



PATIENT

Edward Currey

SPECIES

Canine

BREED

Min Schnauzer

SEX

MN

AGE

6.5Y

WEIGHT

22.5lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Jennifer Schiebert

HOSPITAL NAME

Shadowridge
Veterinary Hospital

REFERRING VET

Dr Jennifer Schiebert

INVOICE

73961

DATE

2-25-26

PRESENTING CLINICAL SIGNS

- Progressive depression and lethargy for last year or more. seems less playful.
- Bloodwork showed ALT of 186.
- US showed small liver and bladder stones.
- Xrays showed small Liver with radiolucent bladder stones
- Urinary catheter retrieval of stones (sand like size showed Urate stones.
- Bile Acids elevated at 147 to 248 post prandial
- Suspected Liver shunt

Abnormal PE/Chem/CBC/UA Results: • Bloodwork showed ALT of 186. • US showed small liver and bladder stones. • Xrays showed small Liver with radiolucent bladder stones • Urinary catheter retrieval of stones (sand like size showed Urate stones. • Bile Acids elevated at 147 to 248 post prandial • Suspected Liver shunt

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

A pre- and post-contrast CT study of the abdomen is provided for review totaling 4 series. One pre-contrast series of the abdomen, bone algorithm. Three post-contrast series of the abdomen, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

The liver is diffusely reduced in volume (microhepatia), with homogeneous soft tissue attenuation, uniform contrast enhancement, and smooth margins.

The gallbladder is moderately distended and contains homogeneous hypoattenuating material. The cystic duct and common bile duct are within normal limits.

A moderately sized anomalous vessel originates from the splenic vein and courses cranially through the left diaphragmatic region adjacent to the cardia, draining into the phrenic vein. The maximal diameter of the shunting vessel measures approximately 0.63–0.68 cm.

The portal vein is mildly reduced in diameter at the level of the porta hepatis, measuring approximately 0.58 cm.

Both kidneys are normal in size, shape, and attenuation. The renal pelvises and ureters are unremarkable, with no evidence of radiopaque calculi.

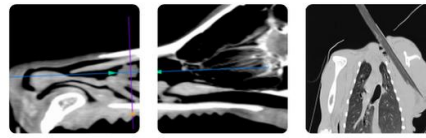
The urinary bladder is moderately to severely distended with homogeneous hypoattenuating fluid admixed with faint gravity-dependent mineral sediment and contrast material on delayed images. Wall thickness is within normal limits. The caudal bladder and neck region are incompletely included in the field of view.

The gastrointestinal tract is normally positioned with normal wall thickness.

The colon is moderately distended with gas and heterogeneous fecal material. Wall thickness is normal.

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

No evidence of peritoneal effusion.



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Musculoskeletal structures are unremarkable.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Congenital extrahepatic portosystemic shunt consistent with a splenic–phrenic (SVP) shunt.
- Microhepatia with mildly decreased portal vein diameter at the porta hepatis, compatible with reduced intrahepatic portal perfusion secondary to portosystemic shunting.
- Urinary bladder distension with discrete dependent mineral sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

The CT findings confirm the presence of a congenital extrahepatic portosystemic shunt originating from the splenic vein and inserting into the phrenic vein (splenic–phrenic shunt). The associated microhepatia and reduced portal vein diameter support chronic diversion of portal blood flow.

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Consultation with a specialized surgical center is recommended to determine the most appropriate treatment option, including the possible for surgical attenuation of the portosystemic shunt. In the meantime, medical stabilization is advised.

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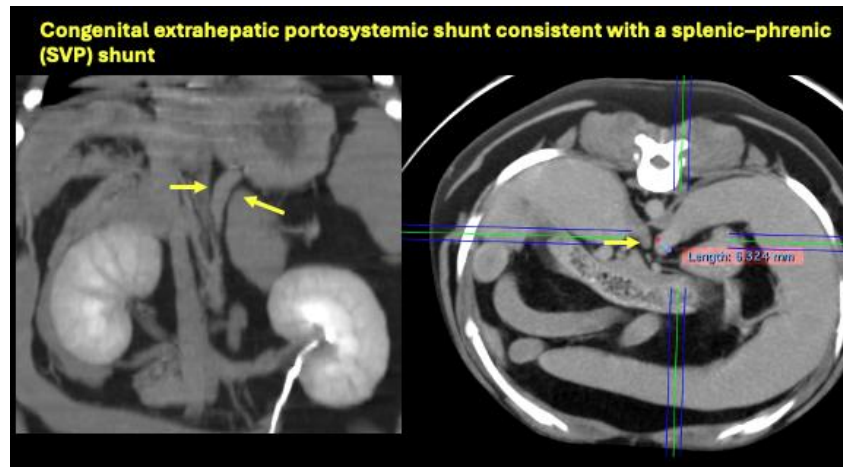
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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