



PATIENT

Coco Kalantarova

PRESENTING CLINICAL SIGNS

concern for pss initially noticed 1 month ago. Coco was in distress and walked into objects. Coco also had her mouth open. his episode lasted for hours. A second episode occurred a few days later
 Abnormal PE/Chem/CBC/UA Results: BW 7/22: Hypoglobulinemia, hypoalbuminemia Low creatinine, hypocholesterolemia Bile acids 38/149 pre/post (both high) Elevated ALT, AST

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies available for review.

BREED

Yorkshire Terrier

COMPUTED TOMOGRAPHIC FINDINGS

A single extrahepatic portosystemic shunt connecting the right gastric vein to the caudal vena cava is seen. The shunt emerges from the right gastric vein and courses medially. There is an acute angle dorsally along the lesser curvature of the stomach. The shunt then feeds into the caudal vena cava from the lefthand side level with the cranial pole of the right kidney. Maximum shunt diameter is 5mm. The portal vein diameter decreases abruptly cranial to the shunt origin. Microhepatica and reduced intrahepatic portal vein branching are noted.

SEX

F

AGE

6 Months

The gallbladder is moderately distended with uniformly fluid attenuating content.

Moderate bilateral renomegaly is seen with mild pyelectasia and presence of small calculi within the renal diverticuli.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

The stomach is postprandial.

Note the presence of an asymmetric lumbosacral transitional vertebra.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Single congenital extrahepatic portosystemic shunt.
- Microhepatica.
- Compensatory renomegaly with small ammonium urate crystals within the renal diverticuli and mild pyelectasia.
- Congenital lumbosacral transitional vertebra.

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Lea Mehrkens

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study confirms the presence of a portosystemic vascular bypass. A right gastric vein shunt is identified and feeds into the caudal vena cava level with the cranial pole of the right kidney. Shunt attenuation should be considered using a slowly attenuating technique supported by dietetic and medical management.

INVOICE

53539

DATE

8-17-22



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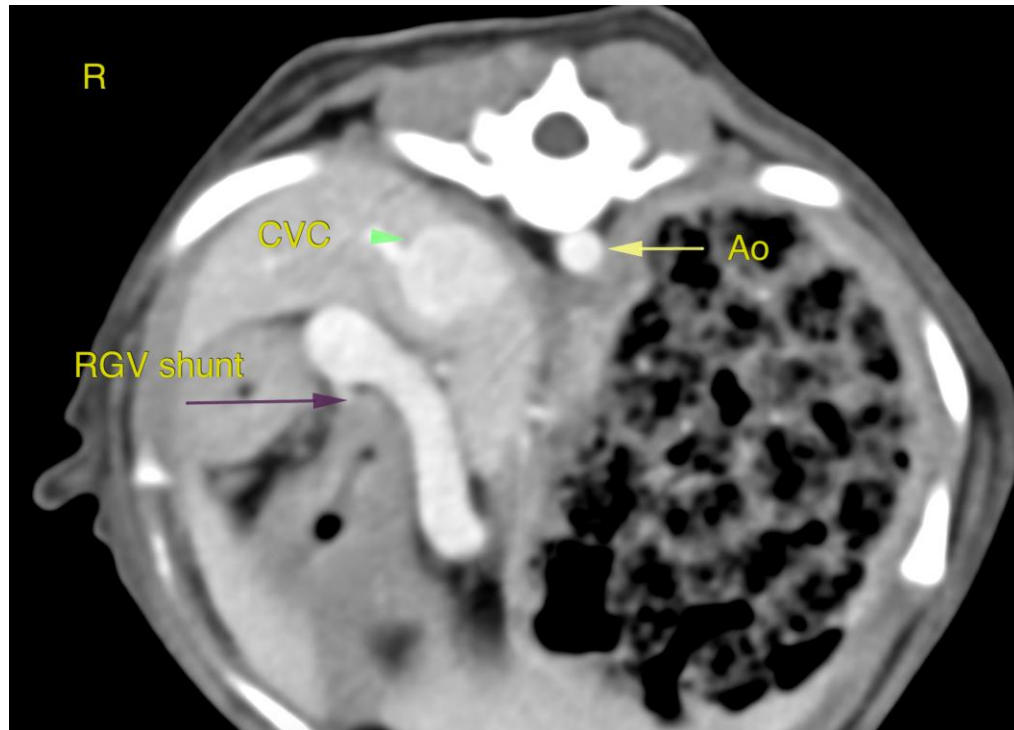
Yorkshire Terrier

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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.

HOSPITAL NAME

Animal Health
Partners

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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