



## PATIENT

Wesley Cambas

## SPECIES

Canine

## BREED

Poodle Mix

## SEX

Male

## AGE

1Y, 8M

## WEIGHT

4.11kg

## 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

74670

## DATE

4-20-26

## PRESENTING CLINICAL SIGNS

Wesley, a 1.8-year-old intact male Poodle Mix, is presented for further evaluation of a suspected portosystemic shunt following a diagnosis of urate bladder stones. Patient underwent a cystotomy in November 2025 to remove what were confirmed to be urate stones. The client reported that the post-operative recovery was difficult, with significant bleeding for several days. Wesley has a history of intermittent lethargy and vomiting, particularly when he does not eat. He also has had episodes of reverse sneezing. Previous Diagnostics (Nov. 2025): CBC: Showed a microcytic hypochromic red blood cell morphology without anemia, a peripheral neutrophilia (15,270/microliter), and a mild monocytosis (1,330/microliter). Blood Chemistry: ALT was elevated at 256 U/L and AST was elevated at 115 U/L. Creatinine was minimally decreased at 0.4 mg/dL. Urinalysis: USG 1.035, pH 6.0, 5 white blood cells per high-powered field, hematuria, and suspected bacterial rods, but a Bladder Wall Culture was Negative. The client has been feeding a homemade diet. Protein C Test was performed (2/18/26), and the low value detected is consistent with either impaired hepatic synthesis or portosystemic shunting, then was recommended CT portogram as next diagnostic step.

Abnormal PE/Chem/CBC/UA Results: PE: T 101.0 F, HR 124, RR 30, MM Pink, CRT <2 seg. H/L: WNL. Dental Calculus (1/4), Heart Murmur (1/6). Bloodwork (4/15/26). CBC: RBC 10.00 M/uL (5.84 - 8.95), MCV 50 fL (62-76), MCH 17.3 pg (22.1-26.7), RDW 22 % (10.0-19.0), Reticulocyte Hemoglobin 18.9 pg (23.8-28.3), WBC 18.5 K/uL (5.8-16.2), Neutrophils 13080/uL (3004-9741), Monocytes 1258/uL (145-736), Basophils 148/uL (0-100). CHEM: Glucose <10 mg/dL (63-114), Creatinine 0.1 mg/dL (0.5-1.5), Sodium 135 mmol/L (142-152), Potassium 3.8 mmol/L (4.0-5.4), Chloride 104 mmol/L (108-119), Albumin 1.8 g/dL (2.7-3.9), Globulin 4.5 g/dL (2.4-4.0), Albumin:Globulin Ratio 0.4 (0.7-1.5), ALT <1 U/L (18-121), AST 480 U/L (16-55), ALP 187 U/L (5-160), Cholesterol 3423 mg/dL (131-345).

## COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

A single congenital extrahepatic portosystemic shunt is identified. Shunt origin is from the right gastric vein; termination is in the caudal vena cava from the left hand side level with the cranial pole of the right kidney. The shunt is tubular and long measuring approximately up to 7.5mm in diameter and narrowing to 3mm prior to its termination at the caudal vena cava. The portal vein diameter reduces cranial to the shunt origin.

Microhepatica is present. No focal hepatic lesions are identified.

Moderate distension of the gallbladder is noted with no evidence of mineralization or obstruction.

Multiple small cystic calculi are present within the urinary bladder. Mild urinary bladder wall thickening is seen.

Renal mineral sediment and small calculi are present bilaterally. No evidence of hydronephrosis or ureteral obstruction is identified at the time of the imaging.

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.



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

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

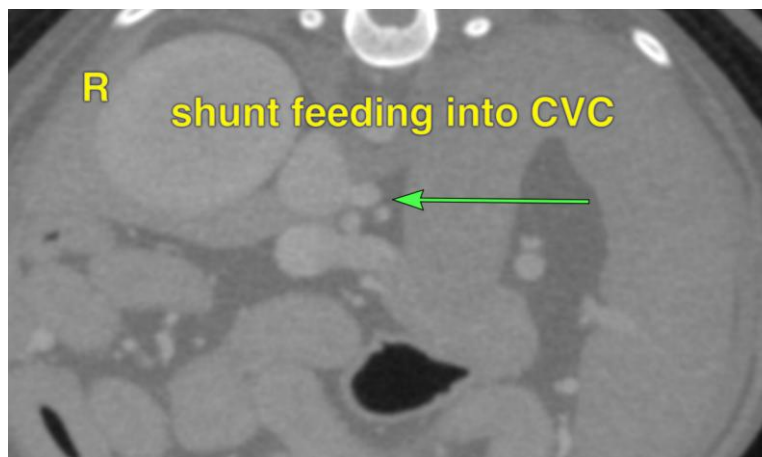
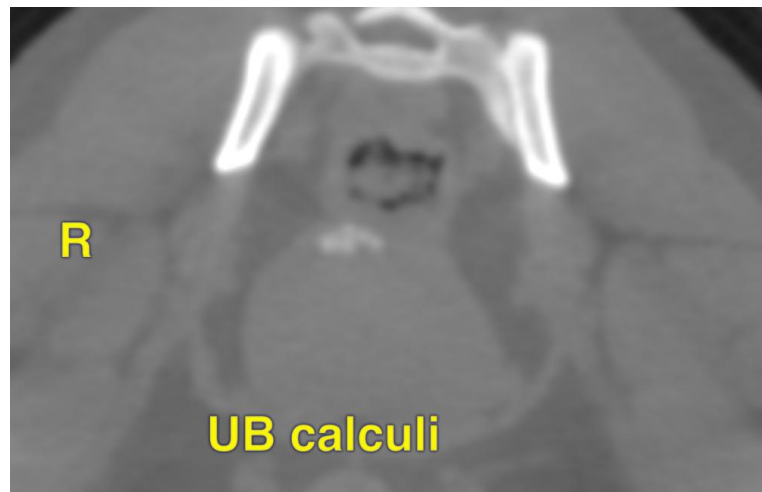
- Single congenital extrahepatic portosystemic shunt, right gastric vein to caudal vena cava.
- Secondary microhepatica.
- Renal and urinary bladder urolithiasis.

**INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**

The findings confirm a clinically significant single congenital extrahepatic portosystemic shunt which explains the patient's clinical signs and laboratory changes.

Presence of renal and urinary bladder calculi are noted which are nonobstructive at this time.

Consider surgical attenuation for definitive treatment. Gradual occlusion should be preferred such as ameroid constrictor or cellophane banding. Medical stabilization with hepatic diet, lactulose, and antimicrobial treatment can be considered as indicated.





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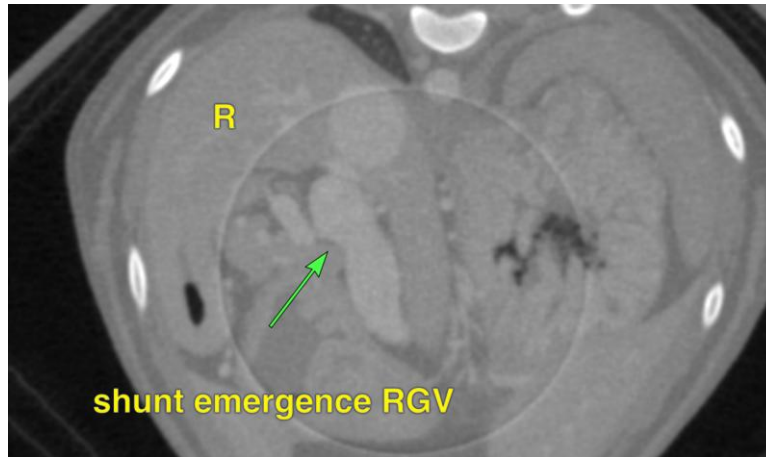
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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