

**PATIENT**

Daisy Brown

PRESENTING CLINICAL SIGNS

Elevated liver enzymes Elevated bile acids (pre - 145 post 108) Rule out liver shunt

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies available for review.

BREED

Pekingese

COMPUTED TOMOGRAPHIC FINDINGS

A single extrahepatic portosystemic shunt is seen connecting the splenic vein with the caudal vena cava. Shunt origin is level with the splenic vein orifice. The shunt then courses dorsally to connect with the caudal vena cava via a short loop from the lefthand side. Maximum shunt diameter is 1.0 cm. The shunt opens into the caudal vena cava level with the cranial pole of the right kidney. The portal vein diameter decreases abruptly cranial of the shunt origin.

SEX

FS

Microhepatica is noted. The intrahepatic portal vein branching appears to be reduced.

AGE

1.5

The gallbladder is moderately distended with uniformly fluid attenuating content.

The kidneys present within normal limits except for mild generalized enlargement.

A mild amount of mineral attenuating material is seen within the urinary bladder.

INTERPRETED BYNele Eley, DVM
Dr. med. Vet. DipECVDI**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Single congenital extrahepatic shunt of the spleno-caval type.
- Microhepatica.
- Compensatory renomegaly.
- Urinary bladder calculi/sand compatible with ammonium urate.

HOSPITAL NAMEMountain West
Veterinary Hospital**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study confirms presence of a single extrahepatic portosystemic shunt. A congenital spleno-caval shunt is identified. Consider shunt closure by means of a slowly attenuating technique along with dietetic and medical management.

REFERRING VETDr. Melanie
Thompson**INVOICE**

51103

DATE

3-23-22



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HOSPITAL NAME

Mountain West
Veterinary Hospital

REFERRING VET

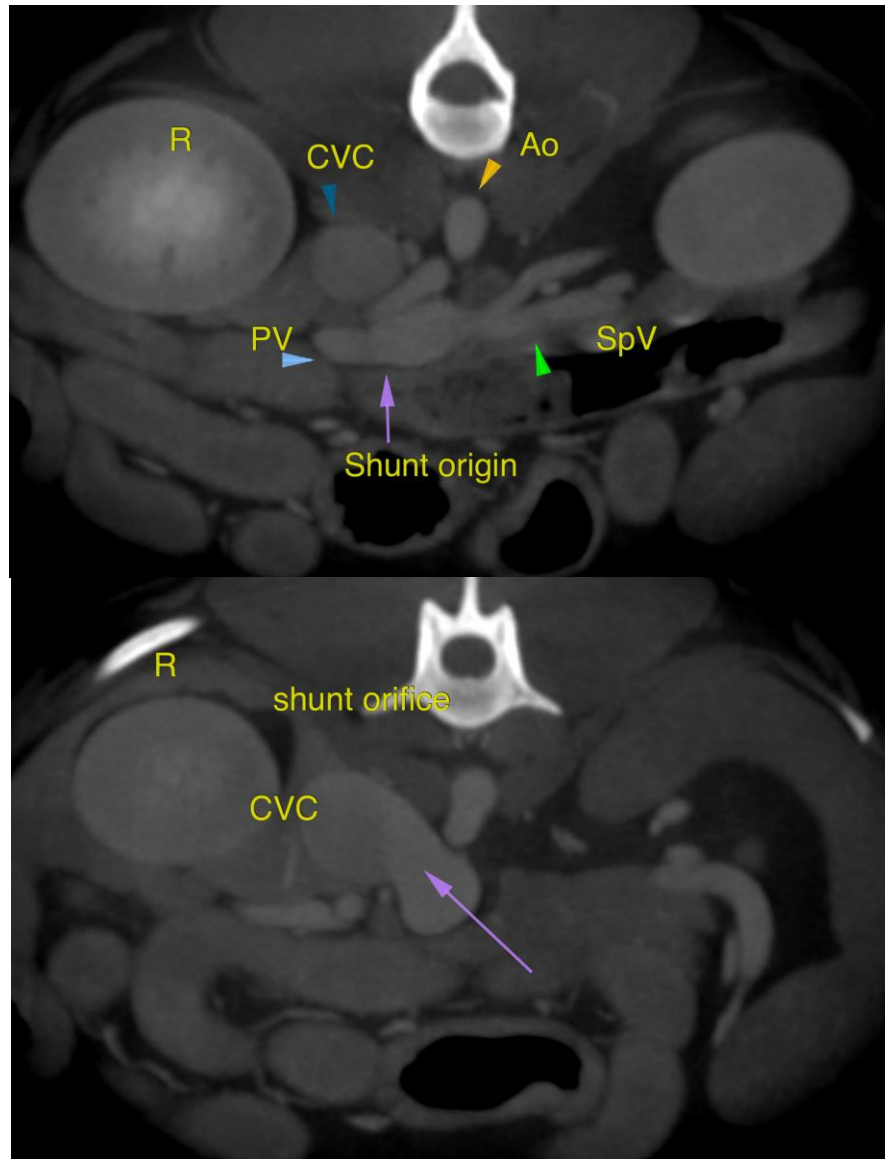
Dr. Melanie
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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