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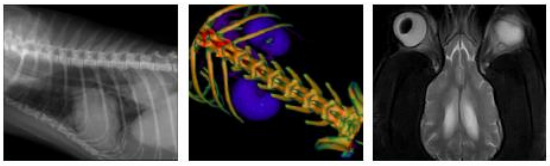


PATIENT

Snowie Shen

SPECIES

Canine

BREED

American Eskimo

SEX

CM

AGE

7 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

VetMed Consultants

REFERRING VET

Cassie Eakins

INVOICE

53268

DATE

8-3-22

PRESENTING CLINICAL SIGNS

Snowie presented with a 1 year history of elevated ALT. It was discovered during pre-op bloodwork prior to scheduled dental cleaning (did not proceed). Routine ALT checks have been elevated since. Ultrasound reports liver looked normal. Bile acids were provided. He may be gaining weight. Otherwise he is doing well. Great appetite and energy levels. How has patient done with anesthesia and recovery? Nothing abnormal reported Previous Diagnosis: None Therapies tried and response: Denamarin - not really helping ALT levels Current medication: Denamarin
Abnormal PE/Chem/CBC/UA Results: PE: Normal Lab: Blood work is dated 7/21/22. CBC - PCV = 50.3%, WBC = 12900, neutrophils = 8321, lymphocytes = 3380, monocytes = 903. Platelets = 274,000. Chemistry - Potassium = 3.7, ALT = 128, all else normal. PT/PTT - normal. Urinalysis - not provided. Bile Acids (7/21/22) - Pre = 435.9, Post = 131.4. HWT - negative. ALT (7/8/22) = 196, (5/20/22) = 163. Abdominal ultrasound - reported normal

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The patient is mildly obese.

A single extrahepatic portosystemic shunt emerging from the portal vein level with the splenic vein junction is noted. The shunt vessel courses cranial and dorsally to pass over the stomach and course towards the right side to feed into the caudal vena cava level with the diaphragm via the dilated phrenic vein. Maximum shunt diameter is level with the caudal vena cava junction and is 10mm.

The liver is small in size. Reduced intrahepatic portal vein branching is noted. The portal vein diameter decreased abruptly cranial to the origin of the shunt level with the splenic vein.

The gallbladder is moderately distended with uniformly fluid attenuating material. No gallbladder calculi are seen.

Occasional faintly hyperenhancing splenic nodules are seen.

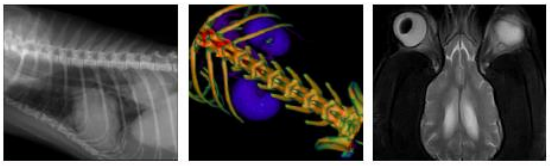
There is no evidence of renal or urinary bladder calculi as far as the urinary bladder is included.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Single congenital extrahepatic portosystemic shunt of the porto-phrenic type.
- Microhepatica.
- Splenic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a portosystemic shunt. A single extrahepatic porto-phrenic shunt is seen and feeds into the caudal vena cava level with the diaphragm. Consider shunt closure by means of a slowly attenuating technique supported by medical and dietetic management.



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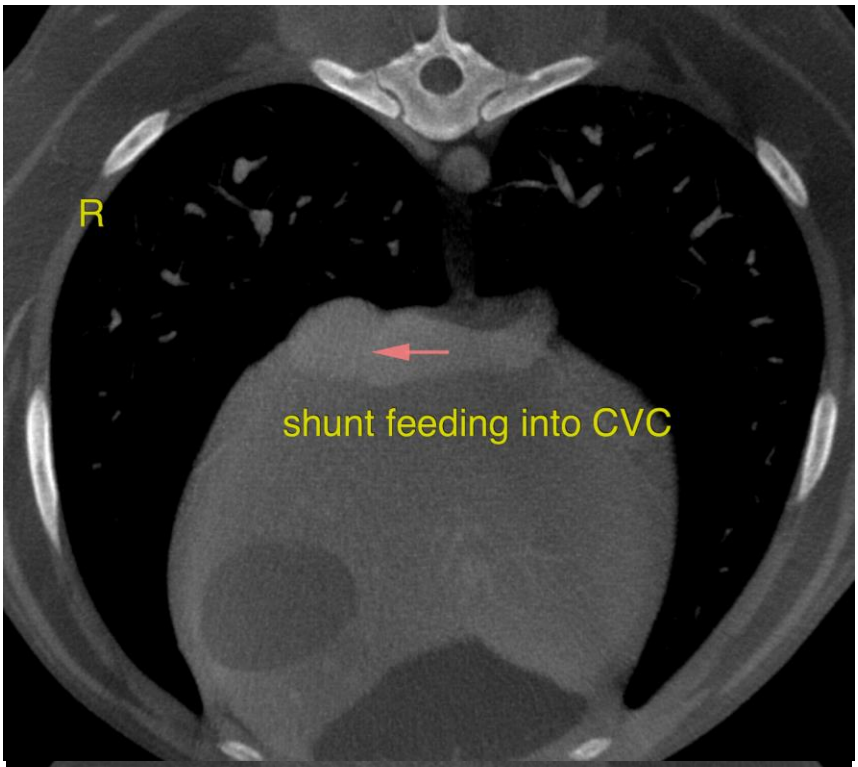
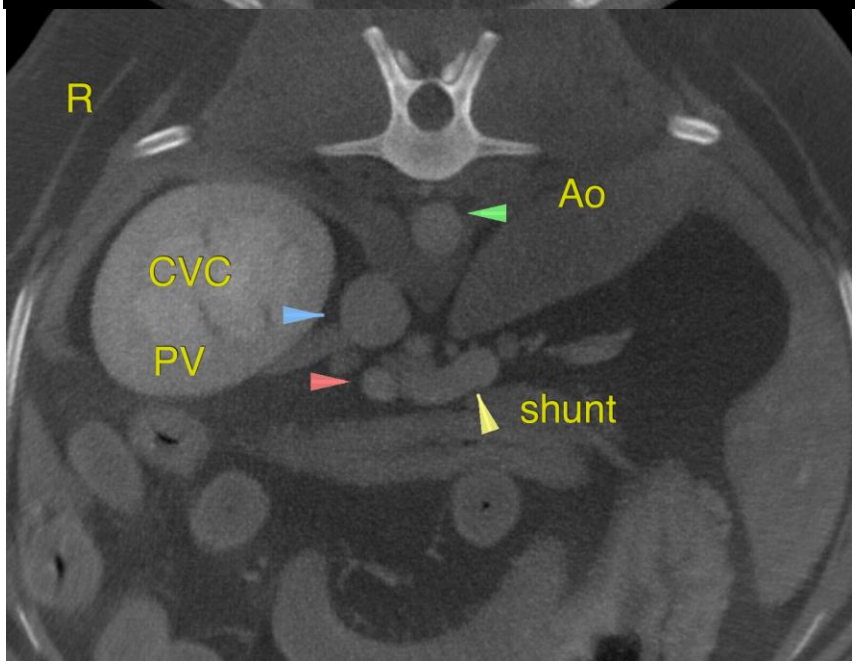
The splenic nodules do likely represent extramedullary hematopoiesis or benign nodular hyperplasia. A neoplastic infiltrate is thought very unlikely and could be ruled out by means of fine needle aspiration.





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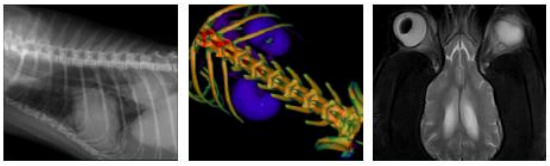

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com