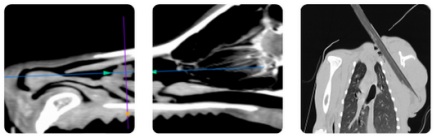

PATIENT

Dutchess Surratt

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Female

AGE

6 Months

WEIGHT

4.3 Pounds

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Ashley/Kaylin

HOSPITAL NAME

Animal Clinic Northview

REFERRING VET

Marisa Schreiner, DVM

INVOICE

35364

DATE

10/31/25

PRESENTING CLINICAL SIGNS

History: Dutchess is a 6m old F Yorkie that presented for repeated hypoglycemic episodes (shaking, lifeless, grey gums) that respond well to karo syrup. Owners have been force feeding with puppy gruel 4 times daily. She has had one episode of vomiting, but normal bowel movements. Baseline bloodwork showed elevated ALT and ALP of 454 and 416, respectively. She also has a very mild microcytic, hypochromic, non-regenerative anemia. Bile acids were performed and pre was 175.5 umol/L and post was >180 umol/L. She has done well in hospital with dextrose support. Evaluating for a PSS with CT scan.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

A pre- and post-contrast CT study of abdomen are provided for review totaling 2 series. One pre-contrast series of the abdomen, soft tissue algorithm. One post-contrast series of the abdomen, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

A long, tortuous, anomalous shunting vessel is identified, originating from the portal vein and extending cranially, terminating in the pre-hepatic (hilar) segment of the caudal vena cava, right surface. Additional vascular contributions from the portal circulation are noted, supplying the right gastric vein.

The anomalous vessel measures approximately 5.9 mm in maximal diameter, with an insertion point diameter into caudal vena cava of 3.9 mm.

The portal vein at the hepatic hilus is reduced in caliber, measuring approximately 2.6 mm.

The liver is mildly reduced in size, exhibiting homogeneous soft tissue attenuation and uniform contrast enhancement with regular contours.

The gallbladder is severely distended, containing homogeneous hypoattenuating material. The cystic and common bile ducts are unremarkable.

The kidneys are slightly enlarged but maintain normal shape, contour, and attenuation in both pre- and post-contrast series. The renal pelvis and ureters are unremarkable, with no evidence of radiopaque calculi.

The urinary bladder is mildly filled with homogeneously hypoattenuating fluid admixed with small amounts of hyperattenuating contrast material; the bladder wall is normal, and no uroliths are identified.

The gastrointestinal tract is mildly distended with hypoattenuating fluid and gas but demonstrates normal wall thickness and anatomical distribution. The colon is moderately distended, containing a mixture of gas and heterogeneous fluid content.

The pancreas, adrenal glands, and abdominal lymph nodes are unremarkable.

The uterus is thin, and both ovaries are visualized, each measuring approximately 4.5 mm in diameter.

The musculoskeletal structures are within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

PATIENT

Dutchess Surratt

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Canine

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A long, tortuous, anomalous shunting vessel is identified, originating from the portal vein, right gastric and extending cranially, terminating in the pre-hepatic (hilar) segment of the caudal vena cava, findings are consistent with a congenital extrahepatic portosystemic shunt, characterized by a right gastrocaval vascular connection.

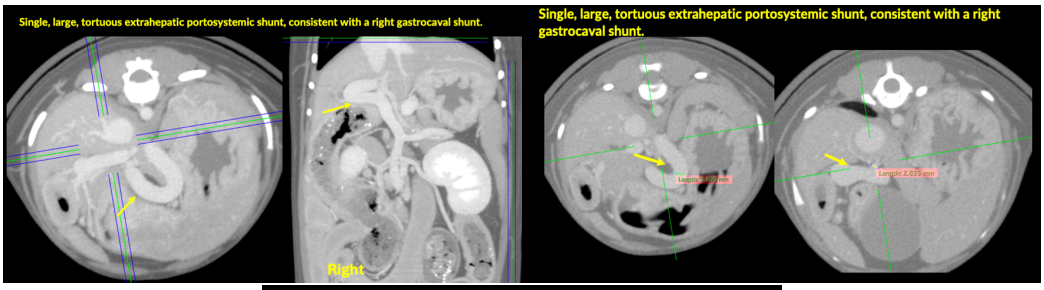
Associated features include microhepatica (reduced liver volume) and a narrow portal vein consistent with diminished intrahepatic portal perfusion.

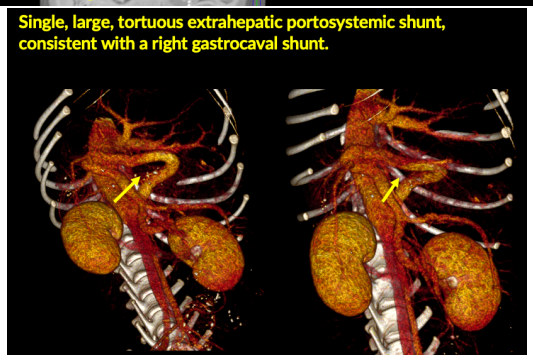
The remaining abdominal organs are unremarkable.

INTERPRETATIONOFTHEFINDINGS&FURTHERRECOMMENDATIONS

The CT findings confirm the presence of a single, large, tortuous extrahepatic portosystemic shunt, consistent with a right gastrocaval shunt.

A consultation with a specialized center is recommended to discuss the best option treatment





The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com