



PATIENT

Spade Jackson

SPECIES

Canine

BREED

Poodle Mix

SEX

Male Intact

AGE

5M

WEIGHT

6.41kg

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Emily Johnson

HOSPITAL NAME

Bluegrass Veterinary
Specialists

REFERRING VET

Jessica Rutledge

INVOICE

73697

DATE

2-10-26

PRESENTING CLINICAL SIGNS

- initially presented on ER on 1/14 for being ADR with elevated liver values. no V has been seen at home, just slight lethargy.
- Has been doing very well since initial presentation.
- Bloody urine noted on 2/4 - was taken to RDVM, Clavamox was started (still currently on, approx 4 days left)
- Recheck Bile Acids were done at RDVM between 2 visits with us, increased values.
- suspect possibly liver shunt

Abnormal PE/Chem/CBC/UA Results: ALT - 293 AST - 154 US results - Bilirubin - 3 mg/dL WBC - 7 /HPF RBC - 3 /HPF Calcium Oxalate Dihydrate Crystals - 1-5 /HPF Struvite Crystals - 6-20 /HPF Unclassified crystals - <1 /HPF non-squamous Epithelial Cells - 3-5 /HPF

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and delayed post-contrast studies in soft tissue and bone windows of the abdomen are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The liver is subjectively small in volume consistent with reduced portal perfusion.

A single extrahepatic portosystemic shunt is identified. The shunt originates from the portal vein at the level of the splenic vein confluence. Shunt vessel measures up to 11mm in diameter and courses dorsally in a sigmoid configuration to terminate in the azygos vein. The findings are consistent with a porto-azygos shunt. The portal vein cranial to the shunt origin is markedly attenuated reflecting diversion of portal blood flow. The right azygos vein is severely dilated consistent with chronic increased flow through the shunt.

A severely distended gallbladder without mural thickening, mineralization, or evidence of biliary obstruction is seen. The findings likely reflect functional cholestasis associated with reduced portal perfusion.

Mild bilaterally symmetric renomegaly is noted likely compensatory due to altered hepatic metabolism and increased renal solute load. Small nonobstructive calculi are identified within the kidneys and urinary bladder. No ureteral obstruction is detected at the time of imaging.

There is no evidence of ascites.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Congenital single extrahepatic portosystemic shunt: porto-azygos type.
- Secondary microhepatica.
- Severe azygos vein dilation.
- Marked gallbladder distension.
- Mild bilateral renomegaly
- Small nonobstructive urolithiasis.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The study confirms the presence of a single congenital extrahepatic portosystemic shunt. Portal blood



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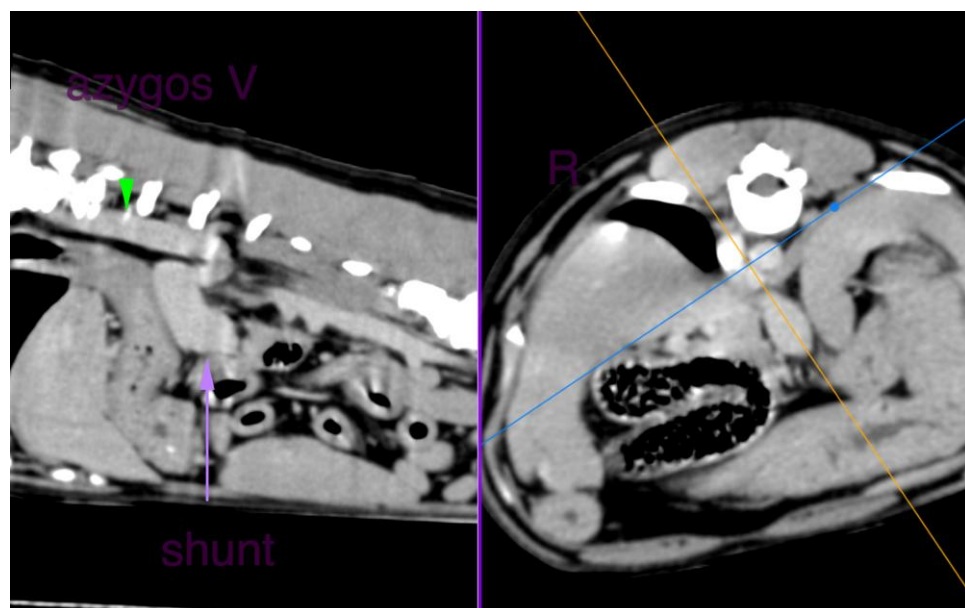
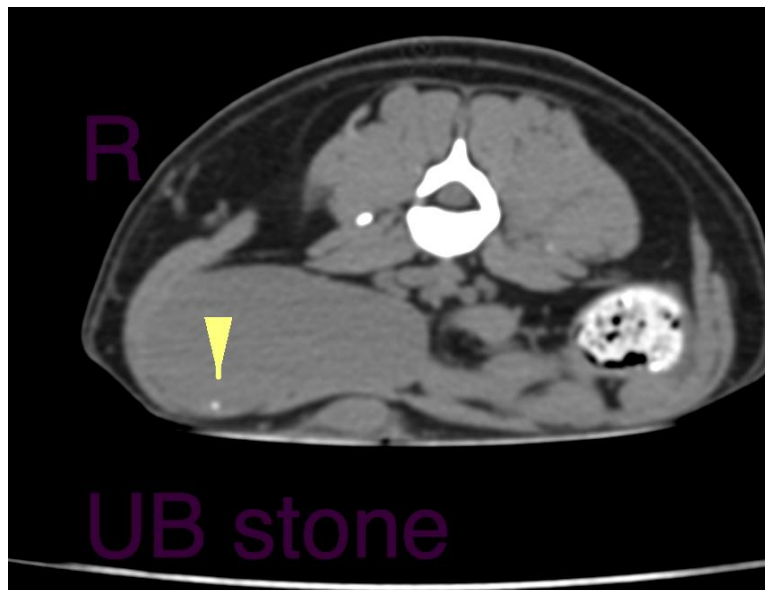
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bypasses the liver and drains directly into the systemic circulation via the azygos vein resulting in reduced hepatic development, inadequate hepatic detoxification, elevated bile acids, and liver enzymes with risk of hepatic encephalopathy, urine crystal formation, and compensatory renal enlargement due to increased renal excretion of metabolites. The porto-azygos configuration is surgically correctable despite being in a dorsal location and generally carries a good prognosis after attenuation. Gradual surgical attenuation such as with ameroid constrictor or cellophane banding can be considered along with preoperative medical management, urinary monitoring, and dietetic management.





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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 (Ondreka), DVM, Dr. med. vet., DipECVDI

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