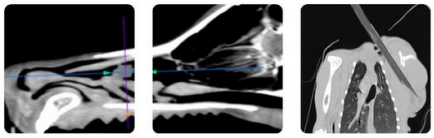


PATIENT

Uma Ghosh

SPECIES

Canine

BREED

Miniature Yorkshire Terrier

SEX

FS

AGE

4Y, 11M

WEIGHT

7.8lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Lisa C./Sara F.

HOSPITAL NAME

Animal Clinic Northview

REFERRING VET

Abbey Kordel, DVM

INVOICE

73937

DATE

2-25-26

PRESENTING CLINICAL SIGNS

- Last couple of months owner has been seeing symptoms of being listless and not sleeping well at night. Roaming around disoriented. Happens on and off. Owner was told maybe a ultrasound is next step. They have an appt in march here for that but patient is getting worse and vomiting and D+
- HISTORY: Was at regular vet and was told could be allergies or infection and was given an anti histamine and antibiotics. Blood work showed elevated liver enzymes. symptoms got better but then came back then was put on a different antibiotic. enzymes came down but not that much. Rads were also done and didn't show anything. Owner has rads on his laptop. Cortisol was ruled out. Liver shunt/systemic shunt was talked about and tested owner has all records.
- EATING/DRINKING: Not really eating and completely stopped drinking
- URINATION/BM: Reduced due to less intake.
- MEDICATIONS: liver supplement but not denarmin called vet classics liver support. Was given lactulose but owner has not given
- DIET: prescription diet hills liver care

Abnormal PE/Chem/CBC/UA Results: 2/20 serum bile acids results Preprandial bile acids 346.5 Postprandial bile acids 494.4

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

The liver is mildly reduced in volume, with homogeneous soft tissue attenuation, uniform contrast enhancement, and regular margins.

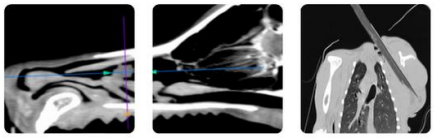
The gallbladder is distended and contains homogeneous hypoattenuating material with multiple tiny hyperattenuating mineral calculi. The cystic duct and common bile duct are within normal limits.

A long, tortuous anomalous vessel originates from the splenic vein and courses cranially through the central/right diaphragmatic region near the cardia, draining into the azygos vein. The maximal diameter of the shunting vessel measures approximately 0.60–0.67 cm.

The portal vein is mildly reduced in diameter at the level of the porta hepatis, measuring approximately 0.35 cm.

Both kidneys are normal in size but exhibit mildly irregular contours. Multiple small hypoattenuating cortical microcysts and linear hypoattenuating defects consistent with renal infarcts are observed bilaterally. Within both renal pelves, there are large horn-shaped hyperattenuating mineral calculi measuring approximately 0.5 × 0.9 cm (right) and 0.5 × 1.1 cm (left). At least three additional small mineral foci are present within the renal pelvis/diverticula. The ureters are unremarkable.

The urinary bladder is moderately distended with homogeneous hypoattenuating fluid. Wall thickness is within normal limits.



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The gastrointestinal tract is normally positioned and distended. Mild diffuse intestinal mural thickening is present.

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

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

The serosal fat is normal in attenuation. No evidence of peritoneal effusion.

Musculoskeletal structures are unremarkable.

THORAX

The trachea and main bronchi are within normal limits.

The pulmonary parenchyma demonstrates normal attenuation.

The bronchial tree shows normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vasculature are within normal limits.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

A small triangular soft tissue attenuation structure is present within the cranial mediastinum, consistent with an incidental thymic remnant.

The pleural space, ribs, diaphragm, and thoracic wall are unremarkable.

The thoracic esophagus is moderately air-distended, likely incidental/anesthesia-related.

Selective intubation of the right main bronchus is noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Congenital extrahepatic portosystemic shunt (splenic vein to azygos vein), consistent with a splenoazygos shunt.
- Mild microhepatia with reduced portal vein diameter, compatible with decreased portal perfusion secondary to portosystemic shunting.
- Multiple tiny cholelithiasis.
- Bilateral nephrolithiasis (renal pelvic calculi) with concurrent renal cortical microcysts and linear cortical infarcts. Differential diagnosis includes concurrent degenerative nephropathy.
- Mild diffuse intestinal mural thickening (nonspecific; may be associated with inflammatory gastrointestinal disease and could be secondary to the portosystemic shunt).
- Incidental thymic remnant. Thorax otherwise unremarkable.

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INTERPRETATIONOFTHEFINDINGS&FURTHERRECOMMENDATIONS

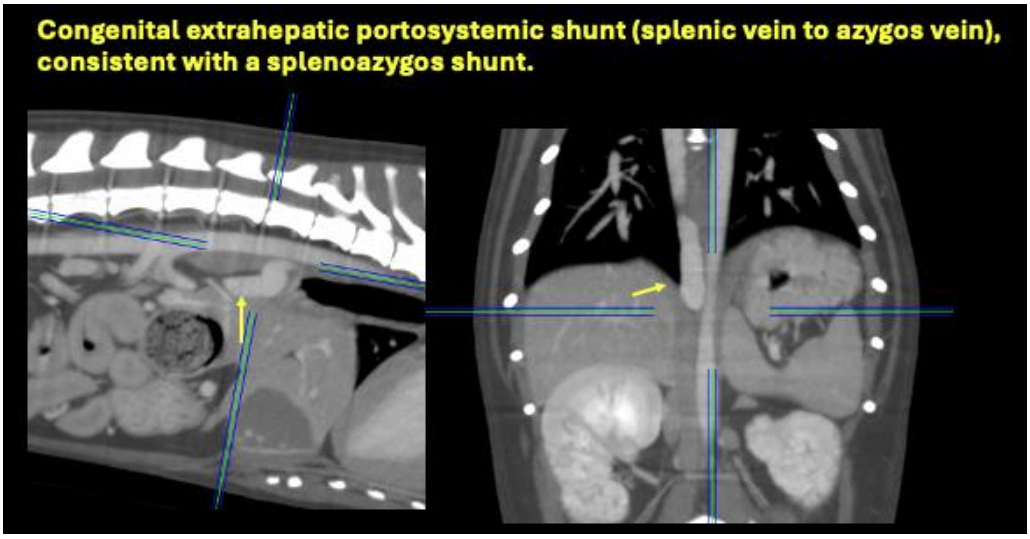
The CT findings confirm the presence of a congenital extrahepatic portosystemic shunt arising from the splenic vein and draining into the azygos vein (splenoazygos shunt). The associated mild microhepatia and reduced portal vein diameter support suggestive diversion of portal blood flow.

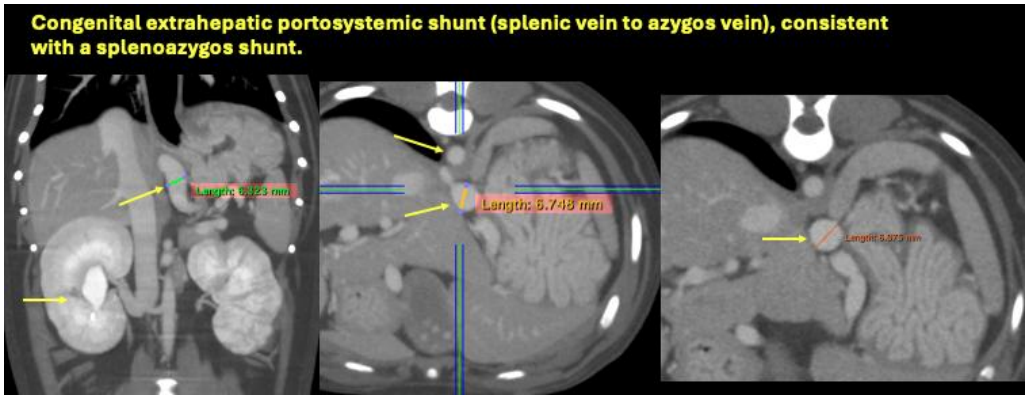
Consultation with a specialized surgical center is recommended to determine the most appropriate option for surgical attenuation of the portosystemic shunt. In the meantime, medical stabilization is advised, including lactulose administration, continuation of a hepatic diet, and appropriate antibiotic therapy as indicated. Monitoring of electrolytes and blood glucose levels is recommended.

The bilateral nephrolithiasis and renal infarcts should be clinically correlated. A urinalysis is recommended.

TECHNICAL COMMENTS

Only non-contrast series of the thorax were provided for review.





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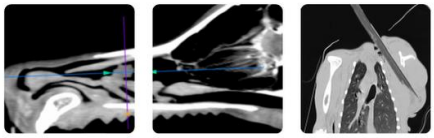

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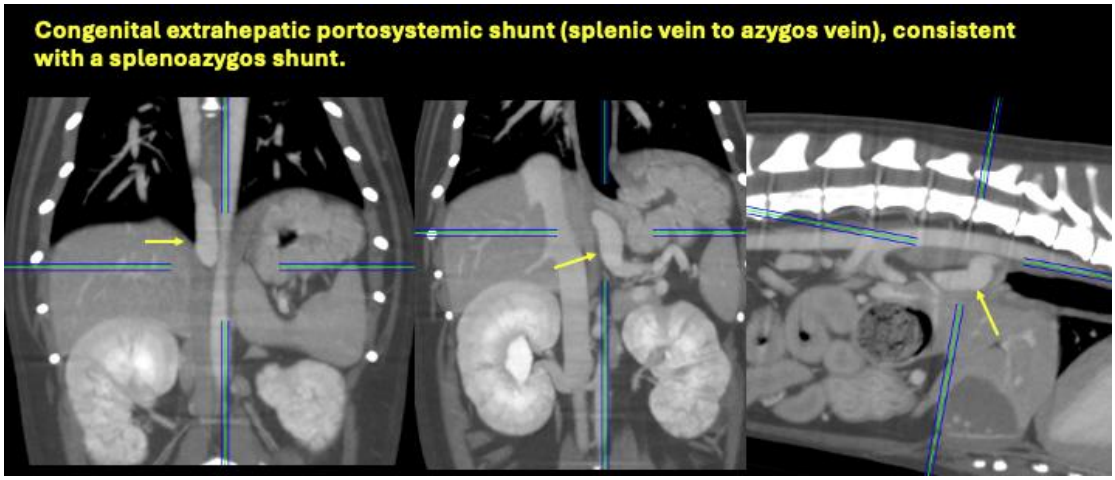

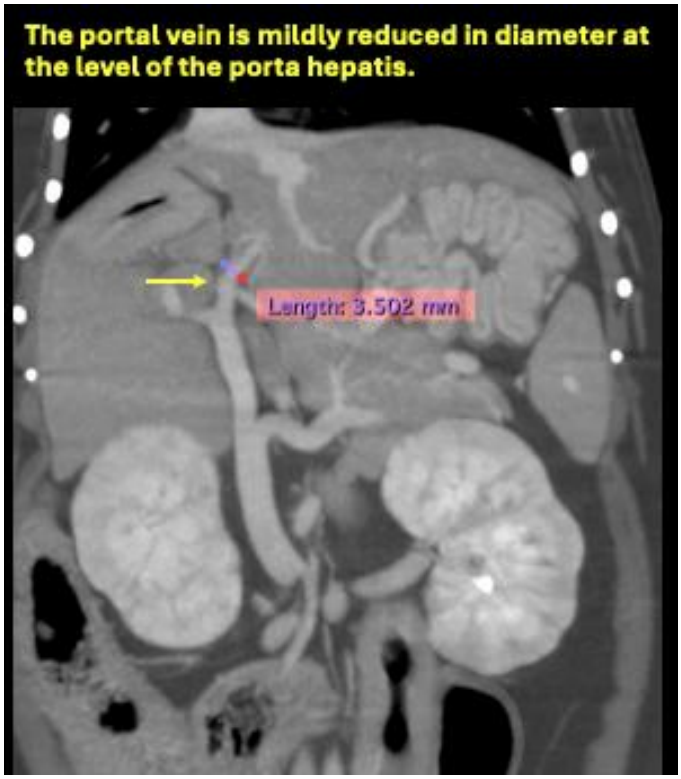

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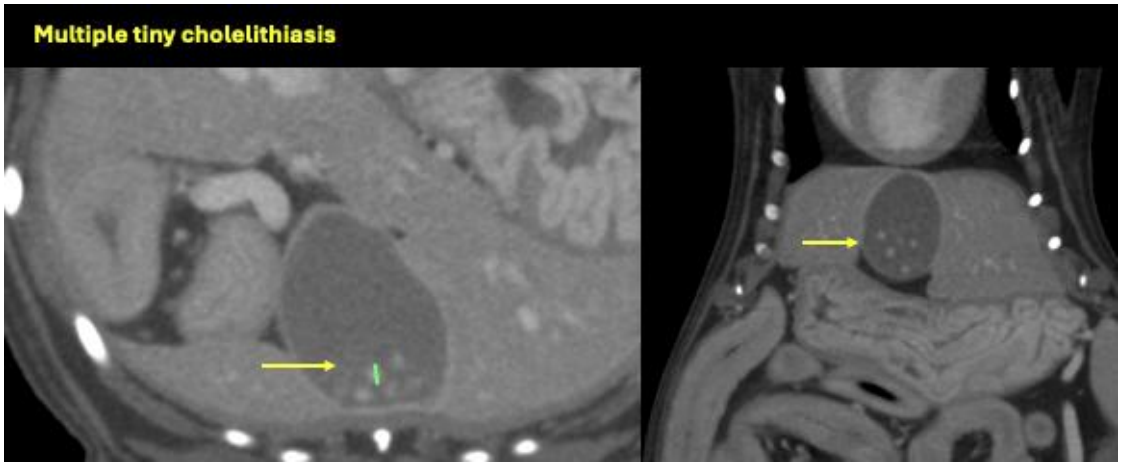

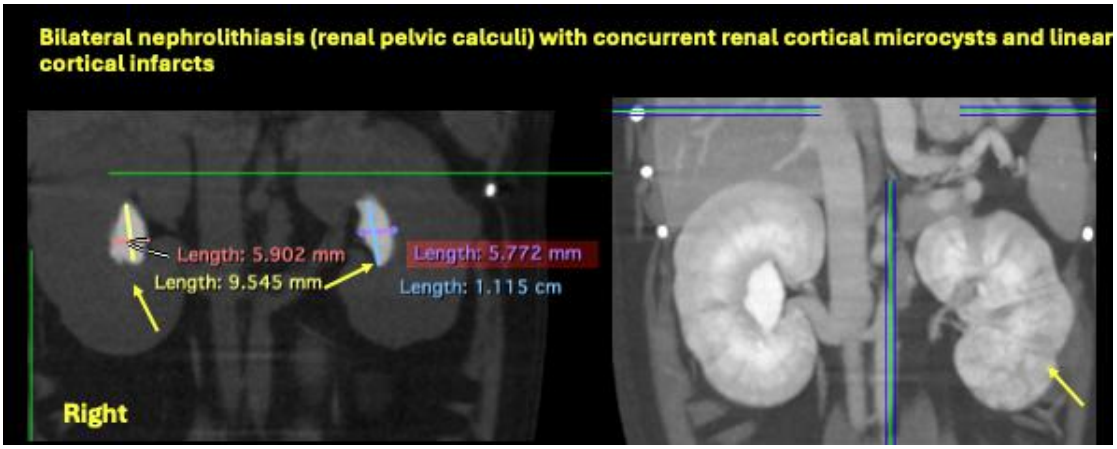

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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