



## PATIENT

Loki Reed

## SPECIES

Canine

## BREED

Husky

## SEX

MN

## AGE

2Y, 3M

## WEIGHT

55.4lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Laura Baumert

## HOSPITAL NAME

Wilson Veterinary  
Hospital

## REFERRING VET

Dr. Marcordes

## INVOICE

74131

## DATE

3-10-26

## PRESENTING CLINICAL SIGNS

- Pet presented to primary care DVM in Jan 2025 with acute onset of seizures. General BW was WNL. Started on Phenobarbital. Returned in April 2025 for seizure cluster. Keppra was added, and PSS was discussed as owner noted that seizures seemed to occur after eating a high protein food. At that time owners declined referral, and requested symptomatic treatment with anticonvulsants and meds for PSS (metronidazole, amoxicillin and lactulose). Pet presented to ER December 2025 for another seizure. Pre-prandial bile acids at that time were >180. A CT was recommended to evaluate for a PSS.

Abnormal PE/Chem/CBC/UA Results: Pre-prandial Bile Acid >180 . Remainder unremarkable

## COMPUTED TOMOGRAPHIC STUDY OF ABDOMEN

A pre- and post-contrast CT study of the abdomen was provided for review, totaling two series: one pre-contrast series and one post-contrast series acquired using a soft tissue algorithm (portal venous phase).

## COMPUTED TOMOGRAPHIC FINDINGS

The liver is homogeneously soft-tissue attenuating and demonstrates uniform contrast enhancement, with normal size and smooth, regular contours.

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. The intrahepatic portal branches are within normal limits. No anomalous portosystemic vessels are identified. The thoracic azygos vein is small and 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 demonstrates uniform contrast enhancement.

The pancreas and adrenal glands are unremarkable.

The serosal fat demonstrates normal attenuation.

The gastrointestinal tract is normally distended and appropriately distributed. The wall thickness is within normal limits. A small, faint mineral-opaque structure measuring approximately 1.1 × 0.8 cm is identified within the stomach, consistent with an incidental, non-obstructive foreign material.

The descending colon and rectum contain gas admixed with heterogeneous fecal material and fluid. Wall thickness is within normal limits.

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

The urinary bladder is partially included within the field of view.



**PATIENT**

The musculoskeletal structures are unremarkable.

Loki Reed

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**SPECIES**

- No CT evidence of a congenital extrahepatic or intrahepatic portosystemic shunt.
- Otherwise, unremarkable abdominal CT examination.

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

Husky

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.

**SEX**

Given the previously reported elevation in bile acids and the absence of a macroscopic shunt, hepatic microvascular dysplasia remains a potential differential diagnosis. Repeat bile acid testing is recommended for reassessment. If the elevation persists, further evaluation for hepatic microvascular dysplasia or other functional hepatic disorders should be considered.

MN

**AGE**

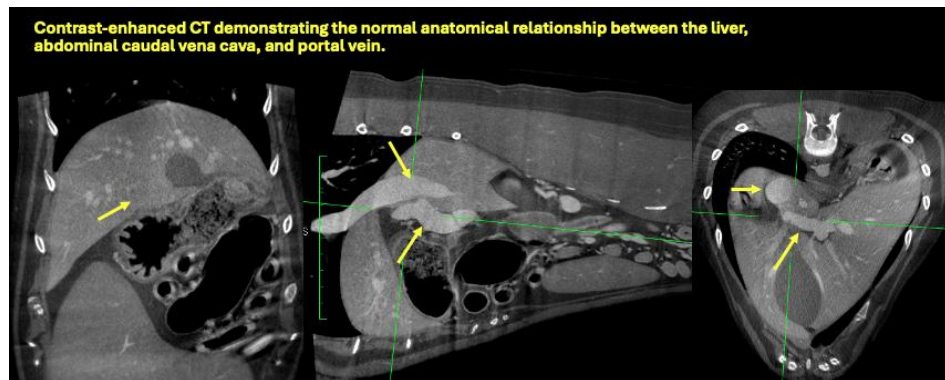
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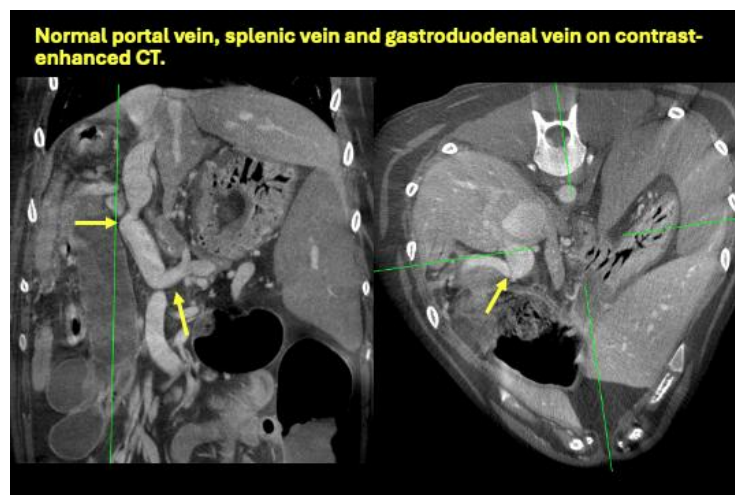
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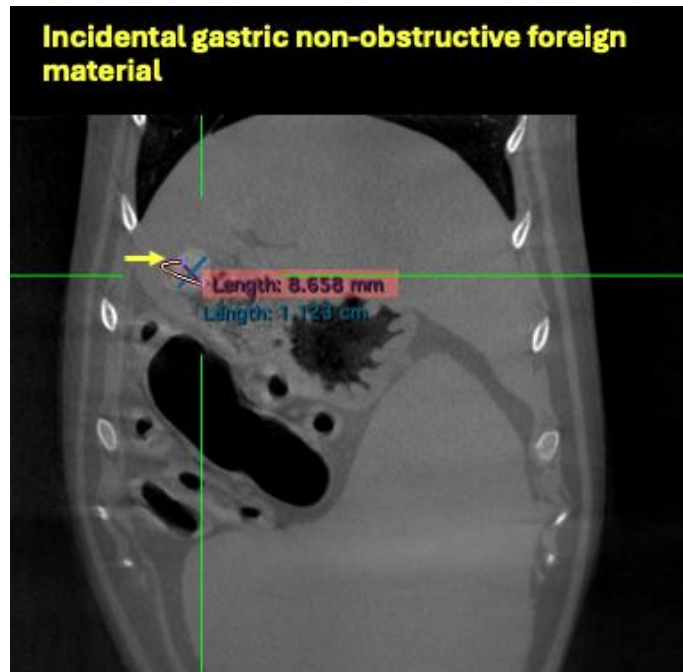
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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