



PATIENT

Prince Barrett

PRESENTING CLINICAL SIGNS

Hx of ammonium urate uroliths. low BUN, elevated bile acids. Rule out liver shunt.
Abnormal PE/Chem/CBC/UA Results: BUN 4, ATL 324, ALP 399

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies available for review.

BREED

Chihuahua mix

COMPUTED TOMOGRAPHIC FINDINGS

The liver is small in size. The intrahepatic portal vein branching is reduced. A single extrahepatic shunt vessel originates from the right gastric vein and courses in a long loop to the left side and dorsally. The dilated splenic vein feeds into the shunt vessel before it merges with 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 at the entrance to the caudal vena cava of 2.5mm. Portal vein diameter decreases abruptly cranial of the shunt origin.

SEX

Male Neutered

The gallbladder and common bile duct are mildly dilated.

AGE

3 Years

Mild bilaterally symmetric renomegaly is noted. There are multiple small calculi within the renal diverticuli of both kidneys. No evidence of pyelectasia is noted. The urinary bladder is moderately distended. A mild amount of urinary bladder sand is seen.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Single congenital extrahepatic portosystemic shunt of the right gastric vein type.
- Microhepatica.
- Compensatory renomegaly.
- Renal and urinary bladder (micro) lithiasis.

HOSPITAL NAME

Mobile Pet Imaging

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study confirms presence of a portosystemic shunt. A right gastric vein shunt is seen. The renal and urinary bladder calculi are likely to represent ammonium urates. Shunt closure by means of a slowly attenuating technique should be considered along with supportive medical and dietetic management.

REFERRING VET

Meaux

INVOICE

48755

DATE

12-2-21



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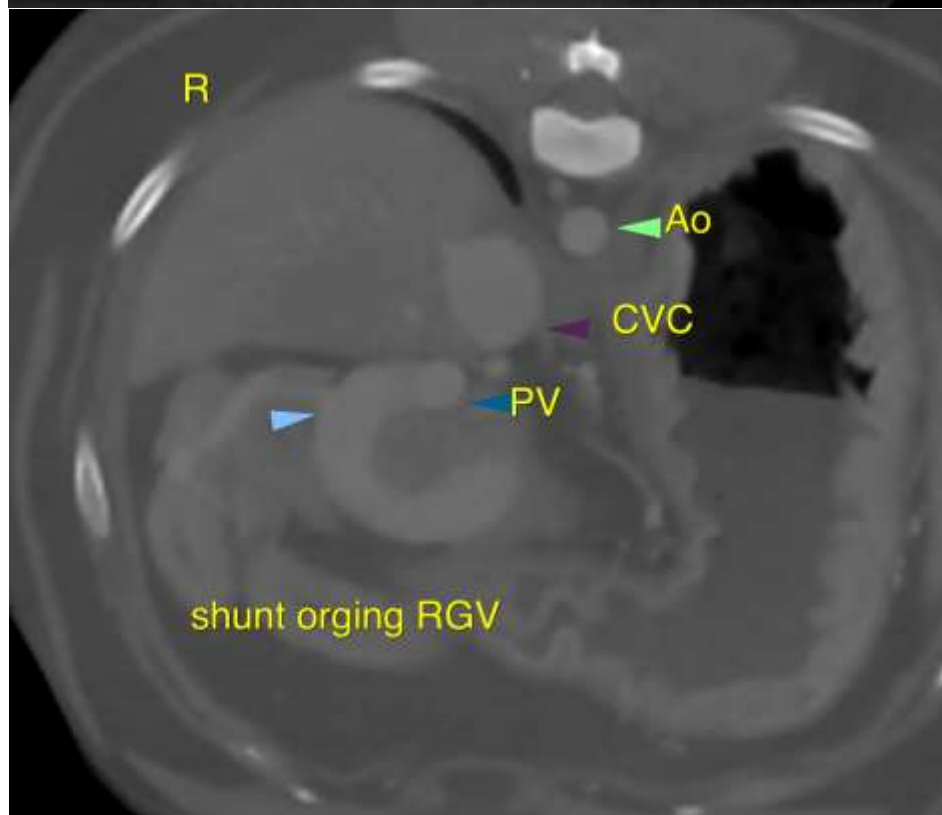
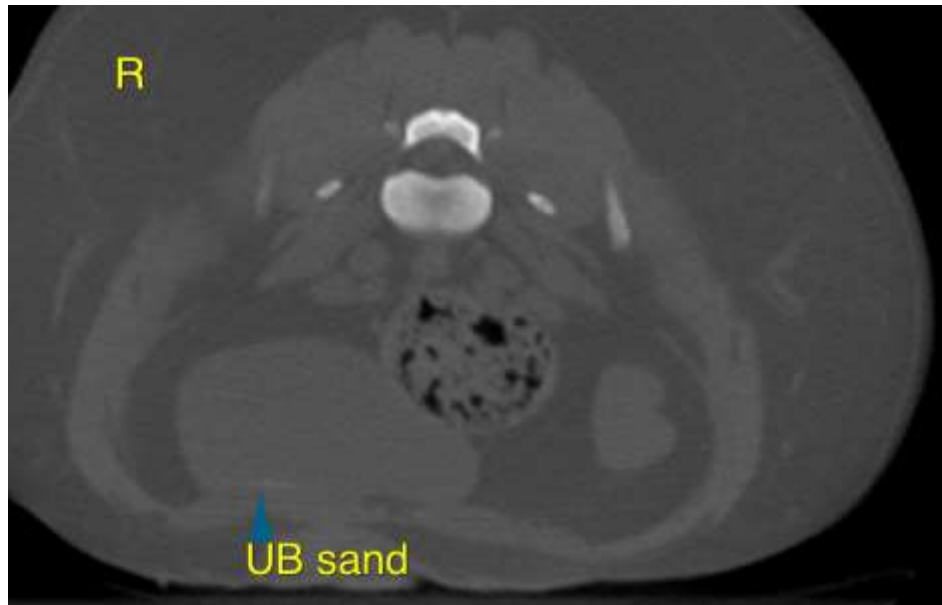
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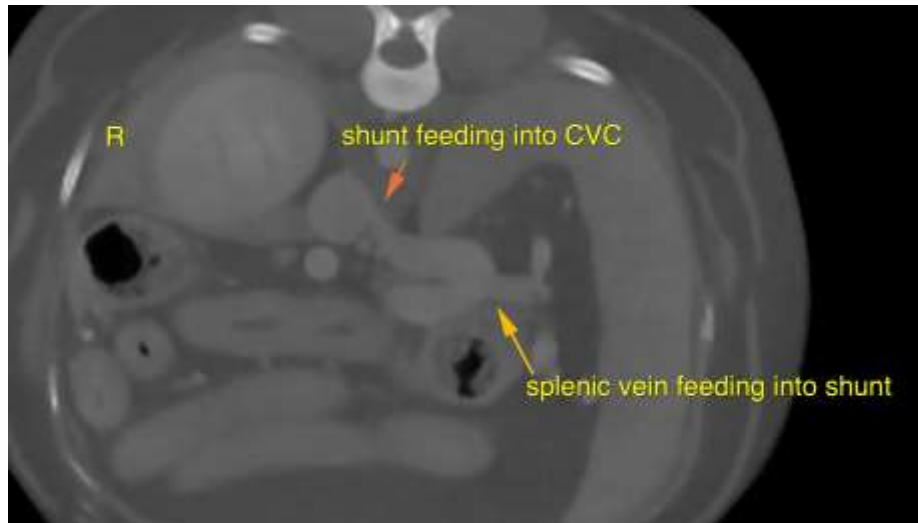
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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