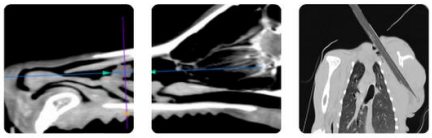

PATIENT

Remmi Rocca

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

4Y, 5M

WEIGHT

6.8lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Novoa

INVOICE

73977

DATE

2-26-26

PRESENTING CLINICAL SIGNS

- Remi have a history of persistently elevated liver enzyme levels. At the annual appointment, significant weight loss was noted, prompting blood work which revealed markedly abnormal liver values. Treatment has been ongoing for approximately one month (Prednisone 5 mg, S-Adenosylmethionine (Denamarin) 60 mg,Subcutaneous fluids); however, the ALT continues to rise. [BW (2/13/26): ALT 666, ALKP 153], [BW (2/19/26): TCHOL 252, ALT 703, AST 157, ALP 220]. Abdominal Ultrasound Report (2/20/26) concluded that there is a suspected small extrahepatic portosystemic shunt, a biliary tract disease with gallbladder distension, wall thickening, and cystic and common bile duct dilation, and pancreatic abnormalities with right pancreas and body enlargement, irregularity, and pancreatic duct dilation. Bile Acid Test performed on 2/24/26 showed a Preprandial value of 92.4 umol/L and a Postprandial of 130 umol/L. Remi is reported to be acting completely normally at home with no outward signs of illness. Appetite has remained consistently good with no history of inappetence. Remi is currently eating a prescription hydrolyzed and urinary SO diet. CT was requested to rule out Liver Shunt.

Abnormal PE/Chem/CBC/UA Results: PE: T102.3 F, HR 236, RR 38, BCS 5/9, MM pink, CRT <2 seg, H/L WNL, Dental Calculus 2/4

COMPUTED TOMOGRAPHY 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. A small amount of fat attenuating non-gravity dependent fat attenuating material is appreciated in the urinary bladder.

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

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The intrahepatic biliary tree is generalized dilated. The common bile duct is dilated, measuring up to 3.8 mm and can be appreciated up to the

The portal vein presents a normal order of its tributary veins and intrahepatic branching. Originating from the splenic vein of the caudal extremity of the spleen, a bunch of tortuous vessels is appreciated, coursing caudally and dorsally, bending cranially and consolidating to one vessel, draining into the left caudal vein from the caudal aspect.

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.

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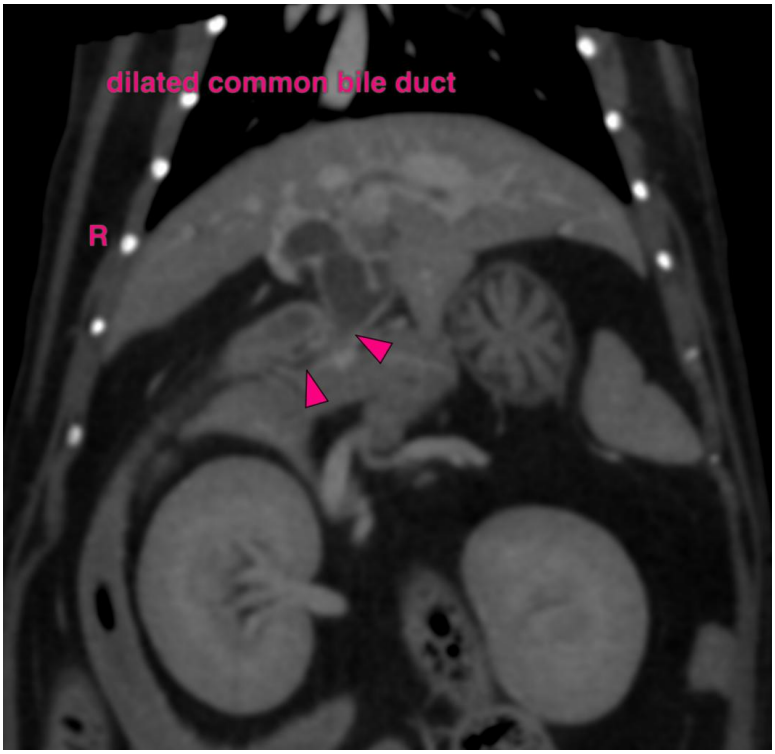
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Generalized dilation of the intra- and extrahepatic biliary vessels
- Multiple acquired extrahepatic portosystemic shunts ('spaghetti sign') – spleno-gonadal shunts
- Lipiduria – can be considered physiological in feline patients

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the dilation of the biliary tree without signs of mechanical obstruction, concerning for underlying cholecystitis or cholangiohepatitis.

The acquired portosystemic spleno-gonadal shunt are suggestive for incidental acquired portosystemic shunting – which is considered as a sequela to spaying and is commonly not associated with clinical signs.



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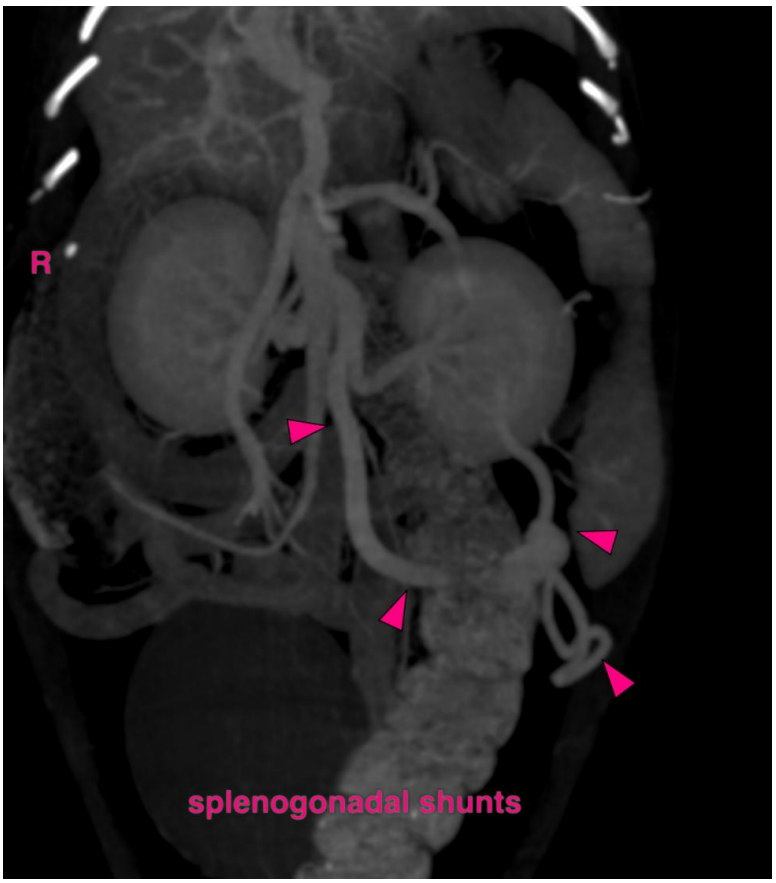

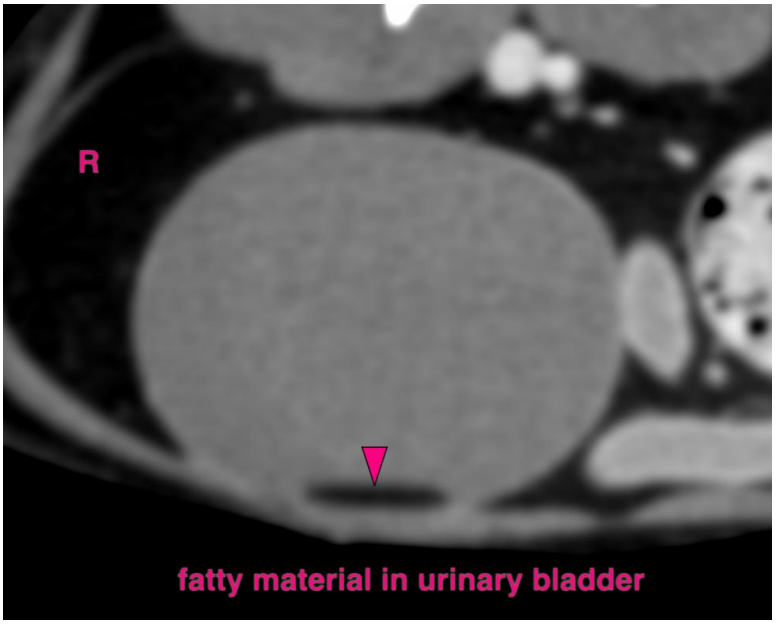

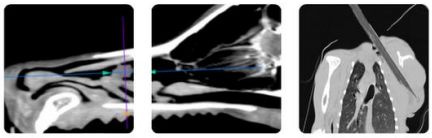

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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