



PATIENT

Bluey Rosengarden

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

1Y, 6M

WEIGHT

5.63kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Novoa

INVOICE

74668

DATE

4-20-26

PRESENTING CLINICAL SIGNS

Bluey is a 1.6-year-old FS DSH who presented for straining to urinate and not producing any urine. The patient has a history of recurrent ammonium urate bladder stones, hematuria, and dysuria. On 11/09/25, she underwent a cystotomy where 4 large stones were removed. In January 2026, she was hospitalized for IV fluid diuresis after radiographs revealed bladder stones again. 3 weeks after that, she began showing signs of dysuria again. An abdominal US (4/2/26), revealed a bladder with a large amount of mineralized debris. Bluey had fasting and postprandial bile acids performed on 4/6/26, as well as a urinalysis. Fasting bile acids were increased at 23.2 umol/L (0-6.9). Postprandial bile acids were increased at 55.8 umol/L (0-14.9). The urinalysis showed an USG of 1.043, a neutral pH of 6.5, 3+ protein, 3+ blood, 1+ bilirubin, over 100 red blood cells per high power field, and moderate cocci. EPOC (4/9/26): pH 7.459, Na 151, K 4.1, iCa 1.18, Hct 29%, glucose 118, lactate 1.17, BUN 9, Crea 0.79. She is currently taking gabapentin and k/d diet. The abnormal bile acids indicate either liver dysfunction or abnormal portal circulation. To distinguish between these possibilities, a contrast CT to trace blood flow through the liver is required (CT portogram).

Abnormal PE/Chem/CBC/UA Results: PE: T 102.3 F, HR 184, RR 30, MM Pink, CRT <2 seg, H/L: WNL.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A single, well-defined, extrahepatic portosystemic shunt is identified originating from the splenic vein, extending to the phrenic vein with termination into the caudal vena cava level with the diaphragm. The shunt vessel measures approximately 5mm in diameter. The portal vein cranial to the shunt is reduced in caliber consistent with decreased intrahepatic portal perfusion.

The liver is diffusely reduced in size. The parenchyma appears uniform without focal structural changes.

The urinary bladder contains multiple small mineral attenuating calculi and sediment.

Bilateral mild renomegaly is noted. There is no evidence of hydronephrosis, renal, or ureteral calculi at the time of the examination.

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

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

The abdominal lymph nodes are within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Single congenital extrahepatic portosystemic shunt, splenic to phrenic shunt.
- Secondary microhepatica and renomegaly.
- Urinary bladder calculi and cystitis consistent with ammonium urate stones.



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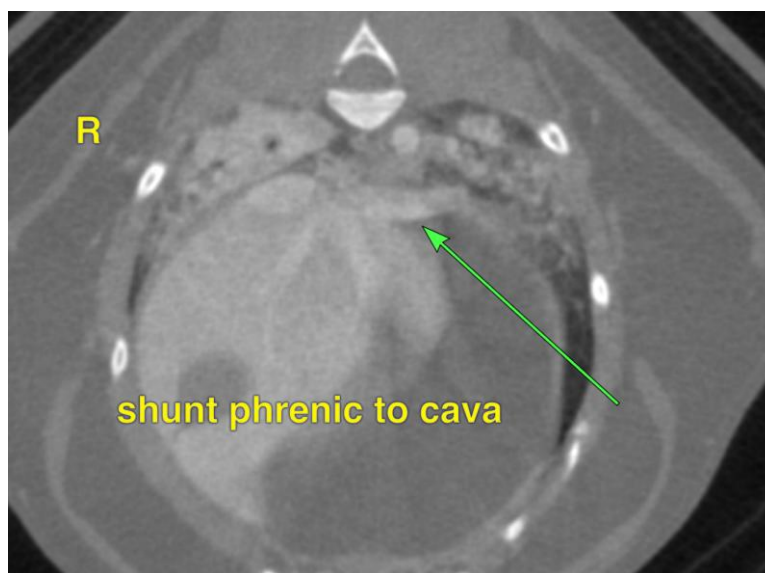
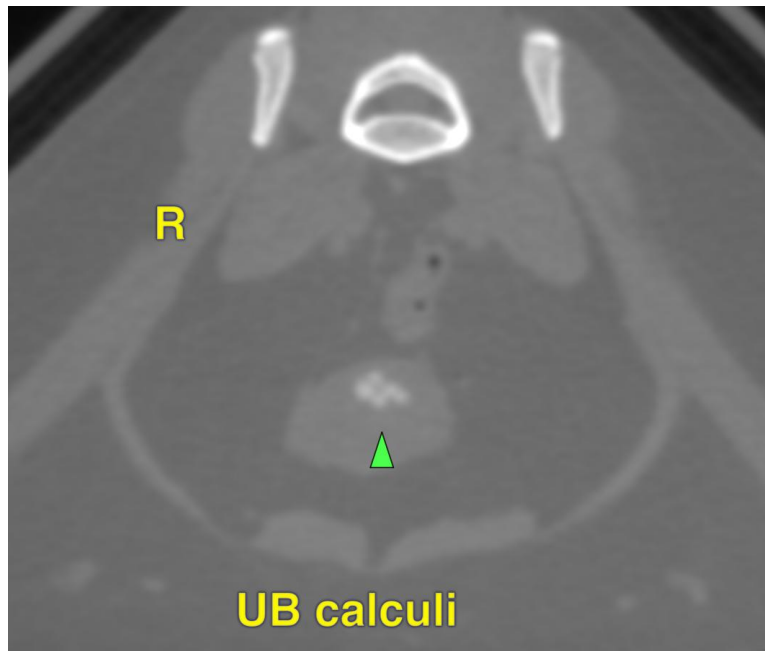
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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The identified extrahepatic portosystemic shunt explains the patient's clinical signs and laboratory changes. This shunt type is well recognized in cats and typically congenital. There is no evidence of multiple acquired shunts, portal hypertension, or primary hepatopathy.

Consider surgical shunt attenuation such as by ameroid constrictor or cellophane banding. Medical management such as protein modified hepatic diet, lactulose, and antimicrobial treatment can be considered as well.





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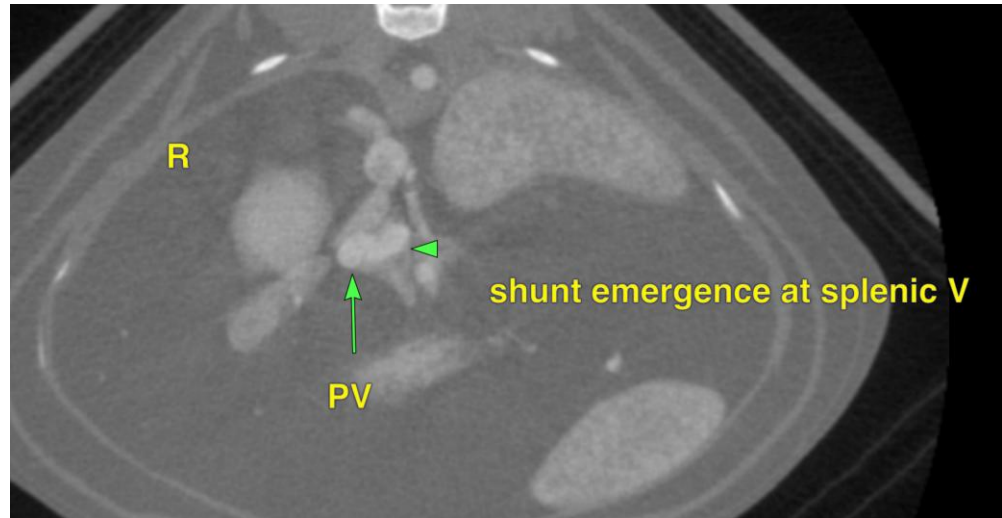
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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