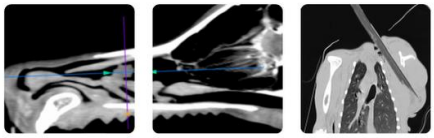

PATIENT

Phoebe 2614 - CT Scott-Gonzales - Bellevue Animal Hospital

SPECIES

Canine

BREED

Chihuahua Mix

SEX

FS

AGE

4Y, 9M

WEIGHT

13.1lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pete Bashara, DVM

HOSPITAL NAME

Gentle Doctor Animal Hospital

REFERRING VET

Pete Bashara,DVM

INVOICE

74290

DATE

3-23-26

PRESENTING CLINICAL SIGNS

- Referred for CT - suspect shunt with pre COHAT labs finding increased liver enzymes
- Bile Acids completed with both pre and post values markedly increased
- Completely non-clinical patient

Abnormal PE/Chem/CBC/UA Results: Dental disease as the only altered physical exam finding Bile Acids (Pre- and Post-prandial) Fasting (pre) bile acids 284.3 umol/L (HIGH; <13); Postprandial bile acids >420.0 umol/L (HIGH; <25) ALT 1050 IU/L (H; <100) ALP 72 IU/L (<95) LDH 47 IU/L (<175) AST 119 IU/L (H; <65); Cholesterol 156 mg/dL (125-260) Triglycerides 146 mg/dL

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review. Study's L/R orientation is reversed.

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 7mm. 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.

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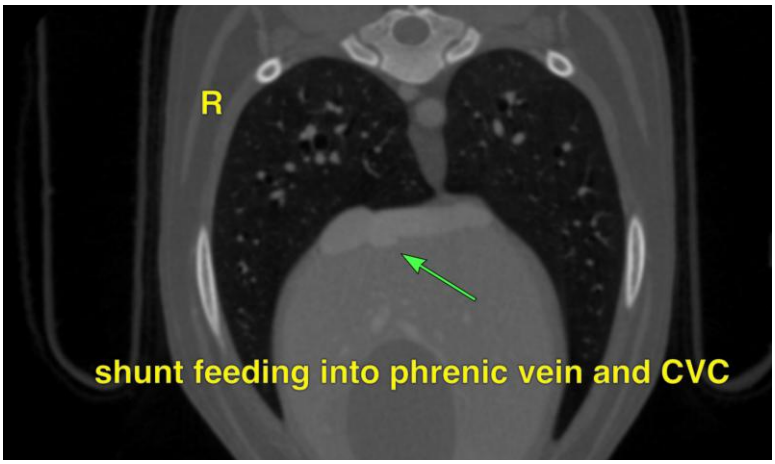
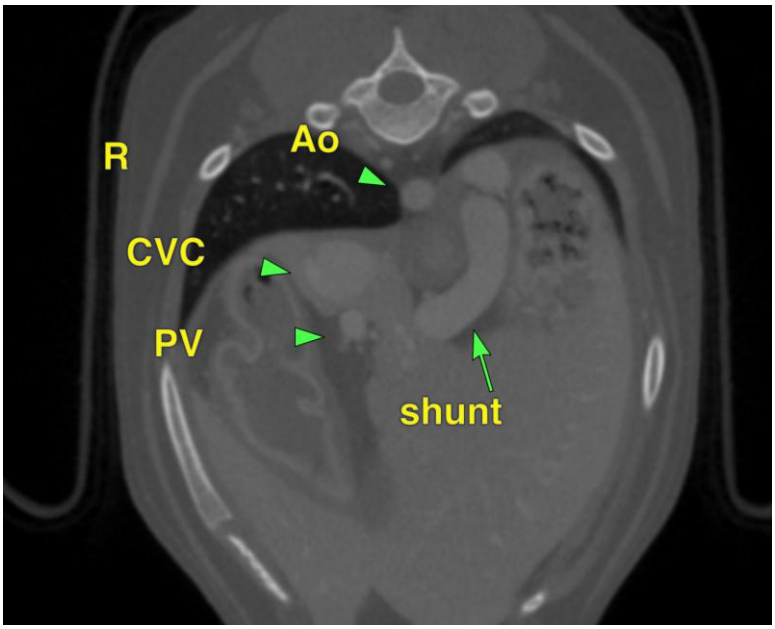
INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

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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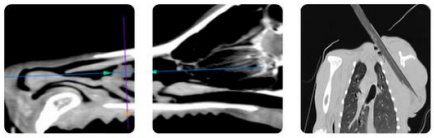

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3-23-26

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
info@sonopath.com