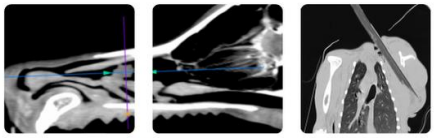

PATIENT

Nene Maldonado

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

M

AGE

2Y

WEIGHT

3.9lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

José L. Alvarado Bruno, CVT - CT Scan Technician

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Dr. A. Torres, DVM

INVOICE

74038

DATE

3-3-26

PRESENTING CLINICAL SIGNS

- NO significant clinical history until recently where the patient developed neurological signs, ataxia, tremors and general discomfort. He also presented with anorexia and hypersalivation.
- PROVISIONAL DIAGNOSIS OR REASON FOR REFERRAL
- Portosystemic shunt (patient requires additional diagnostics bile acids with ammonia and CT scan with contrast.)
- Neurological disorder.

Abnormal PE/Chem/CBC/UA Results: CHEM --- ALB mild decreased (2.4), ALP moderate increased (261), ALT mild to moderate increased (169), AMYL mild decreased (187), GLU mild increased (116) and Na+ mild increased (162)

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Microhepatica is noted.

A single extrahepatic portosystemic shunt arising from the left gastric vein and draining into the caudal vena cava at the level of the cranial pole of the of the right kidney is seen. Shunt diameter is 5mm. Portal vein cranial to the shunt origin is reduced in diameter.

Mild bilateral renomegaly and small bilateral nonobstructive renal calculi are seen.

No ureteral and urinary bladder calculi are identified.

Both testicles appear to be located within inguinal positions.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Single congenital extrahepatic portosystemic shunt, left gastric vein to caudal vena cava.
- Secondary microhepatica and reduced portal perfusion.
- Small bilateral nonobstructive nephrolithiasis.
- Bilateral inguinal cryptorchid testes.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

CT confirms a single extrahepatic congenital portosystemic shunt consistent with breed predisposition and clinical signs of hepatic encephalopathy. Microhepatica reflects chronic diversion of portal flow. The reduced portal vein diameter cranial to the shunt supports significant reduced portal perfusion.

Renal calculi are incidental at this stage and nonobstructive.

Cryptorchism is an additional finding in carries long term neoplastic risk if not addressed.

Consider presurgical stabilization prior to definitive treatment by means of surgical attenuation using gradually attenuating techniques preferably to reduce risk of acute portal hypertension.

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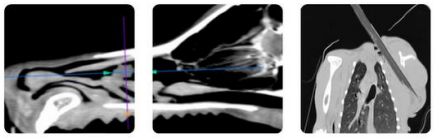

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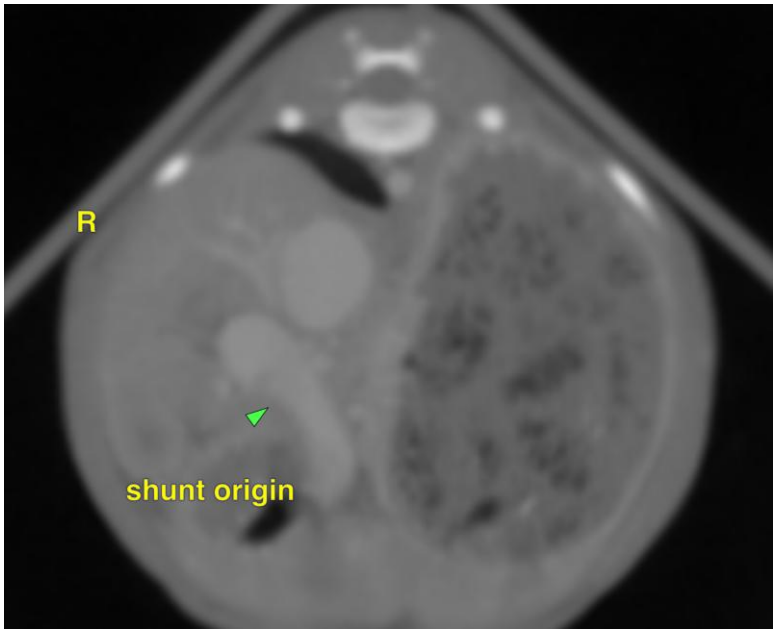

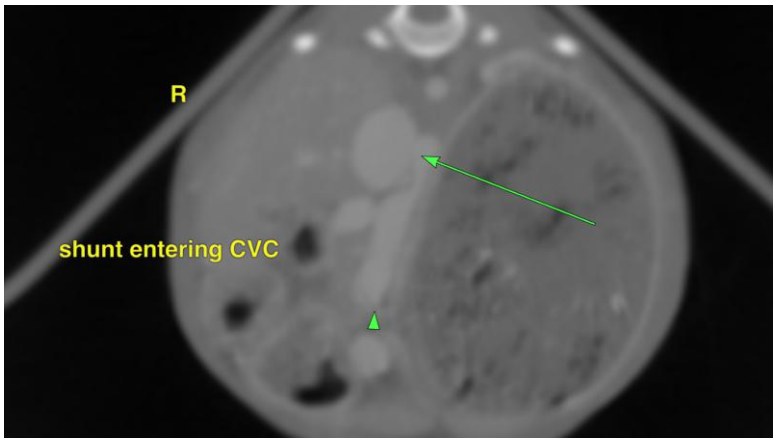

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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.
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