



PATIENT PRESENTING CLINICAL SIGNS

Hughie Rejc Pet originally presented to us in October 2020 for possible liver shunt due to elevated ammonia and bile acids. Ultrasound and further workup were recommended at the time. Hughie presented again 12/2022 for progression on medical management (lactulose and denamarin) to developing seizures. Amoxicillin was added at the time to try and improve medical management while pending CT scan.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: Bile acids 145.4 umol/L (0-14.9), BUN 6 mg/dL (9-31), Albumin 2.2 g/dL (2.7-3.9), hypochromic microcytosis, hct 44%

BREED

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Pomeranian A high-resolution pre-and post-contrast CT study of the abdomen are provided for review. Performed a CTA liver angiography with two phases scan, pre-contrast and post-contrast phase of full abdomen, and arterial/portal scans focused on the liver and portal vasculature.

SEX

COMPUTED TOMOGRAPHIC FINDINGS

Male There is a short anomalous shunting vessel that emerges from the splenic vein feeding into the caudal vena cava at the level of the mid-portion of the right kidney, caudal to the liver. The portal vein cranial to the splenoportal/caval confluence decreases in size. The shunt vessel reaches a maximum diameter of approximately 0.46cm, and the portal vein in the porta hepatis reaches a maximum diameter of approximately 0.38cm. The hepatic and pre-hepatic caudal vena cava is distended.

AGE

3 Years

The liver is small in size, the gastric axis is shifted cranially. The gallbladder is unremarkable, moderately hypoattenuating fluid distended.

INTERPRETED BY

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

The kidneys are subjectively enlarged, with normal shape, mildly irregular on contour. Multiple variably sized mineral attenuating structures are seen in the renal pelvis bilaterally. The largest mineral structure in the right pelvis measures approximately 1.1cm in length x 0.54cm in thickness; the largest mineral structure in the left renal pelvis measures approximately 0.79cm in length x 0.19cm in thickness.

HOSPITAL NAME

Wilson Veterinary Hospital

No mineral attenuating calculi are visible within the urinary bladder; however, the caudal portion is not collimated.

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

REFERRING VET

Dr. Nick Vitale

The stomach is mildly filled and contains a small content of gas admixed with homogeneous soft tissue attenuating fluid.

The duodenum and small intestine are moderately dilated and contain moderate homogeneous hypoattenuating fluid content and minimal gas.

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The colon is moderately distended and contains gas admixed with heterogeneous soft tissue attenuating fecal material.

The pancreas and mesentery are normal.

DATE

3-14-23

The abdominal lymph nodes and adrenal glands are normal.



PATIENT

No other abnormalities are identified.

Hughie Rejc

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

Canine

- Spleno-caval extra-hepatic shunt with secondary microhepatia.
- Bilaterally symmetric compensatory renomegaly.
- Bilateral multiple, variably sized nephrolithiasis. Largest is seen at the right pelvis.
- Mild diffuse intestinal dilatation, functional ileus.
- Post-prandial gastric distention, and/or functional gastric ileus.

BREED

Pomeranian

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The suspected congenital portosystemic shunt is confirmed. Bilateral mineral nephrolithiasis and concurrent pyelonephritis could be considered.

SEX

Male

Intestinal functional ileus is suspected.

A consult with a specialized center is recommended to discuss the best option for surgical treatment.

AGE

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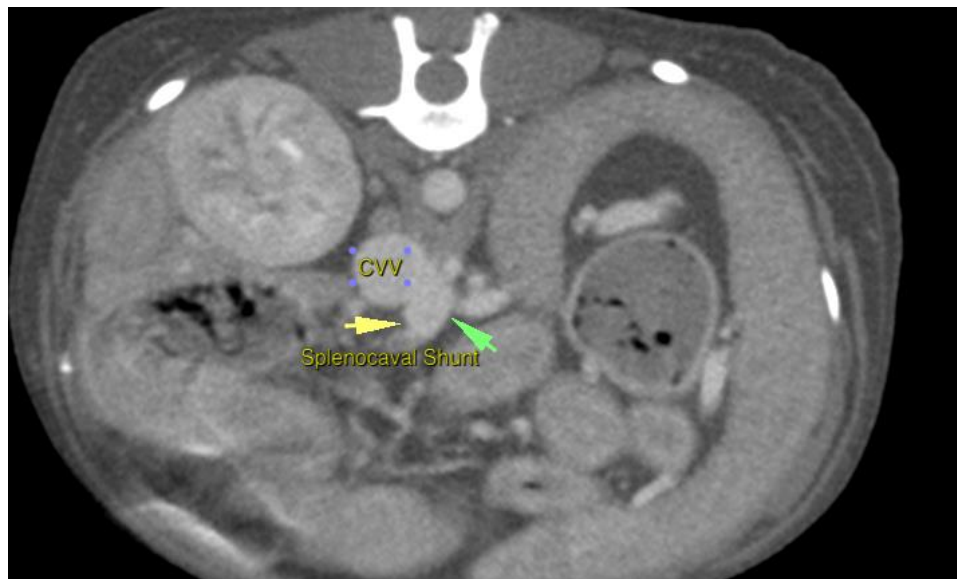
Dr. Nick Vitale

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SPECIES

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Pomeranian

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Male

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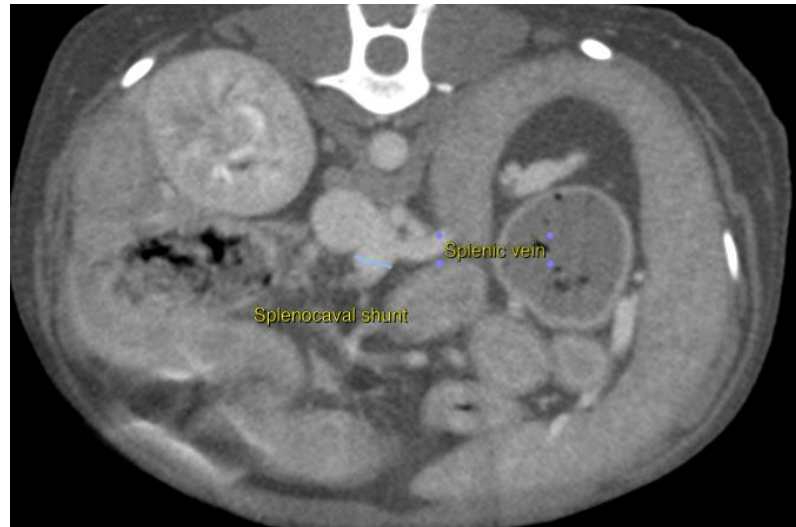
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SPECIES

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Pomeranian

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AGE

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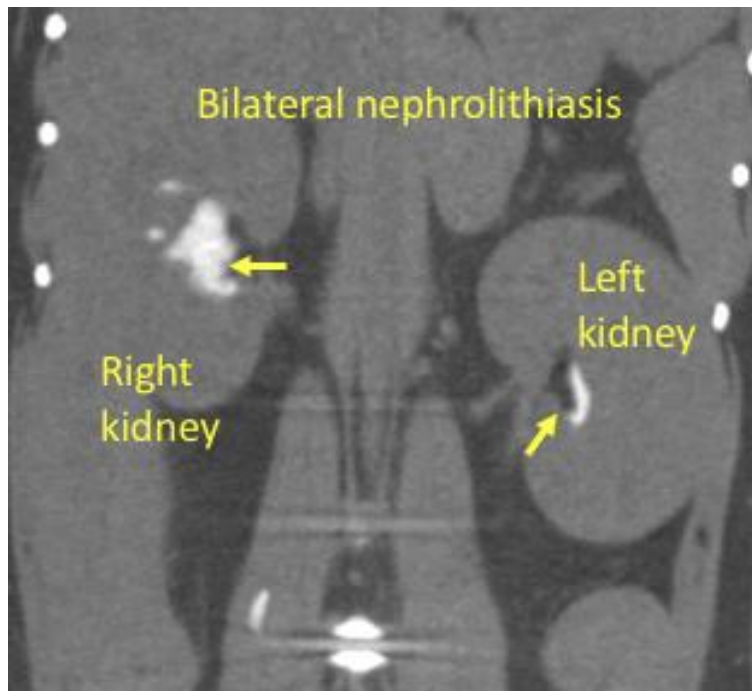
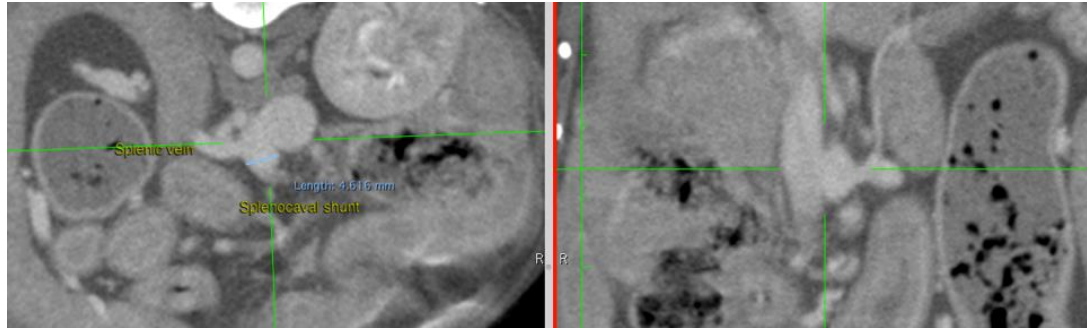
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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