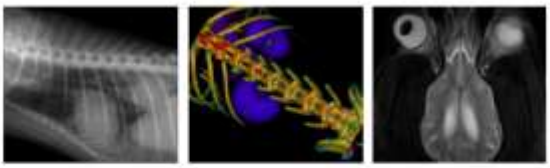
SonoPath Teleradiology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Oliver Collado

SPECIES

Canine

BREED

Minature Schnauzer

SEX

Male Neutered

AGE

8 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Meaux

INVOICE

48417

DATE

11-16-21

PRESENTING CLINICAL SIGNS

Bloody Urine - PU / PD - Skin growths Elevated bile acids
Abnormal PE/Chem/CBC/UA Results: Preprandial bile acid random: 320 BUN 6, ALT 848, AST 112, ALP 361, Trig 571,

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

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

There is mild bilaterally symmetric renomegaly with a mild amount of mineral attenuating material present within both renal diverticuli. No evidence of pyelectasia is seen. There is no evidence of urinary bladder stones.

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

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

The liver is relatively small in size. The gallbladder is moderately distended. Multiple up to 5mm sized smoothly outlined gallbladder calculi are seen.

There is a single extrahepatic portosystemic shunt vessel originating from the left gastric vein and coursing dorsally in a long loop along the gastric curvature to feed into the caudal vena cava from the left side level with the cranial pole of the right kidney. Maximum shunt diameter is 6mm. There is an isthmus of the shunt at its entrance to the caudal vena cava. The portal vein diameter decreases abruptly cranial of the shunt origin. Intrahepatic portal vein branching appears to be sparce. The hepatic parenchyma presents with expected attenuation and enhancement.

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

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Single extrahepatic portosystemic shunt of the left gastric vein type.
- Microhepatica.
- Gallbladder calculi.
- Compensatory renomegaly with renal microlithiasis - presumably ammonium urates.

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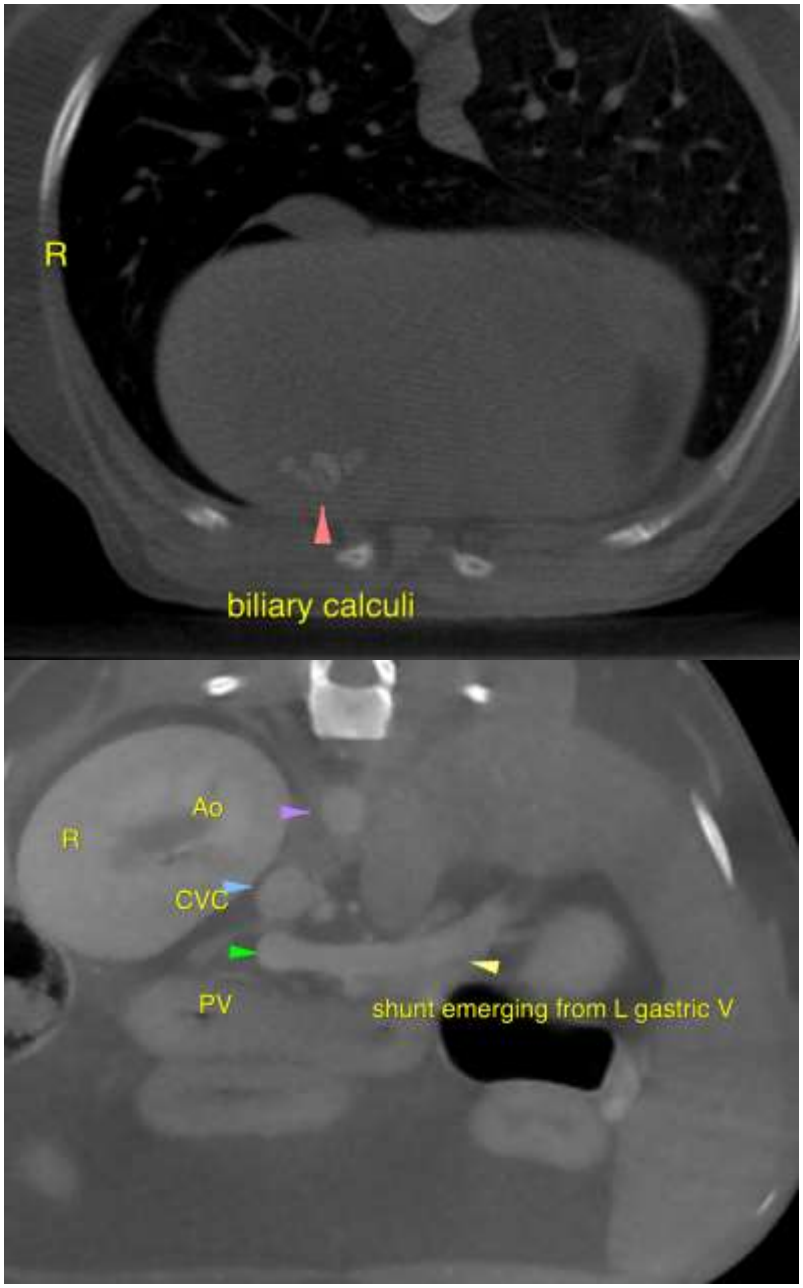
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a congenital extrahepatic portosystemic shunt. The relatively long loop and isthmus of the shunt may explain the relatively late onset of clinical signs since the resistance in the shunt vessel may be higher than in short loops and wide shunts. Dietetic and medical management should be followed by shunt closure with a slowly attenuating technique.



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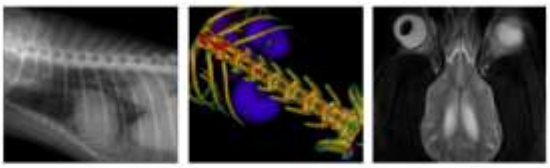

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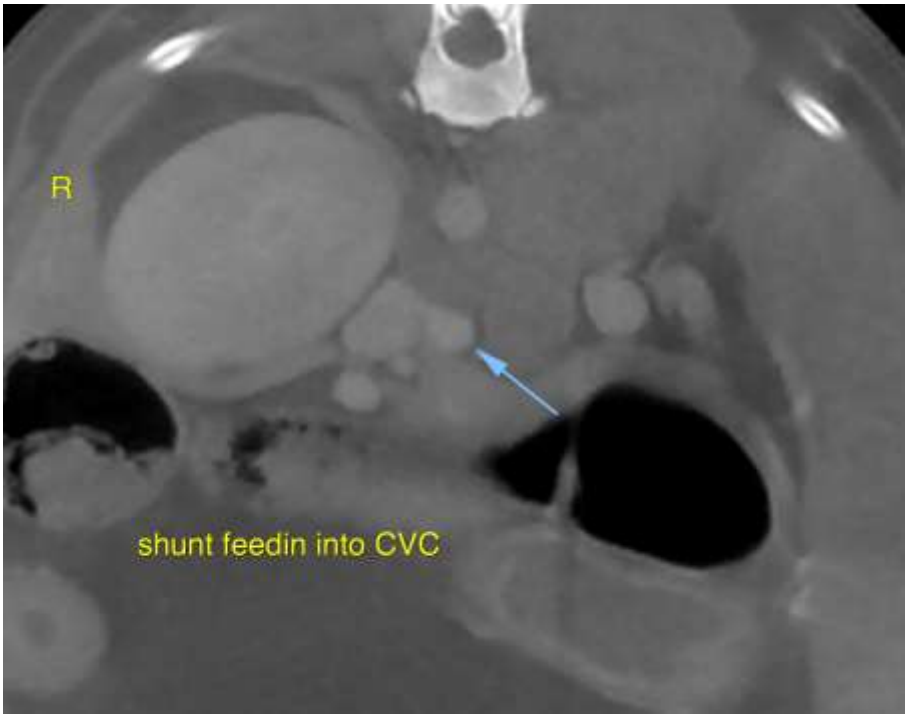

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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