



PATIENT PRESENTING CLINICAL SIGNS

Ollie McNeill Portosystemic shunt suspected. Had one seizure. Bloodwork and bile acids suggestive of a liver shunt. Abdominal u/s showed bladder stones and liver shunt as well as some kidney and GI abnormalities. On lacutlose, Hills k/d diet, metronidazole.

SPECIES Abnormal PE/Chem/CBC/UA Results: 1) CBC: anemia - worsened from previous, suspect secondary to chronic disease. Plateletcrit slightly low, but was also previously low --> inflammatory vs. consumption vs. other. Worsened neutrophilia/leukocytosis = infection/inflammation - suspect inflammatory. 2) Chemistry: normal ALT, elevated ALKP = hepatopathy. Low TP and hypoalbuminemia = consumption vs. loss vs. liver disease --> suspect secondary to hepatopathy.

BREED Pomeranian X

COMPUTED TOMOGRAPHY OF THE ABDOMEN

Pre/post contrast studies provided for review.

SEX COMPUTED TOMOGRAPHIC FINDINGS

MN The liver appears small and presents a large tortuous vessel that emerges from the right portal vein next to its entrance into the liver, which loops through the right lateral liver with maximum diameters of 14.2 mm and connects to the caudal vena cava next to its liver exit with an estimated shunt diameter of 9.25 mm. The gallbladder is moderately filled and inconspicuous.

AGE

7 Months

INTERPRETED BY

The cranial mesenteric and portal vein appear prominent. Both kidneys (not fully displayed) are prominent with multiple spots of mineralization.

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The stomach is empty. Gastric folds measure maximum diameters of 6.9 mm. The spleen is rounded in shape (not fully displayed) and mildly inhomogeneous.

The pancreas appears enlarged but has a normal shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous.

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The displayed parts of the small intestine are mildly thickened with a predominantly mild fluid filling.

Abdominal lymph nodes have no particular findings. Signs of peritoneal/retroperitoneal effusion or free gas are not recognized.

REFERRING VET COMPUTED TOMOGRAPHIC DIAGNOSIS

Dr. Bowen

- Single, right-divisional, intra-hepatic portosystemic shunt

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Secondary findings:

- Microhepatia
- Suspected renomegaly with pelvic calculi
- Thickening of the gastric and intestinal walls
- Mild splenic and pancreatic enlargement

DATE

8-16-23



PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ollie McNeill The CT findings show a large intra-hepatic shunt. The shunt entrance into the caudal vena cava is estimated from a CT perspective and should be re-evaluated in case of coil embolization. All other findings are secondary and match with congenital shunt disease. Currently signs of portal hypertension are not recognized.

SPECIES

Canine

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Pomeranian X

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REFERRING VET

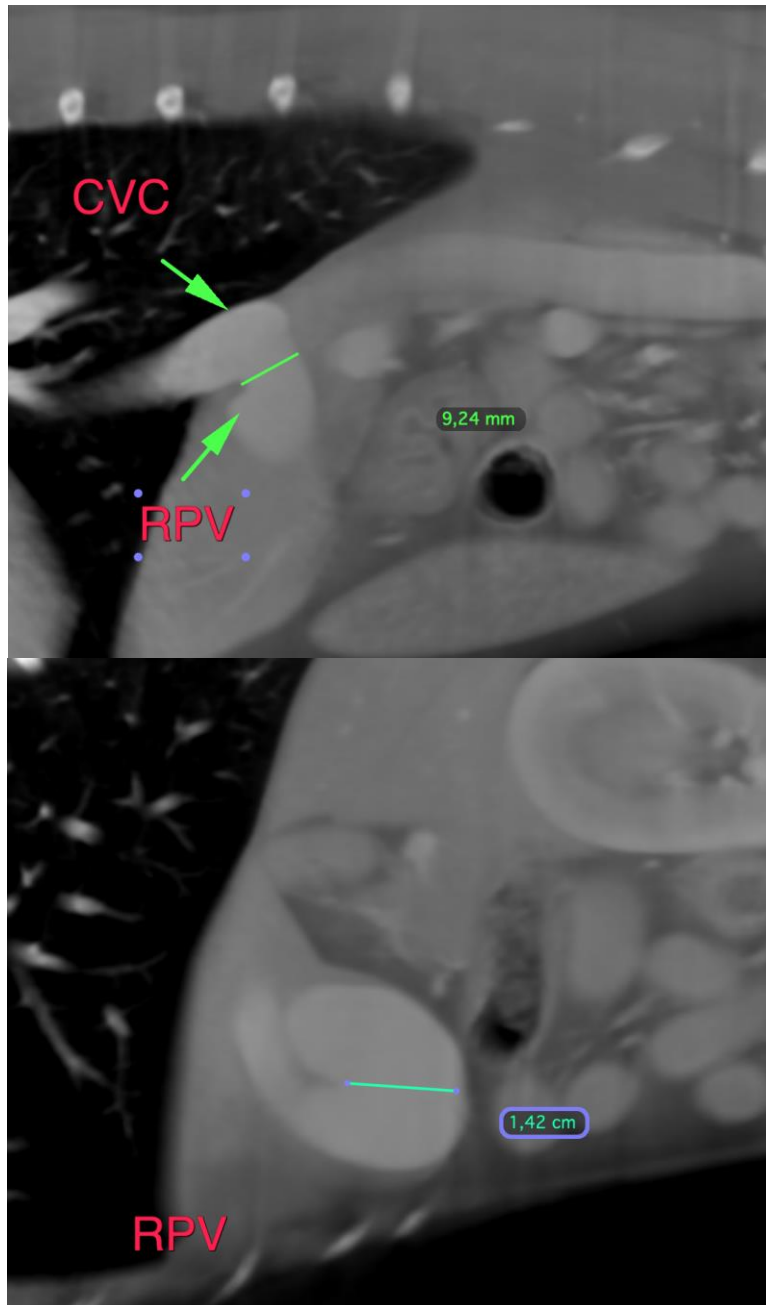
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Ollie McNeill

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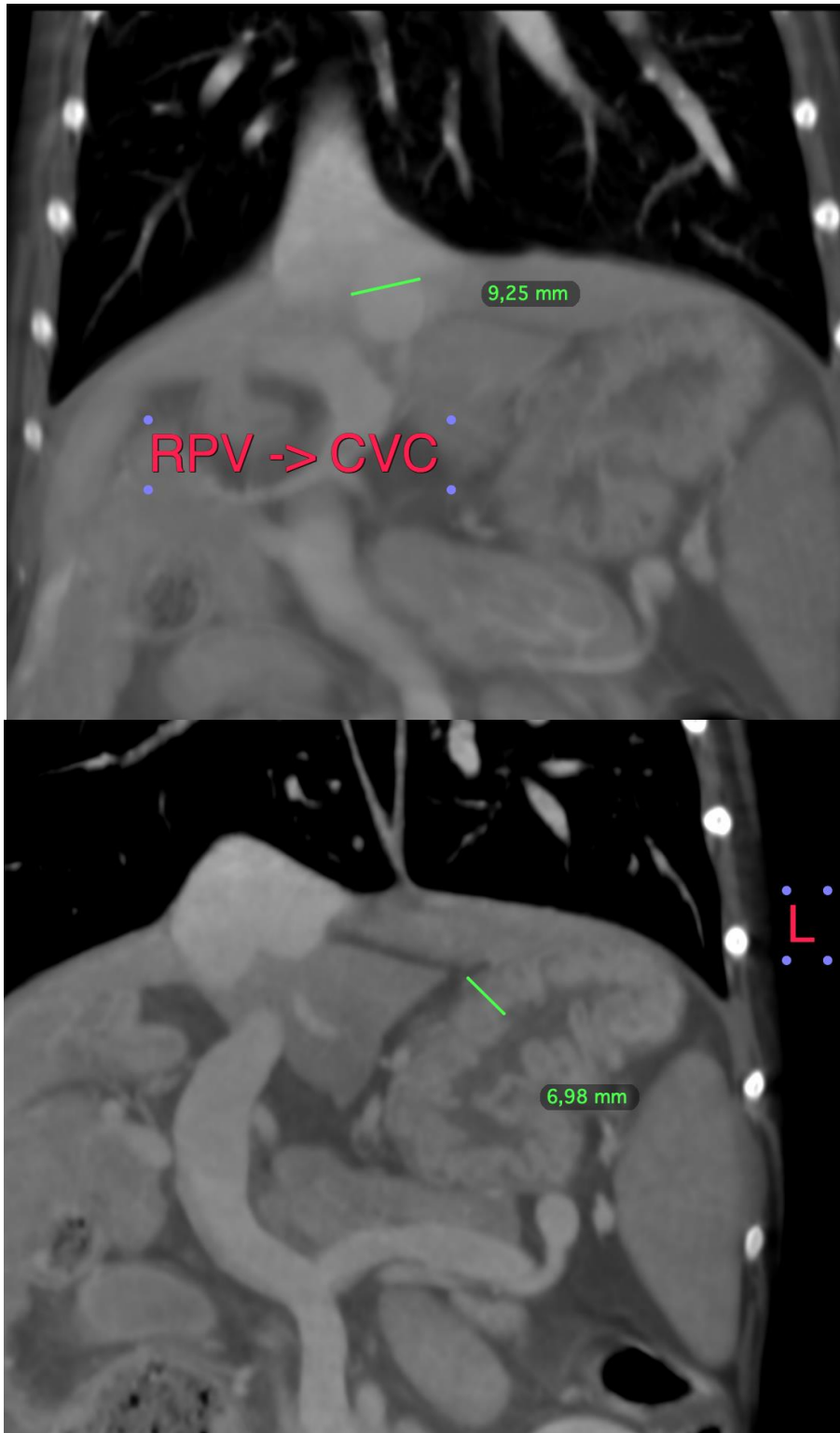
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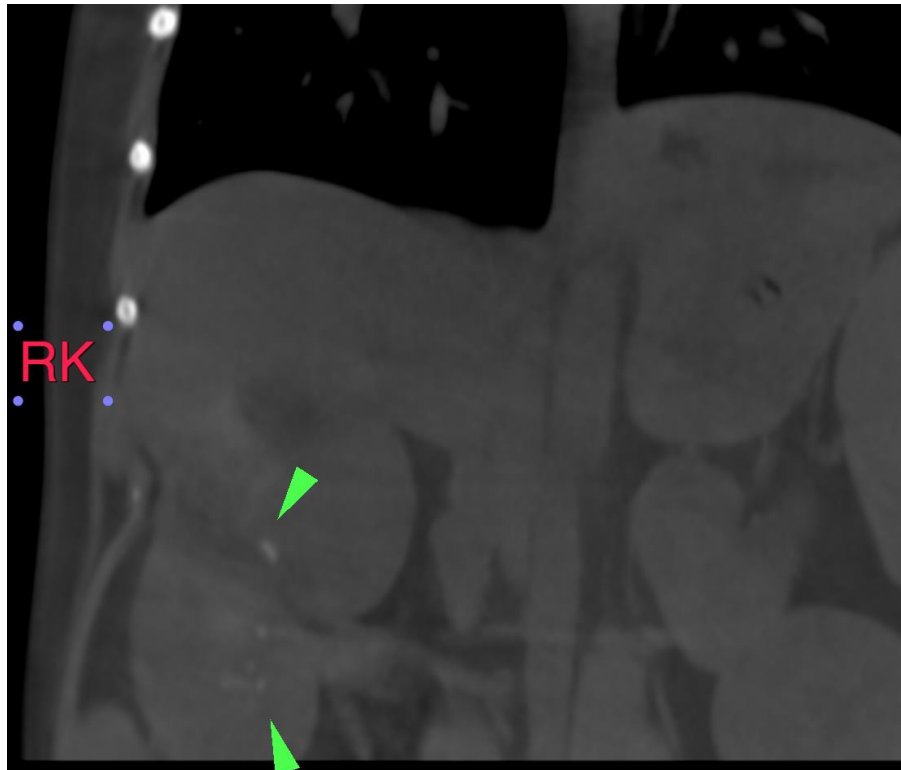
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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