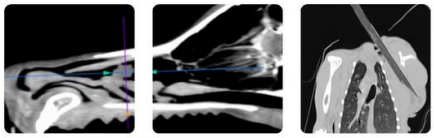

PATIENT

Josie Bischoff

SPECIES

Canine

BREED

Maltese Mix

SEX

Female

AGE

1Y

WEIGHT

4.2lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Burge

HOSPITAL NAME

Wilson Veterinary Hospital

REFERRING VET

Dr. Dincau

INVOICE

73112

DATE

12-23-25

PRESENTING CLINICAL SIGNS

Josie was initially evaluated for seizures in April 2025. She had bile acids run with significant elevations (229.5, >420 umol/L pre and post respectively). She has been managed with keppra and lactulose and has had intermittent hypoglycemia events. Ultrasound performed at Blue Pearl in June revealed small liver, nephro and cystolithiasis (radiolucent). CT scan being performed to look for evidence of liver shunt

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, equilibrium phase.

COMPUTED TOMOGRAPHIC FINDINGS

The liver is moderately reduced in volume but shows homogeneous soft-tissue attenuation and uniform contrast enhancement with a regular contour. The gallbladder is filled with homogeneously hypoattenuating content. The cystic and common bile ducts are unremarkable.

A long, tortuous, abnormal shunting vessel originates from the left gastric vein, extends through the left diaphragmatic region near the cardia, and drains into the phrenic vein via the caudal vena cava. The vessel also receives a tributary from the splenic vein. The shunting vessel measures approximately 0.70–0.72 cm in diameter.

The portal vein is reduced in diameter at the porta hepatis (0.29 cm). The hepatic segment of the caudal vena cava and the main hepatic veins are subjectively enlarged.

The kidneys are normal in size, shape, contour, and attenuation on both pre- and post-contrast images. The renal pelvis and ureters are unremarkable, with no evidence of radiopaque calculi. The renal lengths are 3.4 cm bilaterally.

The urinary bladder is moderately distended with homogeneously hypoattenuating fluid and has a normal wall thickness. It is positioned more caudally within the pelvic canal.

The stomach is moderately filled with mixed hypoattenuating fluid, gas, and ingesta, with a normal wall. The duodenum and small intestines are mildly and diffusely dilated, containing small volumes of intraluminal material; wall thickness and distribution are normal.

The colon and rectum are moderately distended, containing a mixture of gas and heterogeneously fecal material. The colonic wall thickness is within normal limits.

The pancreas, adrenal glands, and abdominal lymph nodes are within normal limits.

The serosal fat shows normal attenuation.

The uterine body is mildly enlarged with minimal intraluminal content. Both ovaries are visible; the left is slightly larger than the right but without cystic structures.

The musculoskeletal structures are unremarkable.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Congenital extrahepatic portosystemic shunt: left gastrophrenic type (originating from the left gastric vein, draining into the phrenic vein via the caudal vena cava, with splenic vein contribution).
- Moderate microhepatia.
- Mild uterine body enlargement, possibly consistent with proestrus/estrus or endometrial hyperplasia.
- Pelvic bladder, incidental finding.

INTERPRETATIONOFTHEFINDINGS&FURTHERRECOMMENDATIONS

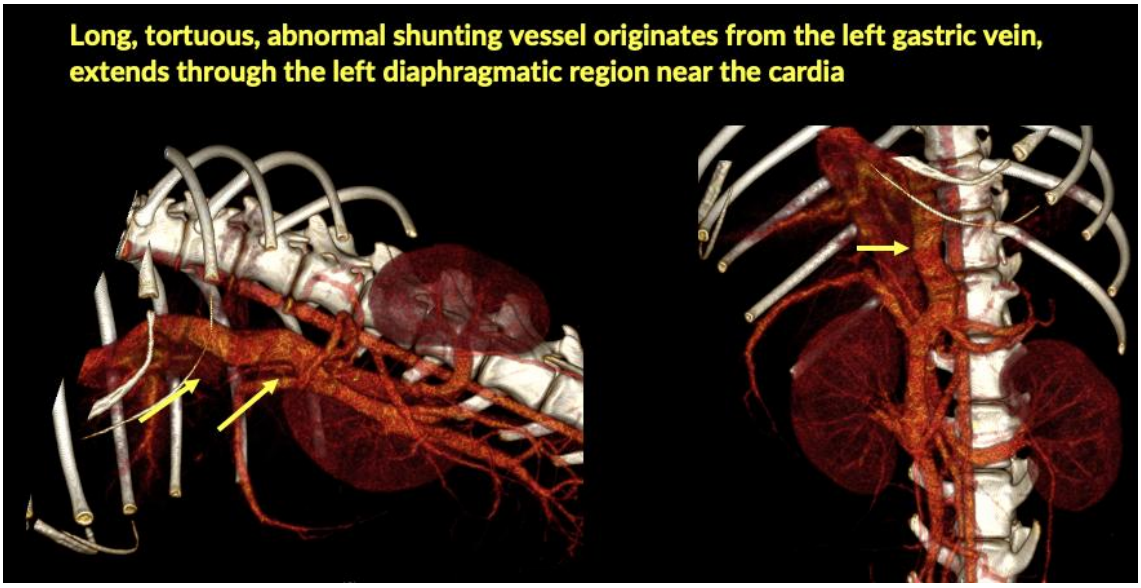
The tomographic findings are consistent with and confirm a congenital extrahepatic portosystemic shunt (left gastrophrenic type), associated with moderate microhepatia.

The mild uterine enlargement and the presence of small intraluminal content may be physiological (proestrus or estrus) or related to a mild inflammatory process (e.g., endometrial hyperplasia).

Consultation with a specialized center is recommended to discuss the most appropriate surgical treatment options.

TECHNICAL COMMENTS

The urinary bladder was not entirely included in the field of view due to its caudal position. Consultation for shunt attenuation is advised if clinically appropriate.



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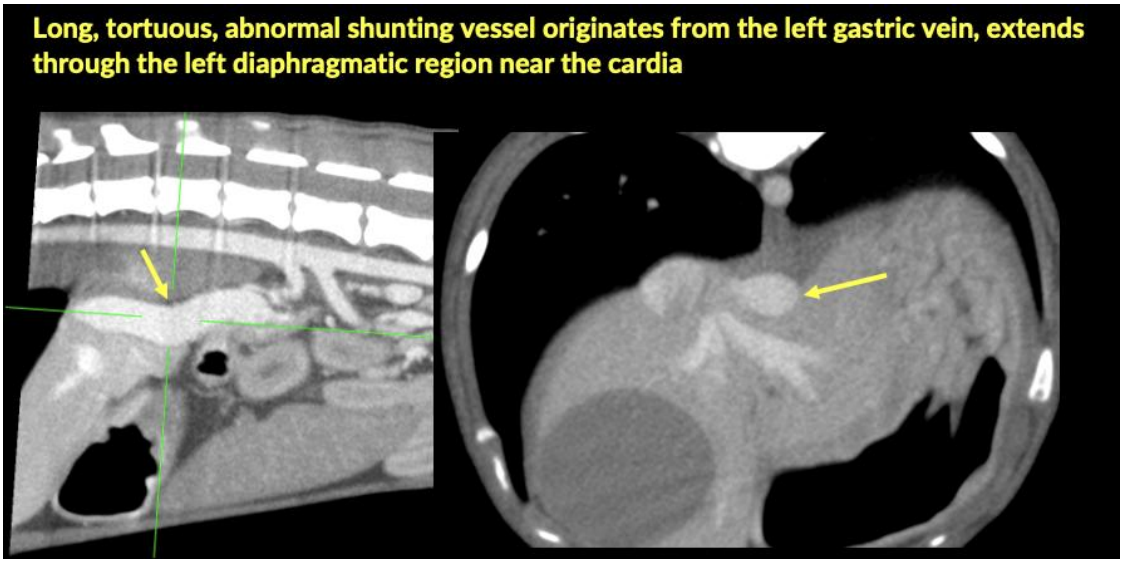

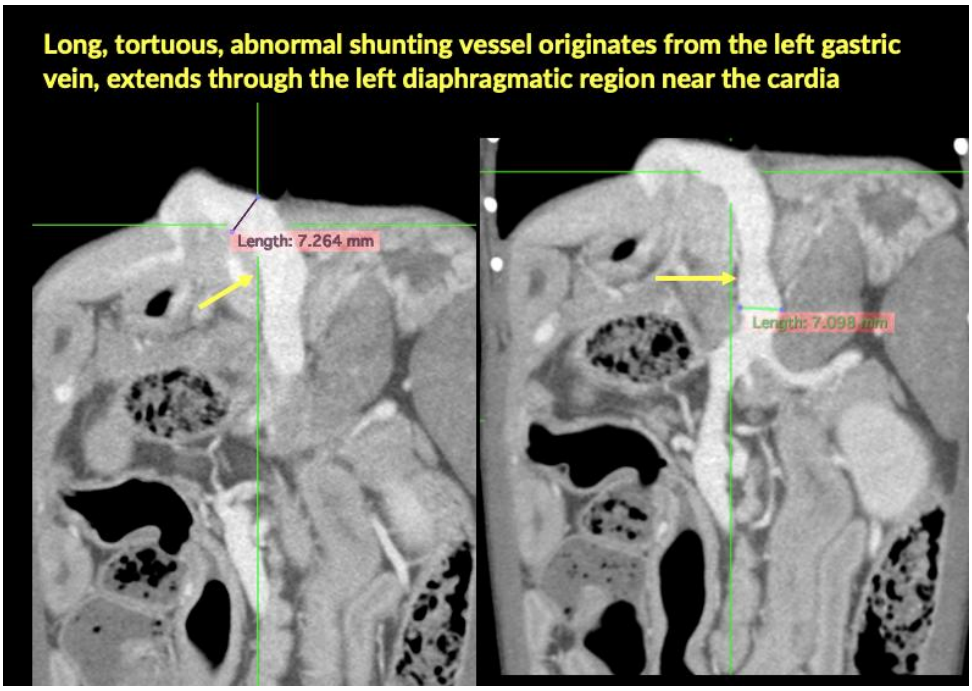

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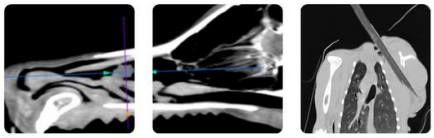

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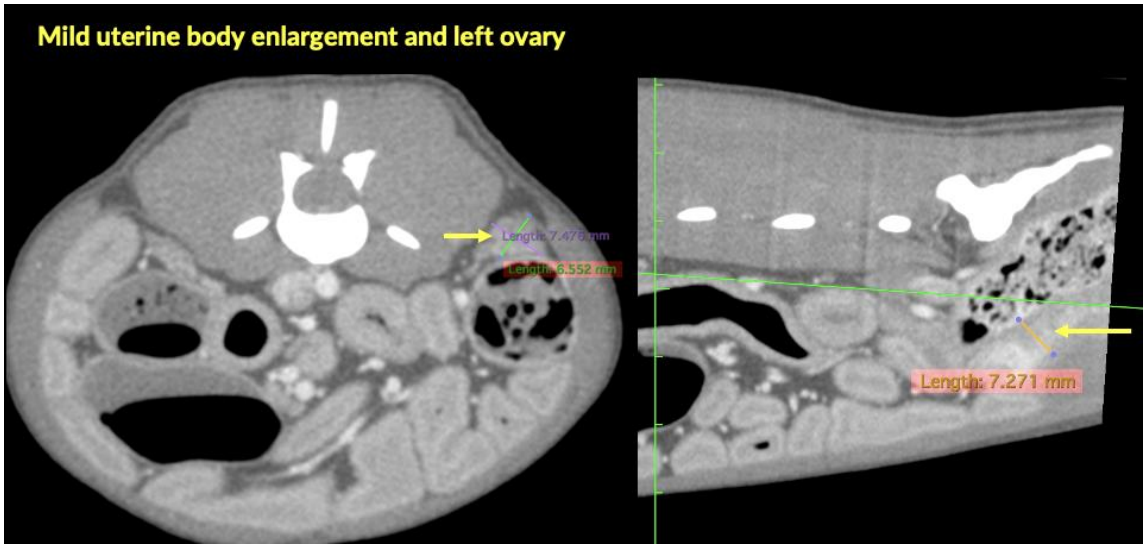

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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