



## PATIENT

Capone Trilla

## SPECIES

Feline

## BREED

DSH

## SEX

F

## AGE

6M

## WEIGHT

2.22kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Burton

## HOSPITAL NAME

Mountain West  
Veterinary Specialists

## REFERRING VET

Dr. Andrew Burton

## INVOICE

74291

## DATE

3-23-26

## PRESENTING CLINICAL SIGNS

- prev hx of bile acids and ammonia
- suspect portosystemic shunt

## COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

There is a single extrahepatic portosystemic shunt originating from the splenic vein and coursing cranially and dorsally connecting to the phrenic vein level with the diaphragm and subsequently draining into the caudal vena cava. Maximum shunt diameter is 5mm. Portal vein cranial to the shunt origin is reduced in caliber consistent with diversion of portal blood flow.

The liver is subjectively small in size. The parenchyma is otherwise uniform. No evidence of biliary obstruction is seen. The gallbladder is moderately distended.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Single extrahepatic congenital portosystemic shunt arising from the splenic vein and draining via the phrenic vein into the caudal vena cava.
- Microhepatica.
- No evidence of biliary obstruction.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with a congenital extrahepatic portosystemic shunt which correlates with the markedly elevated bile acids. Surgical attenuation such as ameroid constrictor or cellophane banding is typically the treatment of choice. Adjunctive medical and dietetic management may be considered. Liver biopsy at the time of surgery is recommended to assess for secondary hepatic changes.



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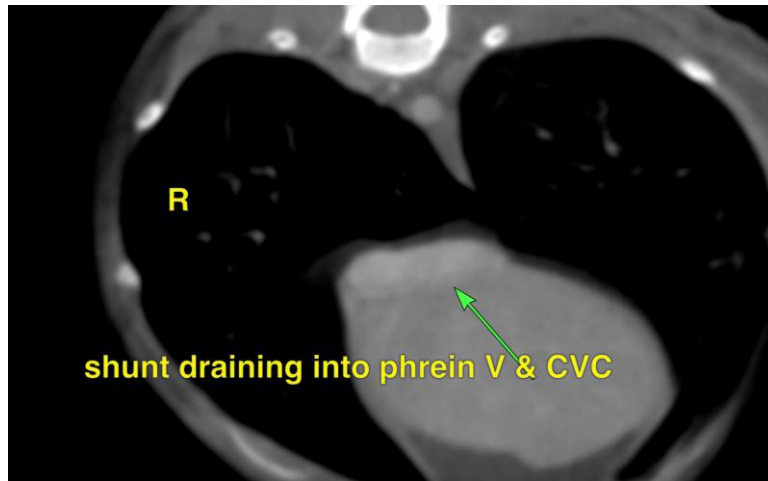
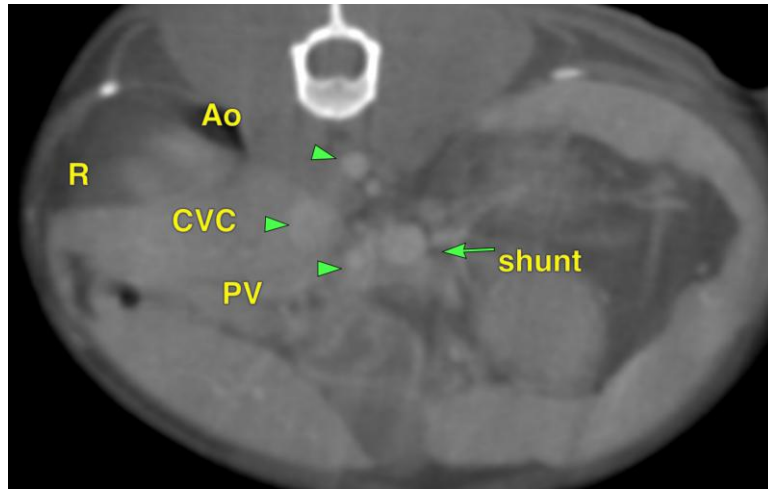
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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