral discs present foci of mineralization.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Single congenital extrahepatic portosystemic shunt of the spleno-phrenic type.
- Microhepatica.
- Multifocal chondroid disc degeneration.

**HOSPITAL NAME**

Animal Care Center

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study confirms the suspected portosystemic bypass. A single extrahepatic shunt originating from the splenic vein and feeding into the caudal vena cava via the dilated phrenic vein is identified. Dietetic and medical management should be considered or continued until shunt closure, by means of a slowly attenuating technique, can be performed.

**REFERRING VET**

Dr. Hallihan

**INVOICE**

48292

**DATE**

11-12-21



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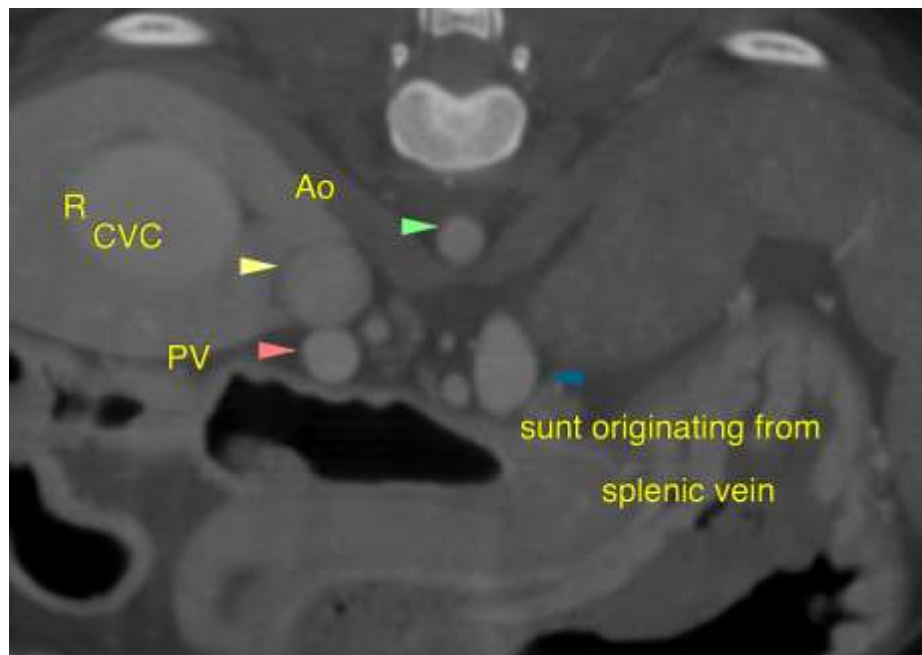
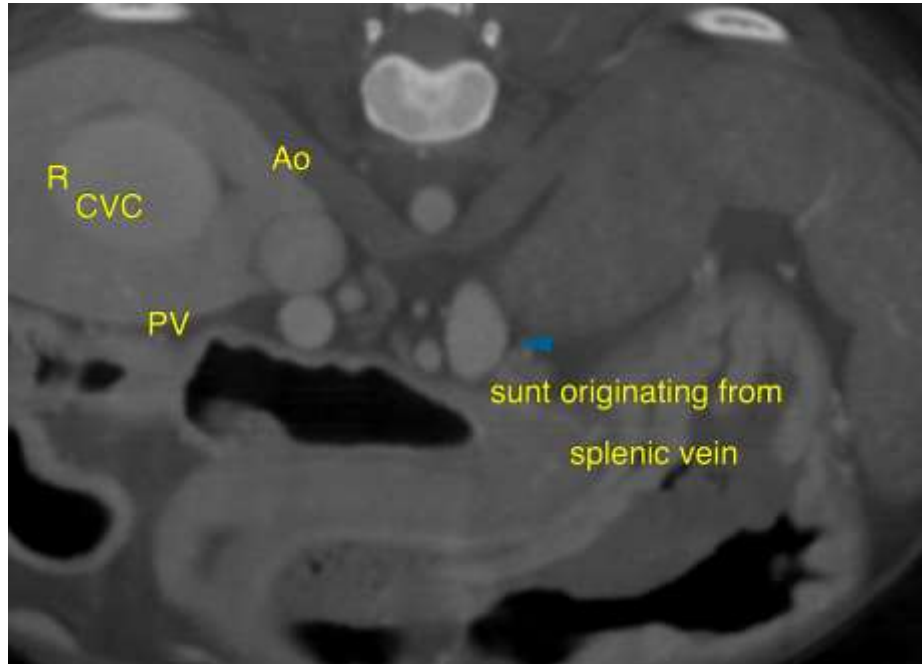
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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