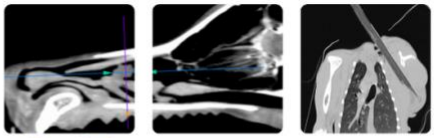

PATIENT

Sultan Belbouhali

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1 Year 9 Months

WEIGHT

8.9 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Lisa C./Maleia R.

HOSPITAL NAME

Animal Clinic Northview

REFERRING VET

Randall V. Hutchinson, DVM

INVOICE

35570

DATE

1/22/26

PRESENTING CLINICAL SIGNS

- Hx of elevated SBA
- Suspected Hepatic encephalopathy
- Microcytosis and mild in ALT

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

In the papillary process of the caudate liver lobe, a roundish, uniform soft tissue attenuating and mild irregular contrast enhancing nodule is seen; measuring 2.1 cm in diameter; the caudal segment of the caudal vena cava at the same level is deviated to the right.

Between the hilar region of the spleen and the stomach, a well-defined nodule is visible presenting the same attenuation and contrast enhancement pattern like the spleen.

The left gastric vein is dilated, presenting a 2x greater diameter than the paralleling portal vein. Originating from the left gastric vein, an anomalous vascular loop is coursing craniodorsally beyond the gastric fundus, passing dorsally over the left liver lobes, measuring 6.3 mm in diameter. The anomalous vascular loop is extending up to the level of the diaphragm. Level with the diaphragm, the anomalous vascular loop of the left gastric vein is draining into a short, dilated segment of a left phrenic vein that is draining into the caudal vena cava. The intrahepatic branches of the portal vein can be appreciated up to the 3rd order vessels.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Congenital single extrahepatic portosystemic shunt, left gastric vein to phrenic vein (porto-phrenic shunt)
- Soft tissue nodule papillary process caudate liver lobe

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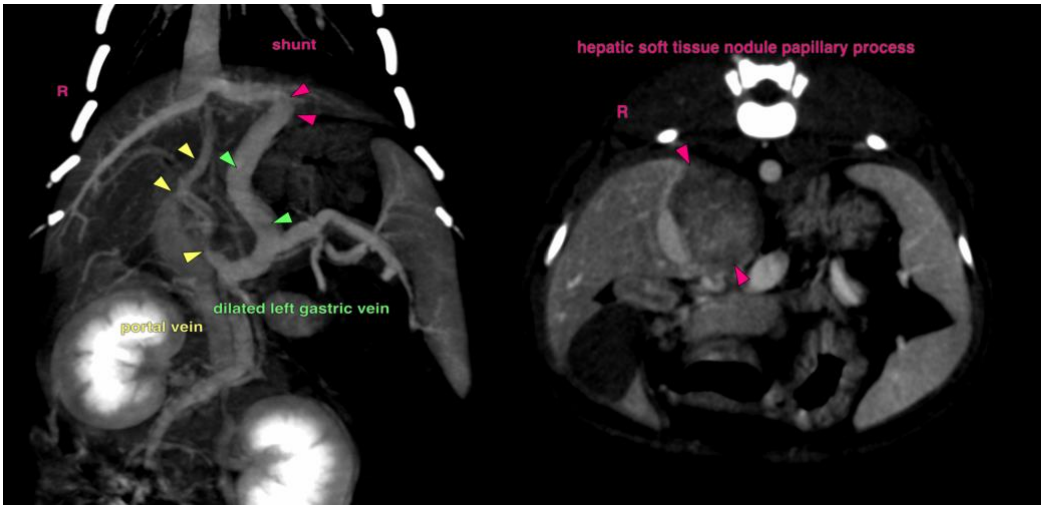
- Small splenunculus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic soft tissue nodule of the papillary process is highly suggestive for regeneration nodule formation or chronic hepatopathy (e.g. hepatitis), however there is little chances for primary hepatic neoplasm (e.g. hepatocellular adenoma/carcinoma, round cell tumor. FNA sampling or biopsy can be performed for specification.

The CT study is confirming the diagnosis of a a congenital single extrahepatic portosystemic shunt (left gastric vein phrenic vein). Surgical intervention by a slow progressive closure technique (ameroid constrictor, cellophane banding) is the therapy of choice.



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.

Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com