



**PATIENT**

Lily Marmo

**PRESENTING CLINICAL SIGNS**

Presented for episodes of respiratory distress. Has a history of asthma. Recent radiographs show a thoracic mass.  
Abnormal PE/Chem/CBC/UA Results: normal

**SPECIES**

Feline

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX**

Post contrast study of the head and plain and post contrast studies of the thorax are available for review.

**BREED**

DSH

**COMPUTED TOMOGRAPHIC FINDINGS**

**Head**

**SEX**

FS

Moderate thickening of the osseous lining of both tympanic bullae is seen. The bullae are filled with fluid attenuating material.

**AGE**

6

A moderate amount of fluid attenuating material is also seen within the bilateral nasal cavities in combination with mucosal swelling and mild multifocal turbinate destruction.

Nasopharyngeal soft tissue swelling, and everted and enlarged tonsils are noted.

The bilateral retropharyngeal lymph nodes present mild symmetric enlargement.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Both lobes of the thyroid gland are seen and present within normal limits.

**Thorax**

Multiple spondyloses are seen within the caudal thoracic spine.

**HOSPITAL NAME**

Northeast Veterinary  
Referral Hospital

There is a defect in the right dorsal diaphragm allowing for prolapse of the right division of the liver into the caudodorsal right hemithorax.

The lung presents a mild generalized bronchial pattern. No evidence of significant alveolar or interstitial infiltrates is seen.

**REFERRING VET**

Dr. Runde

There is mild bilaterally symmetric renomegaly.

A portosystemic shunt vessel is emerging from the right renal vein to feed into the dilated left azygos vein which can be traced further cranially to feed into the persisting left cranial vena cava.

**INVOICE**

59888

Mild microhepatica is noted.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**DATE**

8-23-23

- Single congenital extrahepatic portosystemic shunt connecting the right renal vein to the persisting left cranial vena cava via the dilated left azygos vein.
- Mild microhepatica.
- Diaphragmatic hernia with prolapse of the right division of the liver into the right caudodorsal hemithorax.



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- Chronic mildly destructive rhinosinusitis.
- Chronic bilateral otitis media.
- Mild bilaterally symmetric retropharyngeal lymphadenomegaly.
- Mild bilateral tonsillitis.
- Mild generalized bronchial lung pattern.
- Spondyloses.

**SPECIES**

Feline

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

DSH

The CT study reveals vascular anomaly in the abdomen and thorax. A single congenital extrahepatic portosystemic shunt is seen and connects the right renal vein to the dilated left azygos vein which feeds into the persisting left cranial vena cava. The portosystemic shunt explains the microhepatica and compensatory renomegaly.

**SEX**

FS

There also is a defect within the right hemidiaphragm which is associated with prolapse of the liver and fat into the right dorsocaudal hemithorax explaining the thoracic mass effect. Congenital and acquired/traumatic hernia are a potential. This finding is likely historic and not recent.

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Note the presence of chronic upper respiratory tract disease. Infectious rhinitis such as viral, bacterial, or mixed is a potential underlying cause as well as lymphoplasmacytic or allergic rhinitis. Note the presence of concurrent chronic bilateral otitis media.

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The lymph node changes of the retropharyngeal nodes are compatible with reactive lymphadenitis.

The mild generalized bronchial lung pattern may not be of clinical significance; however, allergic or infectious lower airway disease cannot be ruled out.

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**REFERRING VET**

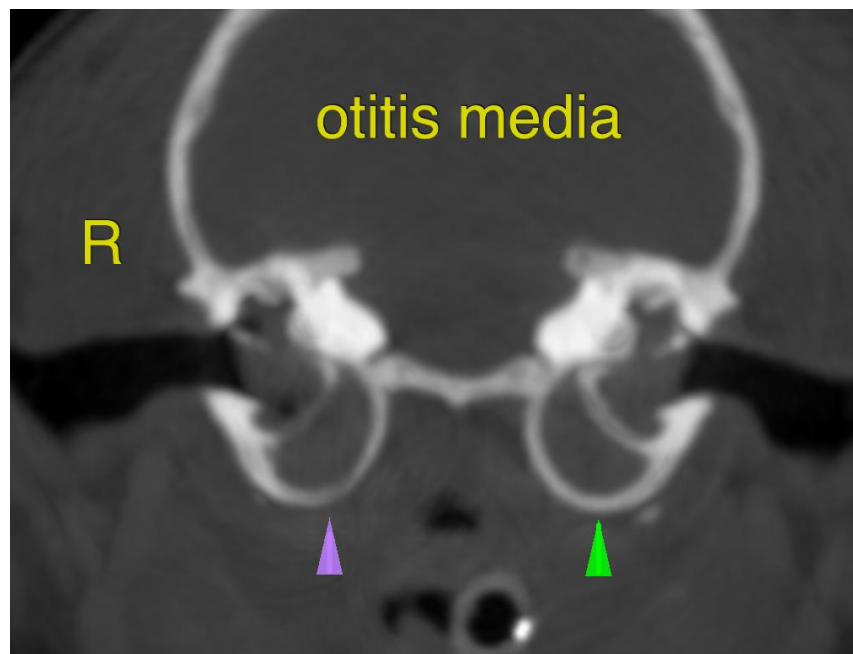
Dr. Runde

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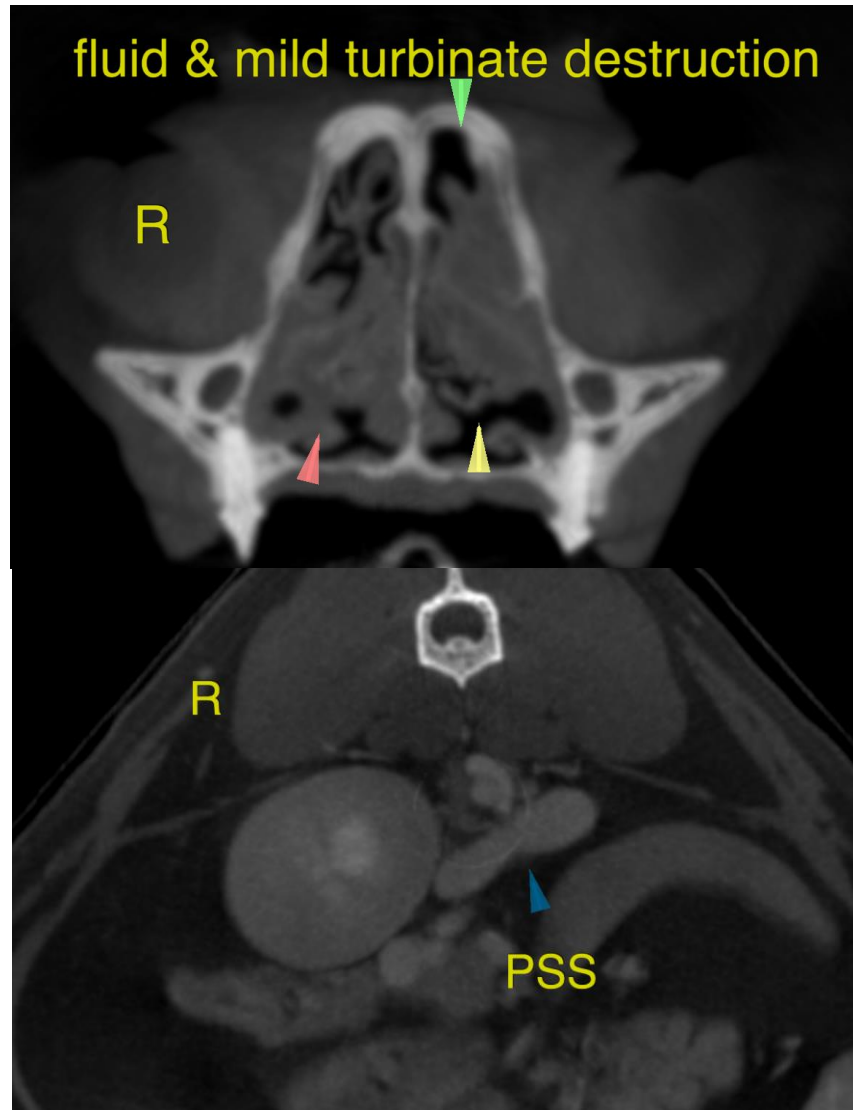
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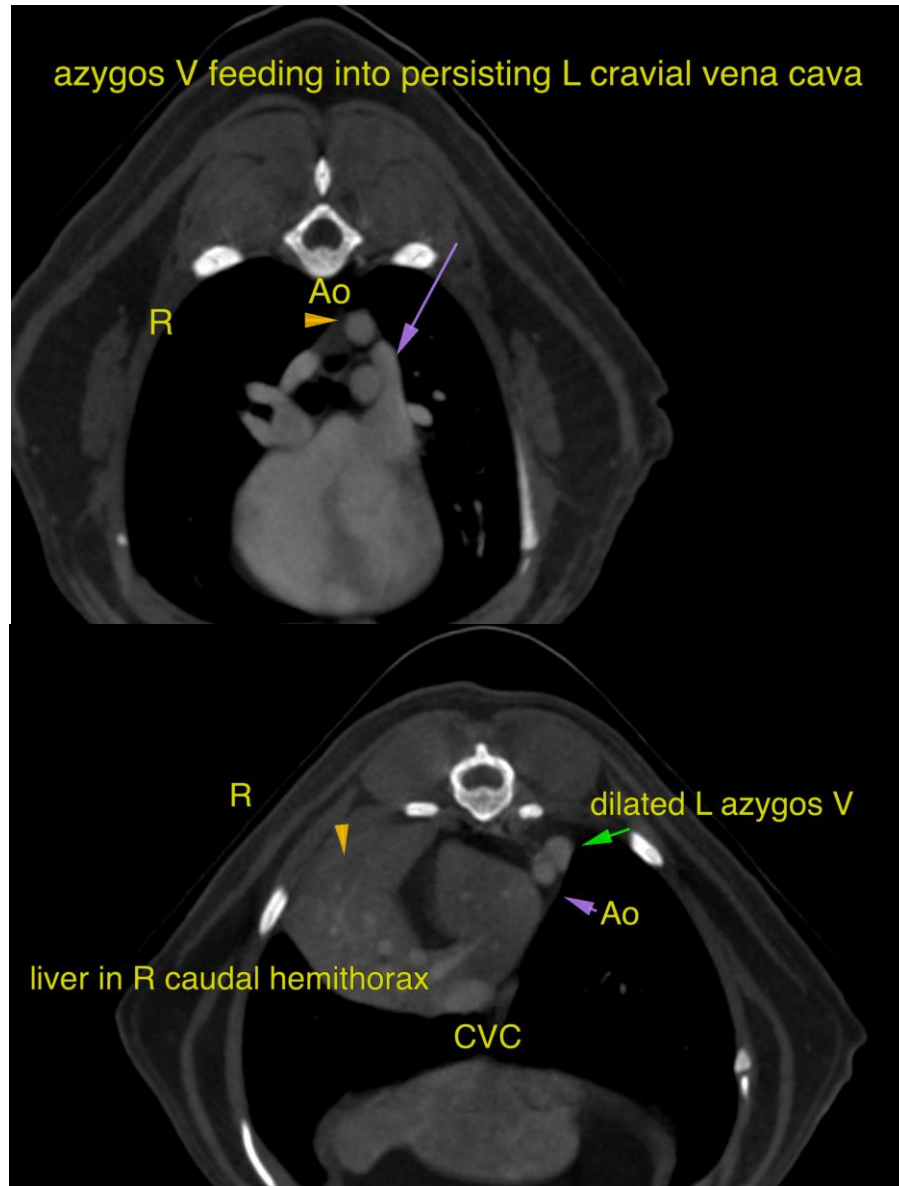
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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