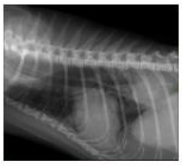
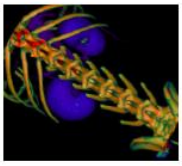
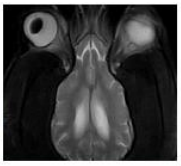

PATIENT

Kiba Mendoza

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

16 Years

INTERPRETED BY

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

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Meaux

INVOICE

52246

DATE

6-1-22

PRESENTING CLINICAL SIGNS

3-4 wk Hx of inappetence and lethargy. Abdominal pain on palpation, brief ultrasound showed concern for possible gall bladder disease.
Abnormal PE/Chem/CBC/UA Results: Elevated WBC 24.89 Creatinine 2.5, Phos 9.2

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A single extrahepatic portosystemic shunt connecting the portal vein with the phrenic vein and caudal vena cava is seen. Shunt emergence is level with the splenic vein entrance. The shunt then courses cranially and dorsally to feed into the dilated phrenic vein and enter the caudal vena cava from the left hand side through the dilated left hepatic vein. Abrupt decrease in the portal vein diameter cranial to the shunt origin is seen.

The liver is relatively small in size. Linear mineralization is seen within the right division of the liver. The gallbladder is severely distended with uniformly fluid attenuating content. Mild extrahepatic biliary duct dilation and mild dilation of the common bile duct is seen with mild generalized enlargement of the duodenal papilla. No discrete mass effect can be identified.

An approximately 2 cm sized irregular shaped hypoattenuating mass with multiple mineralizations is seen in the portal hilus in between the portal vein and the extrahepatic shunt. The mass appears to connect to the central division of the liver; however, origin of the mass cannot be definitively ascertained.

Multiple cortical renal cysts are seen within both kidneys.

The right adrenal gland presents within age related normal limits. The caudal pole of the left adrenal gland is expanded by a hypoattenuating 8.5mm sized nodule.

Moderate chronic disc protrusion is noted in the lumbar spine at L5/6.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Single congenital extrahepatic shunt of the portophrenic type.
- Mild common bile duct dilation and suspect duodenitis / papillitis.
- Left adrenal gland nodule.
- Mineralizing mass in the portal hilus.
- Cortical renal cyst - likely degenerative.
- Moderate chronic disc protrusion L5/6.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with a portosystemic shunt of the extrahepatic portophrenic type.

The mass within the portal hilus is likely to originate from the central division of the liver; however, pancreatic origin or lymph node origin cannot be ruled out entirely. The CT changes meet neoplastic

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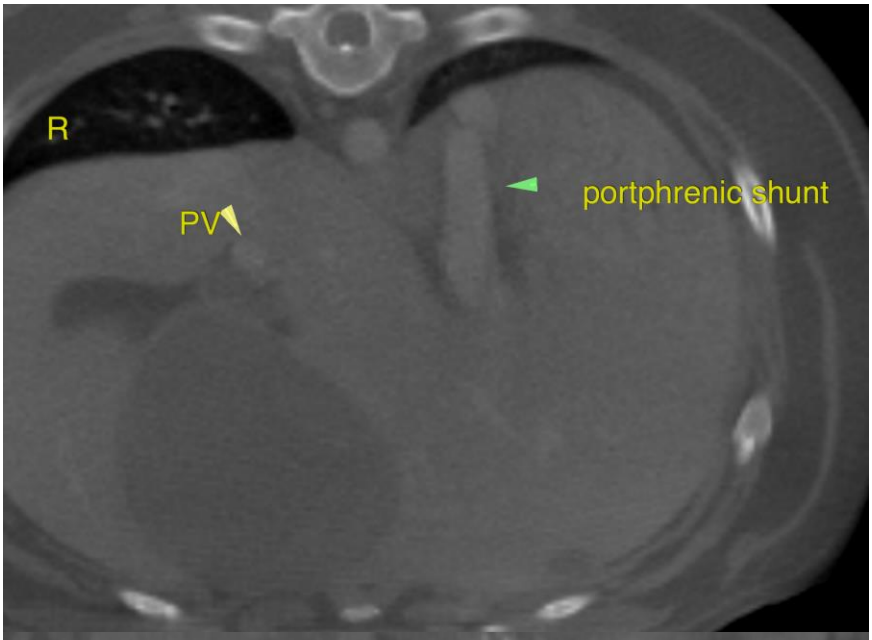
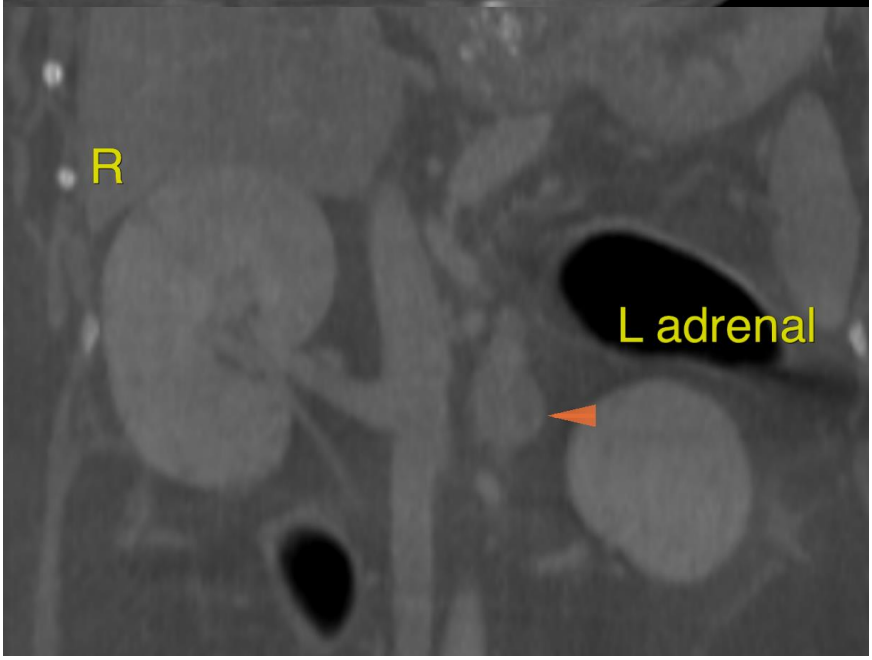
criteria. Granuloma and organizing hematoma, are thought highly unlikely as differential diagnoses. Consider ultrasound guided sampling versus surgical exploration with excisional biopsy of the mass and shunt attenuation for further definition.

Differential diagnosis for the left adrenal gland nodule include myelolipoma, adenoma, adenocarcinoma, pheochromocytoma, metastases, and incidentaloma. Correlate with the laboratory values.





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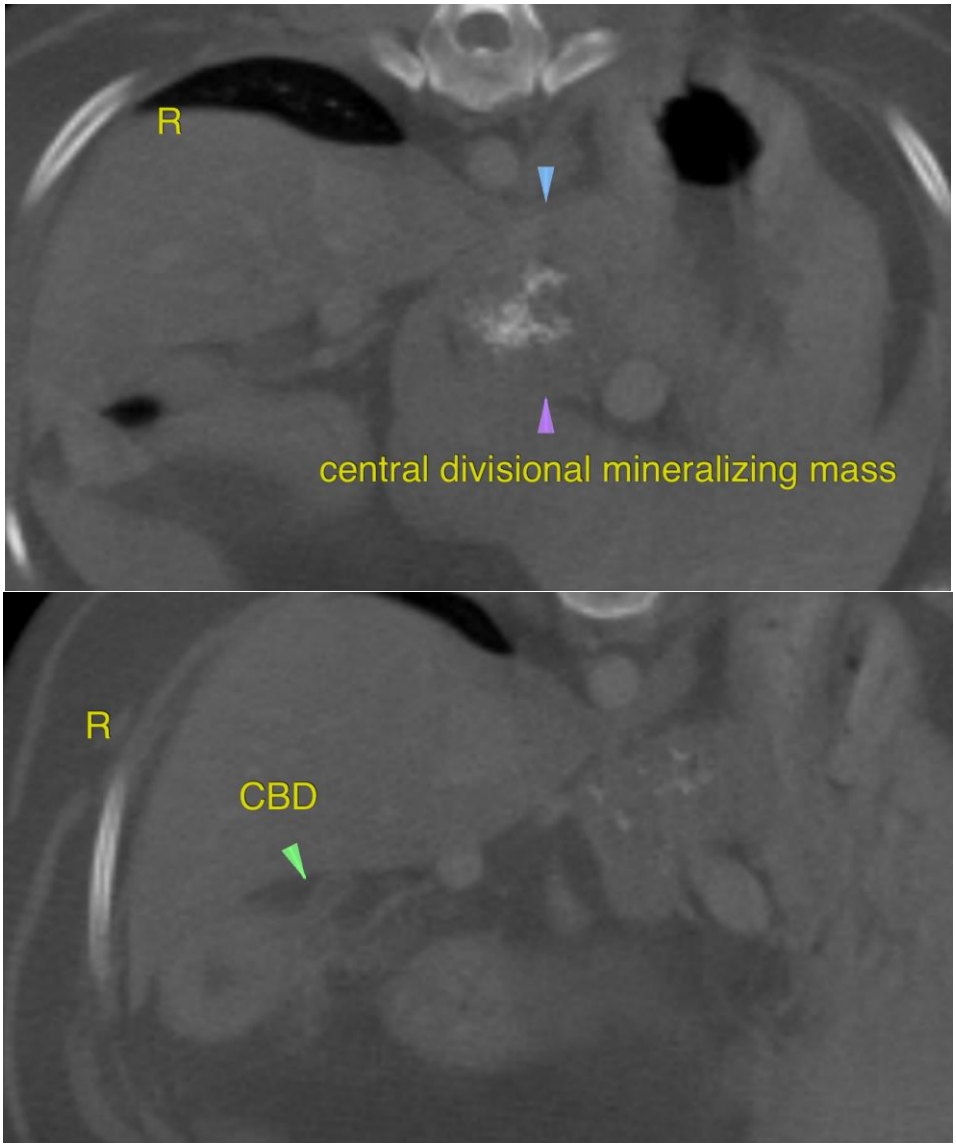

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.
Nele.Eley@sonopath.com