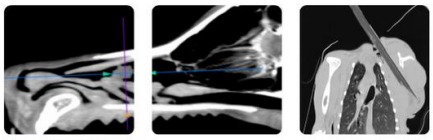

PATIENT

Whisky Dryburgh

SPECIES

Canine

BREED

Australian Shepherd

SEX

MN

AGE

1yr

INTERPRETED BY

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

HOSPITAL NAME

Belconnen Veterinary Centre

REFERRING VET

Eamon

INVOICE

24910

DATE

05/21/2026

PRESENTING CLINICAL SIGNS

presented to emergency 6mnt ago with marked depression
Abnormal PE/Chem/CBC/UA Results: BAS marked elevation

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies in soft tissue and bone windows are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The liver is diffusely reduced in size compatible with microhepatica. Right divisional intrahepatic portosystemic shunt is identified. Abnormal portal venous blood flow is seen, communicating directly with the systemic venous circulation via right divisional intrahepatic vascular connection with the caudal vena cava.

The kidneys are mildly and symmetrically enlarged bilaterally. A small mineral attenuating calculus is present within the right renal pelvis without associated hydronephrosis or evidence of obstruction at this time.

Within the urinary bladder there are multiple small mineral attenuating calculus including one larger calculus measuring ~ 1 cm in diameter.

The remaining abdominal organs are otherwise unremarkable.

Small mineral material is seen within the stomach.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Single congenital right divisional intrahepatic portosystemic shunt with associated microhepatica
- Mild bilaterally symmetric renomegaly due to compensatory over profusion
- Small non-obstructive renal pelvis calculus
- Right kidney cystolithiasis likely with ammonium urates

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The identified intrahepatic portosystemic shunt is consistent with congenital vascular anomaly and likely explains the reportedly elevated bile acids and neurologic signs. The associated microhepatica is compatible with reduced portal perfusion secondary to shunting. Mild bilateral renomegaly may reflect compensatory changes associated with hepatic underperfusion and dysfunction. The urinary tract calculi are a common concurrent finding due to altered hepatic metabolism and ammonium urate stone formation. The urinary bladder calculi may contribute to lower urinary tract signs if present clinically. Interventional surgical attenuation of the intrahepatic shunt should be considered.

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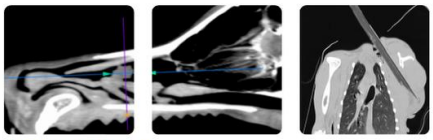

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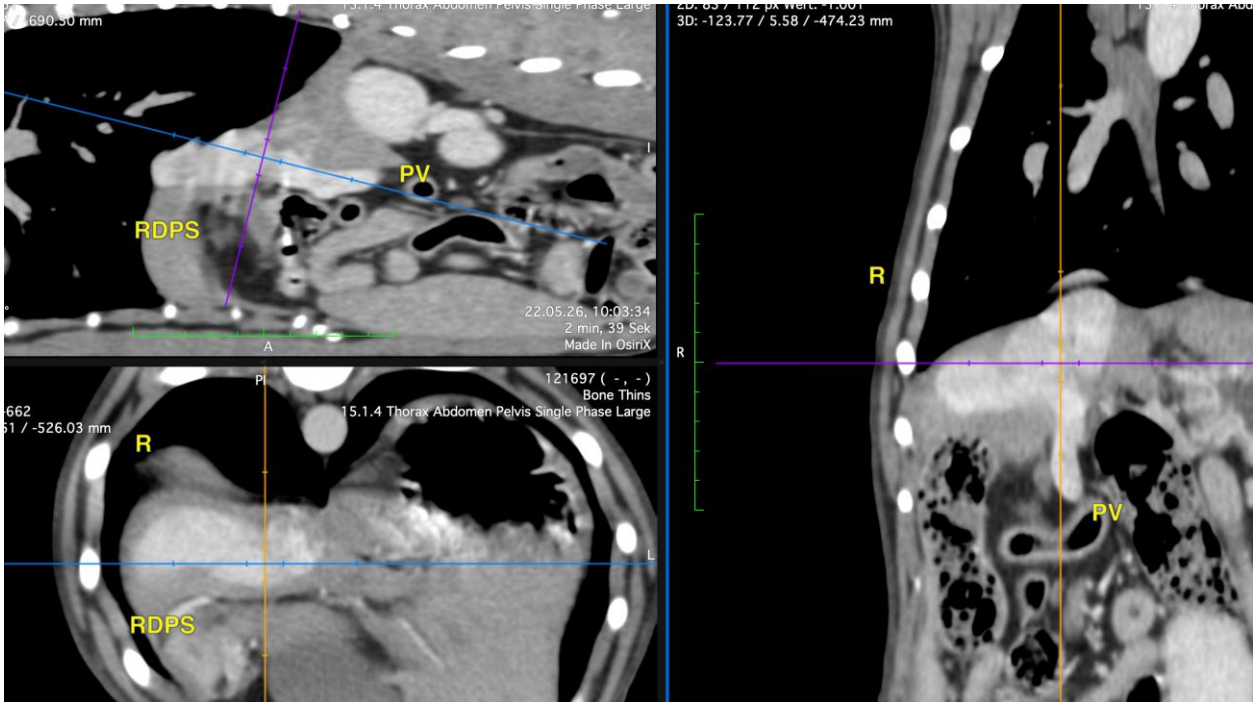

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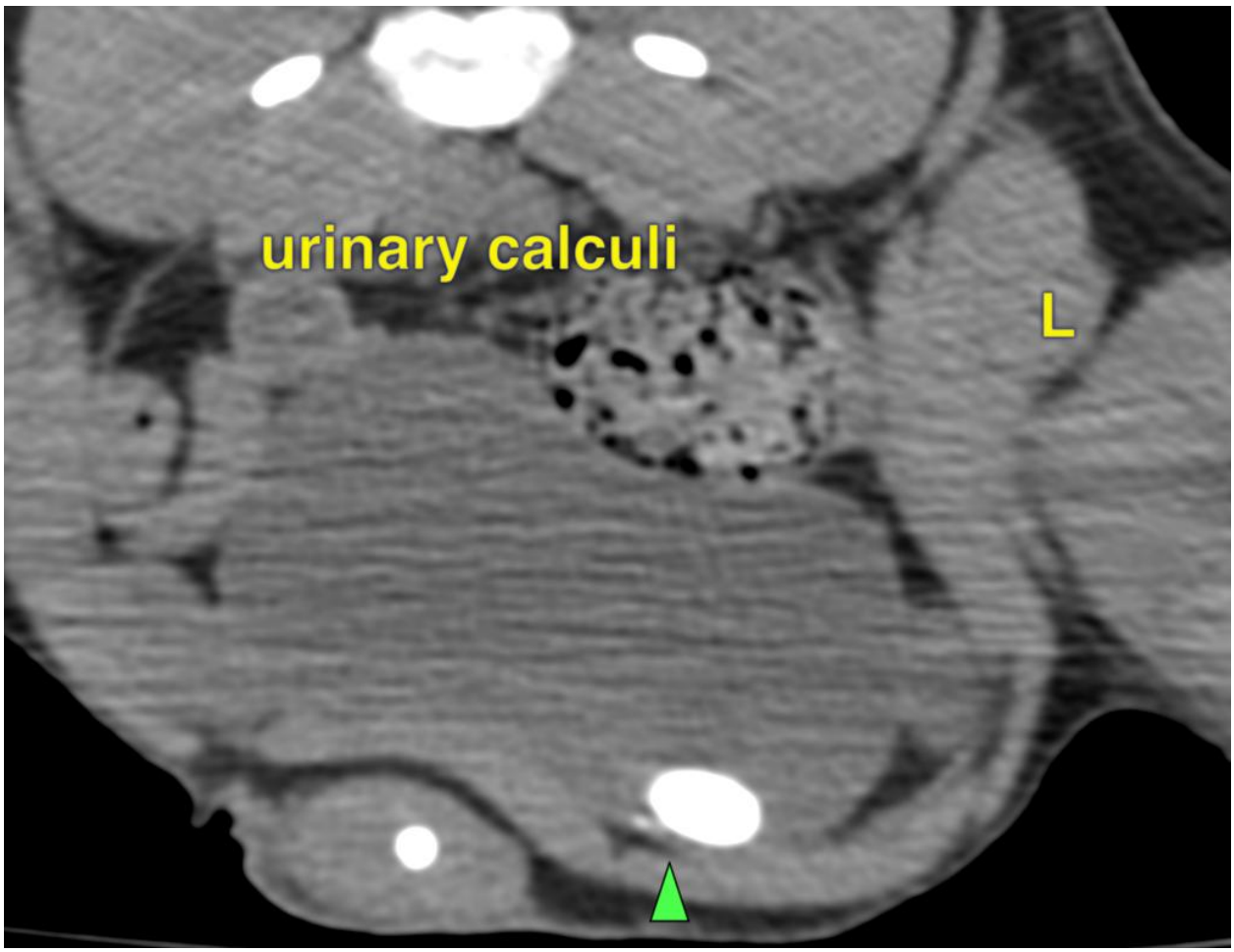

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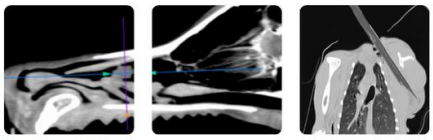

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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