



PATIENT

Butter Cootauco,
Kenneth

SPECIES

Canine

BREED

Maltese X

SEX

MN

AGE

3

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health
Partners

REFERRING VET

Dr. Westgarth

INVOICE

55393

DATE

11-28-22

PRESENTING CLINICAL SIGNS

Previous health problems or ongoing concerns: Hx urolithiasis 2021 -unsure if stones submitted - Humberwood Animal Hospital did cystotomy -Took a long time to be normal again after surgery, very drowsy for a long time -Same lab abnormalities noted at this time (Creat 43 (N=44-159), Urea 0.9 (N=2.5-9.6), ALT> 1000 (N=10-125 Adult canine in serious condition Neurologic abnormalities -R/O primary neurologic (inflammatory, infectious, neoplasia, other) versus metabolic (PSS) Elevation in ALT Decreased BUN Decreased Creat Hx urolithiasis -Unsure of what stone (R/O ammonium biurate, CaOx, other) Hyponatremia Hypercalcemia

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Microhepatica is noted. The gallbladder is moderately distended with mildly fluid attenuating content.

A single extrahepatic portosystemic shunt vessel is emerging from the splenic vein entrance to the portal vein and courses dorsally as well as cranially to feed into the caudal vena cava via the dilated splenic vein level with the diaphragm. The maximum shunt diameter is 5.5mm. The portal vein diameter decreases abruptly cranial to the shunt emergence.

Both kidneys present mild generalized enlargement. Mineral attenuating material is seen in the renal diverticuli and the right renal pelvis. There is a small corticomedullary infarct in the right kidney.

Multiple small mineral attenuating calculi are seen within the distended urinary bladder.

The colon is mildly distended with fluid attenuating material.

Mineral attenuating material is seen within the caudoventral abdominal wall to the left of the penis.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Single congenital extrahepatic portosystemic shunt of the splenophrenic type.
- Microhepatica.
- Bilateral compensatory renomegaly.
- Renal and urinary bladder calculi.
- Fluid distended colon.
- Mineral attenuating structure in the abdominal wall.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study confirms presence of a portosystemic vascular bypass. A congenital extrahepatic splenophrenic shunt is identified. Consider supportive dietetic and medical management as well as shunt attenuation by means of a slowly attenuating technique.

The renal and urinary bladder calculi do not appear to cause urinary tract obstruction at this



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point. Concurrent urinary tract infection is a potential. The mineral attenuating material is likely to represent ammonium urate.

The mineral attenuating structure within the caudoventral abdominal wall may represent suture material, calculi, or dirt.

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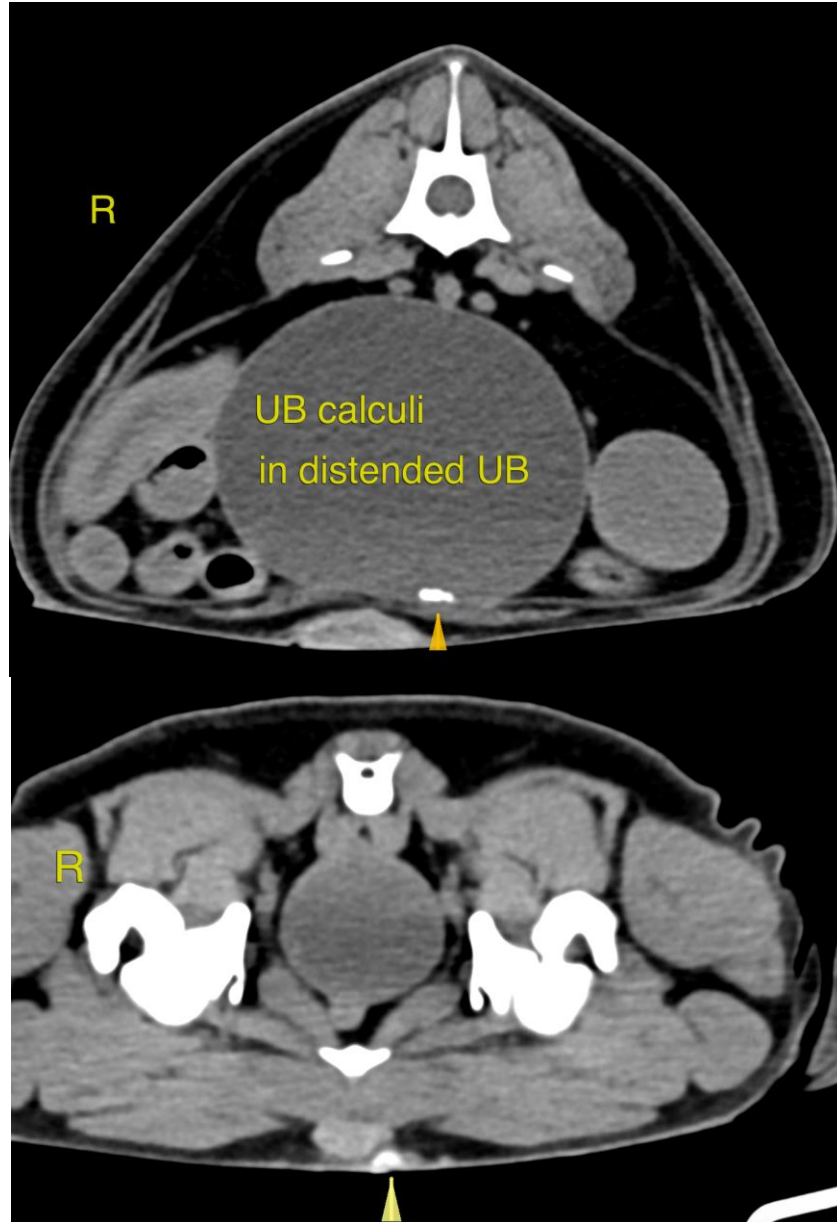
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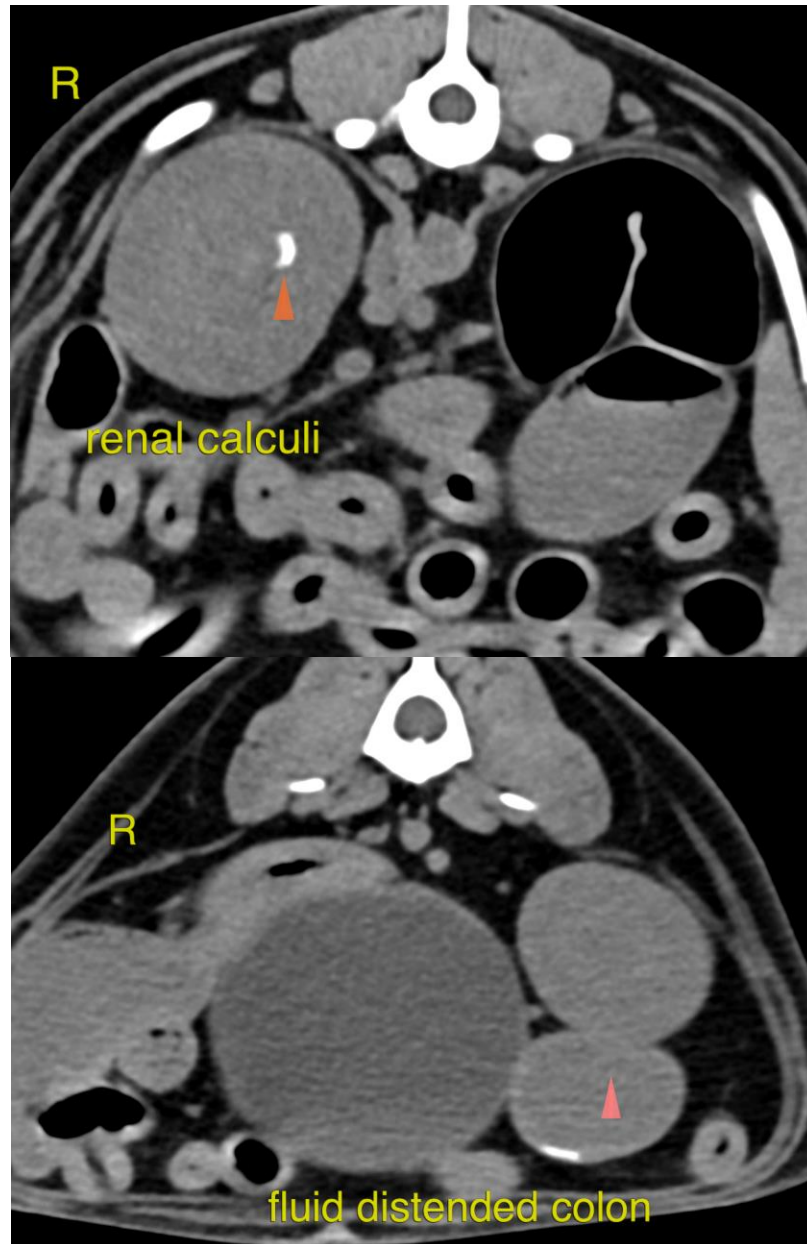
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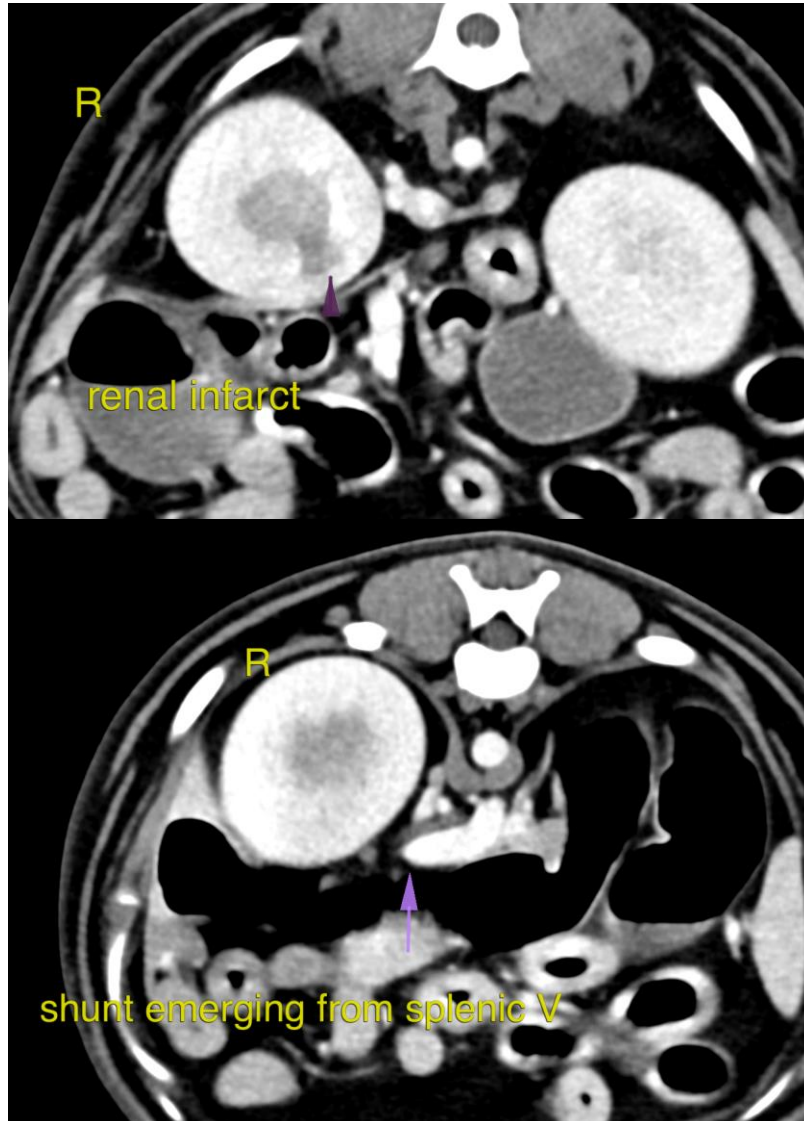
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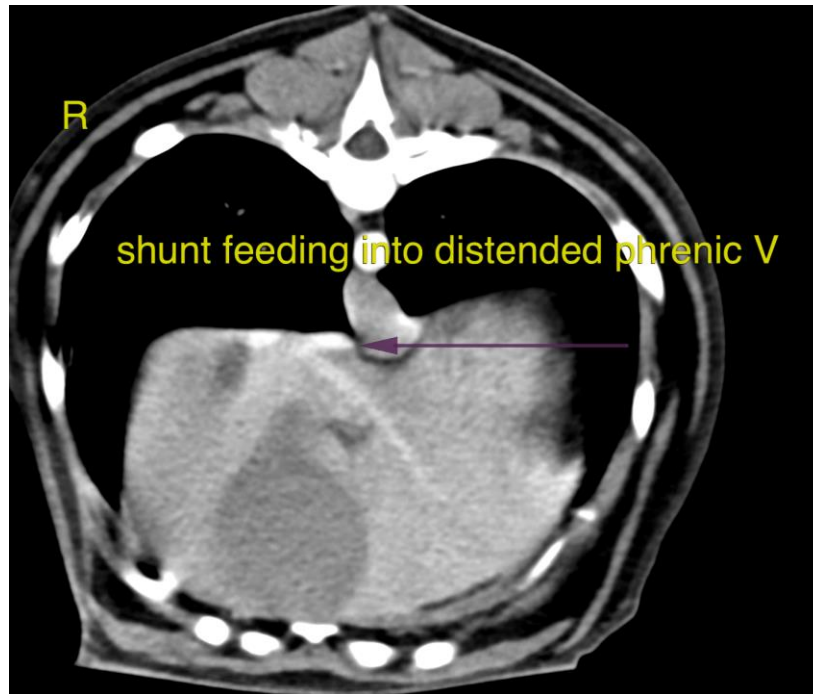
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
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