



PATIENT

Annabell Puhl

PRESENTING CLINICAL SIGNS

Presented for a history of abdominal distension and ascites
 Abnormal PE/Chem/CBC/UA Results: Glucose 56mg/dl, creatinine 0.2 mg/dl, bun 6 mg/dl, alb 1.3 g/dl, glob 1.9 g/dl, tp 1.3, pcv , cholesterol 42 mg/dl, 31%(microcytic anemia) Protein c-71%
 BAA- 3.9 umol/l, 92 umol/l

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies available for review. Contrast resolution is limited owing to the size and patient age.

BREED

Yorkie

COMPUTED TOMOGRAPHIC FINDINGS

Mild microhepatica is noted. The gallbladder is moderately distended.

SEX

FI

There is a single large extrahepatic portosystemic shunt connecting the splenic vein in a short left sided loop to the caudal vena cava. The shunt orifice is level with the cranial pole of the right kidney. Shunt diameter is 10mm. The portal vein diameter decreases abruptly cranial of the shunt origin level with the splenic vein. Intrahepatic portal vein branching appears to be sparse.

AGE

6 Months

A mild amount of mineral attenuating material is seen in the renal papilla of both kidneys. There is no evidence of pyelectasia. The urinary bladder is moderately distended. No evidence of urinary bladder sand or calculi is seen.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

At this time, there is no evidence of abdominal effusion.

The small intestinal wall presents mild generalized thickening.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Single congenital extrahepatic portosystemic shunt of the spleno-caval type.
- Microhepatica.
- Mild bilateral renal sand - compatible with ammonium urates.
- Suspect diffuse enteropathy.

HOSPITAL NAME

Northeast Veterinary
 Referral Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals an extrahepatic spleno-caval shunt. Consider dietetic and medical management as well as shunt attenuation by means of a slowly attenuating technique.

The renal sand is likely to represent ammonium urates.

REFERRING VET

Dr. Runde

INVOICE

51361

The diffuse small intestinal wall thickening is borderline and may represent edema, enteritis, and less likely infiltrative disease. Further definition would be recommended in case of pertinent clinical signs.

DATE

4-6-22



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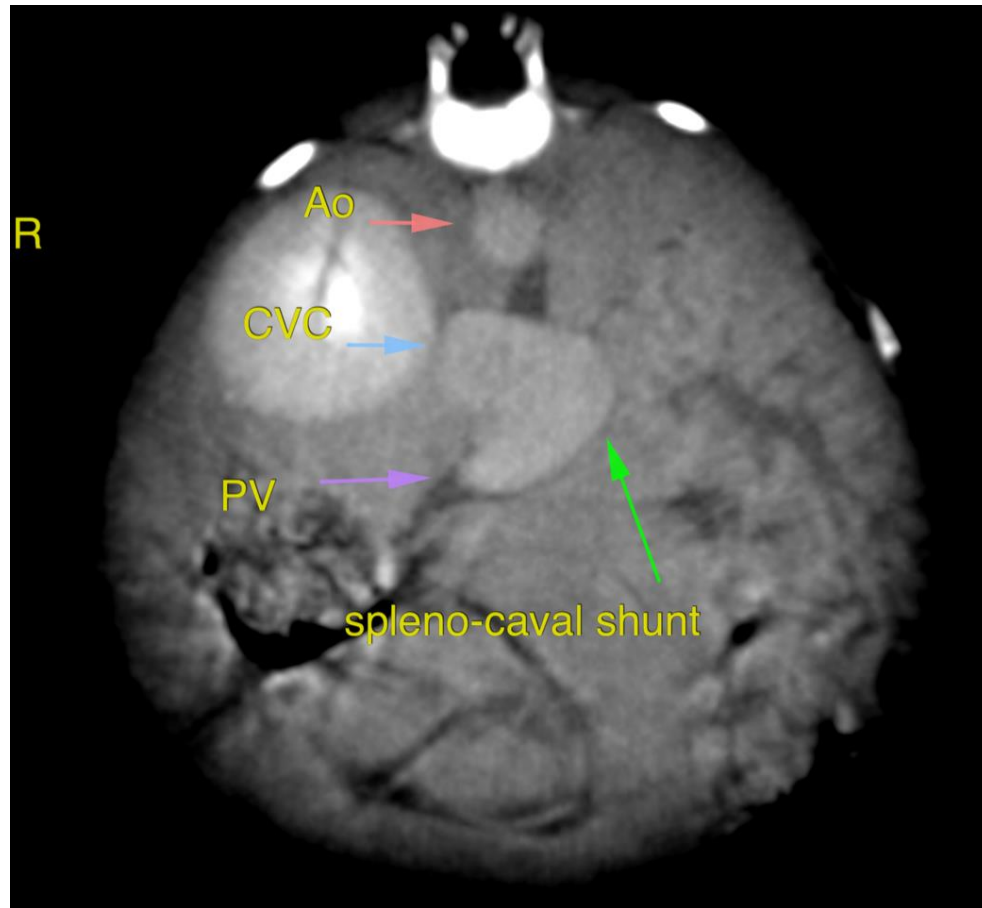
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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