



PATIENT

Pretty Kitty Garcia

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

4Y

WEIGHT

11.4lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Monika Salgado

HOSPITAL NAME

Westchester Animal
Hospital

REFERRING VET

Randy Dominguez

INVOICE

74177

DATE

3-12-26

PRESENTING CLINICAL SIGNS

- Presented for cystotomy due to an urinary bladder stone. Referred from ACSH with a history of PSS and left side nephrectomy 1-2 years ago.

Abnormal PE/Chem/CBC/UA Results: Unremarkable

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review. Motion artifacts create streaks and blur.

COMPUTED TOMOGRAPHIC FINDINGS

A single, smooth, ovoid, mineral attenuating calculus measuring 7 x 3mm is seen within the urinary bladder. No significant wall thickening or other bladder abnormalities are identified.

The patient has a history of left nephrectomy. The right kidney is compensatory enlarged. The left kidney is absent. No evidence of ureteral dilation or obstruction is seen.

Microhepatica is noted consistent with chronic portosystemic shunting. The portosystemic shunt remains patent. The shunt arises from the splenic vein, courses dorsally into the retroperitoneum along the diaphragm, and paralleling the aorta into the thorax cranial to the heart. Distal shunt termination is not fully included in the study. Shunt diameter is approximately 8mm. Portal vein diameter decreases abruptly cranial to the shunt origin.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Single urinary bladder calculus suitable for cystotomy.
- Patent single extrahepatic portosystemic shunt with microhepatica consistent with prior diagnosis.
- Compensatory hypertrophy right kidney following contralateral nephrectomy.
- No evidence of ureteral obstruction.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The patient's bladder stone is likely the cause of the clinical signs. The right kidney shows compensatory hypertrophy which is appropriate given prior left nephrectomy.

Microhepatica and persistent shunting indicate chronic hepatic underperfusion consistent with long standing portosystemic shunt. Surgical planning for cystotomy could include shunt attenuation.



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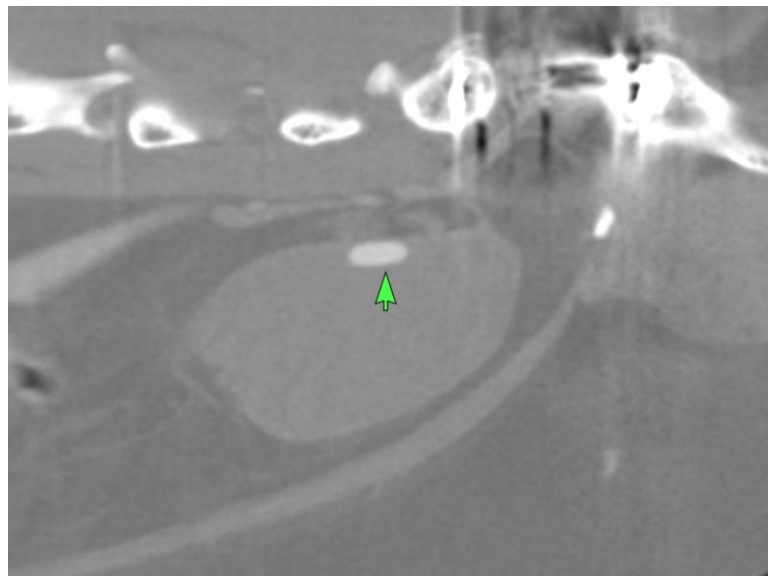
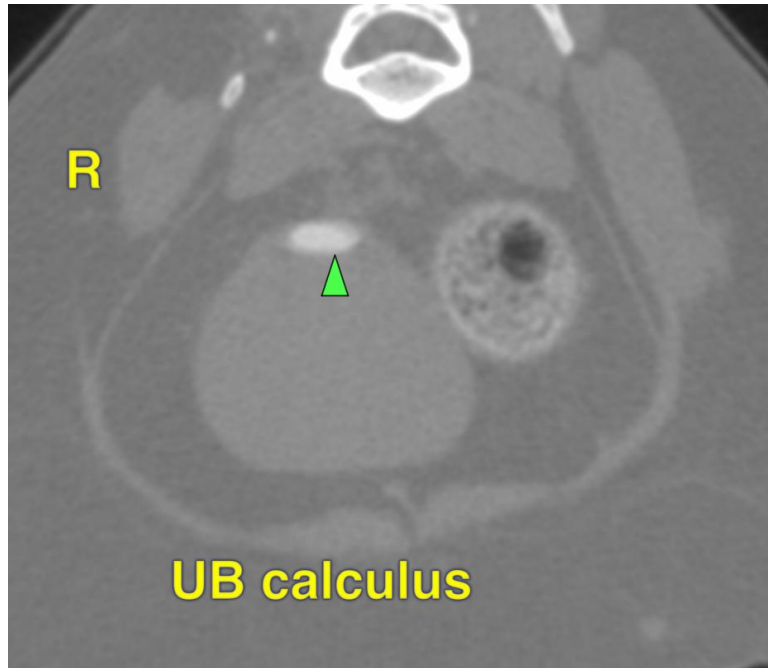
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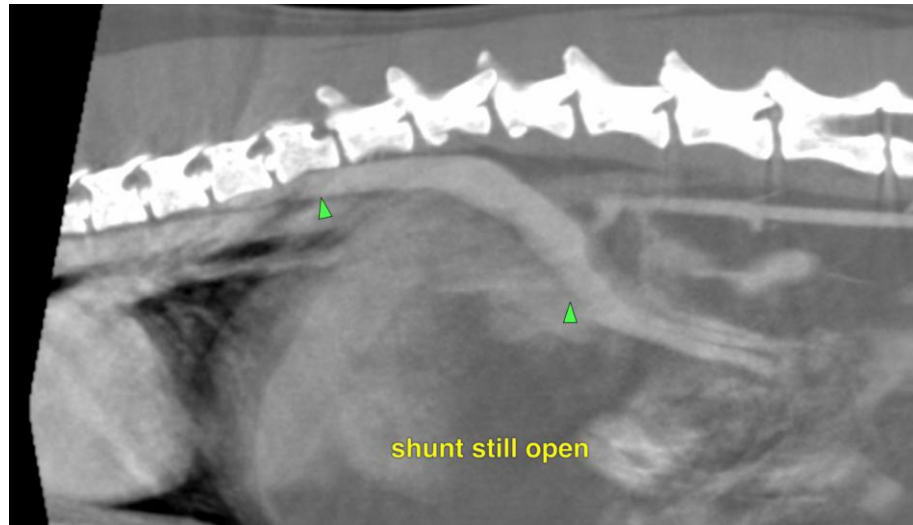
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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