

PATIENT

Sneakers #6557C-CT
Bloomer

SPECIES

Canine

BREED

Chihuahua Mix

SEX

FS

AGE

2Y, 5M

WEIGHT

10.6lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pete Bashara, DVM

HOSPITAL NAME

Gentle Doctor Animal
Hospital

REFERRING VET

Pete Bashara, DVM

INVOICE

73920

DATE

2-24-26

PRESENTING CLINICAL SIGNS

- High suspicion for congenital portal vascular anomaly (extrahepatic PSS or microvascular dysplasia) given age, breed size, and significantly elevated bile acids with relatively modest enzyme elevations, normal bilirubin, and mild hypoalbuminemia.
- Primary hepatocellular disease (drug-induced hepatopathy or chronic hepatitis, including copper-associated) remains a key differential, especially with ALT > ALP and hyperglobulinemia

Abnormal PE/Chem/CBC/UA Results: Bile Acids increased Pre 72.7 Post 98.7 Accuplex negative

COMPUTED TOMOGRAPHIC STUDY OF ABDOMEN

A pre- and post-contrast CT study of the abdomen is provided for review, totaling 6 series. One pre-contrast series and five post-contrast series, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

The liver is homogeneously soft tissue attenuating and uniformly contrast-enhancing, with subjectively mildly reduced overall size. Hepatic contours are smooth and regular.

The portal vein is normal in diameter and course. The main portal tributaries, including the splenic vein, left gastric vein, and pancreatoduodenal vein, are unremarkable. No anomalous portosystemic vessels are identified. The thoracic azygos vein is unremarkable.

The gallbladder is filled with homogeneous hypoattenuating material. The cystic duct and common bile duct are not dilated.

The spleen is normal in size, homogeneously soft tissue attenuating, and uniformly contrast-enhancing.

The pancreas and adrenal glands are unremarkable.

The serosal fat presents normal attenuation behavior.

The gastrointestinal tract is normally distended and appropriately distributed. Wall thickness is within normal limits. The descending colon and rectum contain gas admixed with heterogeneous soft tissue attenuating fecal material.

The kidneys are normal in size, shape, contour, and attenuation pre- and post-contrast. No mineral-attenuating calculi are identified. The renal pelvises and ureters are unremarkable.

The urinary bladder is nearly empty, containing a small amount of hypoattenuating fluid admixed with contrast material on delayed images.

The uterus and ovaries are not applicable (spayed).

The medial iliac and popliteal lymph nodes are mildly enlarged. The remaining abdominal lymph nodes are within normal limits.

A small amount of hypoattenuating fluid material is present within the vaginal lumen.



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Multiple in-situ intervertebral disc mineralizations are noted. The remaining musculoskeletal structures are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- No CT evidence of congenital extrahepatic or intrahepatic portosystemic shunt.
- Subjectively small liver (mild microhepatica). Differential diagnoses include individual variation.
- Mild enlargement of medial iliac and popliteal lymph nodes.
- A small amount of hypoattenuating fluid material is present within the vaginal lumen, possible vaginitis or incidental.
- In-situ, Incidental intervertebral disc mineralizations, chondroid disc degenerations.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No tomographic evidence of a congenital extrahepatic or intrahepatic portosystemic shunt is identified. The portal vein and its tributaries are normal in diameter and course, and no anomalous vascular communications are detected.

Given the persistent elevation in bile acids and the absence of a macroscopic shunt, hepatic microvascular dysplasia remains a primary differential diagnosis. Primary hepatocellular disease, including chronic hepatitis (e.g., copper-associated hepatitis) or drug-induced hepatopathy, also remains a differential consideration based on the clinicopathologic findings.

Definitive diagnosis requires histopathologic evaluation. If clinically recommended, ultrasound-guided or video laparoscopic hepatic biopsy is suggested for further characterization.

Mild enlargement of medial iliac and popliteal lymph nodes, unspecific reactive lymphadenitis. Consider a FNA of the popliteal lymph node.





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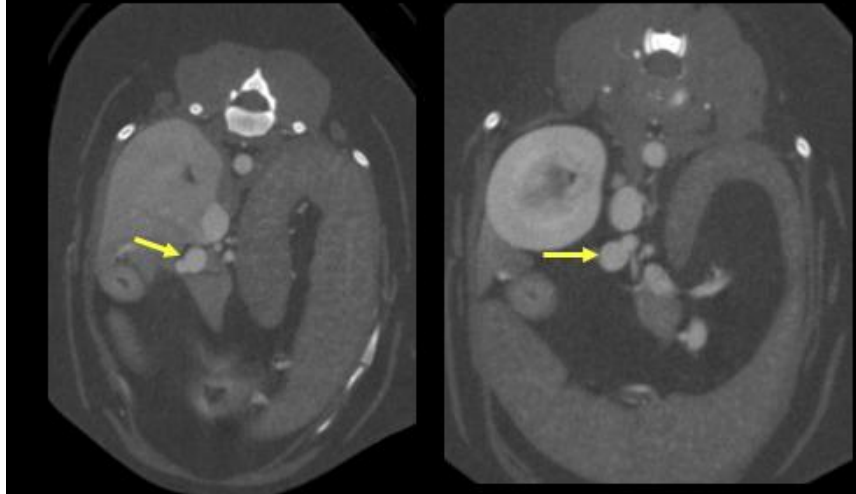
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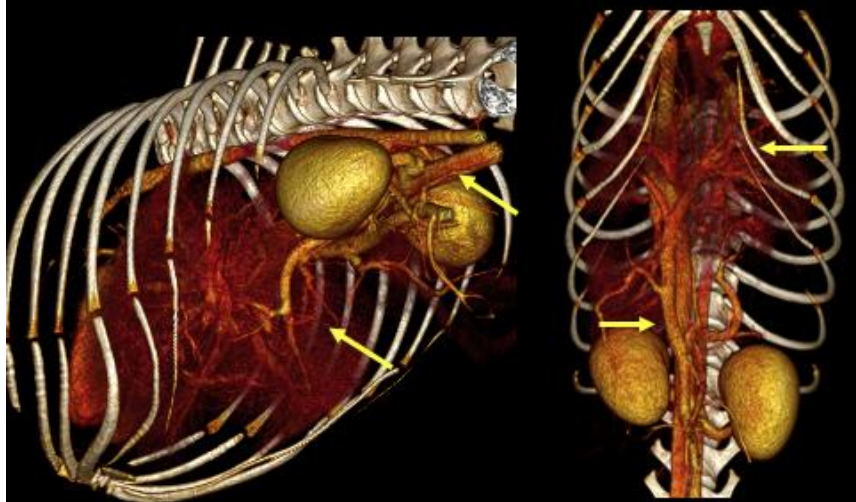
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The portal vein is normal in diameter and course. No anomalous portosystemic vessels are identified.



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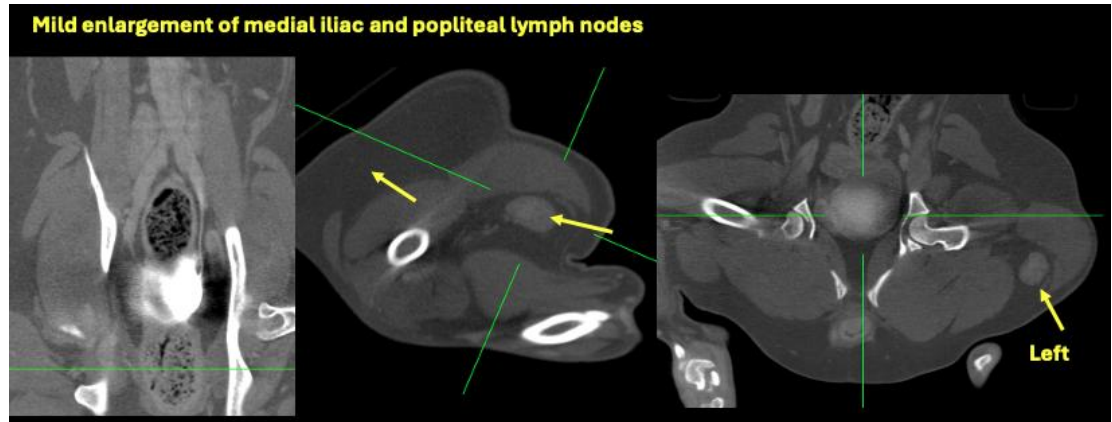
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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