



PATIENT

Madison Opolka

SPECIES

Canine

BREED

Maltese

SEX

Female Spayed

AGE

2Y

WEIGHT

3.7lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

74577

DATE

4-14-26

PRESENTING CLINICAL SIGNS

Madison has a known liver shunt and has been doing well overall. Starting yesterday afternoon, she became very restless and frantic — pacing, digging at bedding and the couch, and carrying her toy around as if it were a puppy. She has been gagging herself by holding the toy in her mouth. She has not been eating or drinking since this started. Her last normal meal was yesterday morning. She had a normal bowel movement last night. She has been urinating less than usual. You noticed a small, yellow, hardened discharge coming from one of her nipples and chose not to wipe it away so the veterinary team could see it. Her last heat cycle was at the end of January/beginning of February, lasting approximately six days. There is no possibility of exposure to an intact male — she is always with you or your son. She is currently on Revolution (applied topically) for flea prevention and is not on any other medications or supplements. She received vaccinations approximately one to two weeks ago (split into two visits, with the most recent dose given last Wednesday). No prior imaging (CT or X-rays) has been performed for the liver shunt, though it has been discussed with her primary care veterinarian. Bile acid stimulation testing confirmed the presence of a portosystemic shunt. Abnormal PE/Chem/CBC/UA Results: PE- wnl CBC/chem- unremarkable

COMPUTED TOMOGRAPHIC STUDY OF ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

The liver is normal in size, with smooth margins and homogeneous parenchymal attenuation, demonstrating uniform contrast enhancement.

The portal vein and its tributaries (splenic vein, left gastric vein, and pancreatoduodenal vein) are normal in diameter and course. The intrahepatic portal branches are within normal limits. No anomalous portosystemic vascular communication is identified. The thoracic azygos vein is unremarkable.

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

The spleen is normal in size, shape, and attenuation, with homogeneous contrast enhancement.

The pancreas and adrenal glands are unremarkable.

The kidneys are normal in size, shape, contour, and attenuation pre- and post-contrast. No evidence of mineral-attenuating calculi. The renal pelvises and ureters are within normal limits. No evidence of radiopaque urolithiasis.

The urinary bladder is mildly to moderately distended with mixed hypoattenuating fluid and discrete hyperattenuating contrast material. No evidence of radiopaque urolithiasis.

The gastrointestinal tract is normally distended and appropriately distributed, with normal wall thickness. The colon contains gas and heterogeneous fecal material.



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The uterine horns are mildly enlarged, with subtly thickened walls and a small amount of hypoattenuating intraluminal content. The right uterine horn measures approximately 4.0 mm, and the left measures approximately 7.8 mm. The ovaries are normal in size, shape, and attenuation.

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There is mild generalized enlargement of the mammary glands. The left cranial (M3) mammary gland demonstrates relatively increased contrast enhancement compared to the remaining glands.

BREED

Maltese

The serosal fat and musculoskeletal structures are unremarkable.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- No CT evidence of congenital extrahepatic or intrahepatic portosystemic shunt.
- Mild uterine enlargement with intraluminal fluid content. Differential diagnoses include cystic endometrial hyperplasia and mucometra; pyometra is considered less likely.
- Mild mammary gland enlargement with focal increased enhancement (M3 gland): Differential diagnoses include hormonal influence, inflammation or infection.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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3.7lbs

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.

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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.

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The uterine findings are mild but may represent early cystic endometrial hyperplasia or mucometra. Although pyometra is considered less likely, clinical and laboratory correlation is essential. Monitoring for systemic signs and follow-up imaging or laboratory evaluation is suggested.

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The mammary gland changes, particularly the focal increased enhancement of the cranial gland, warrant clinical correlation. If discharge persists or abnormalities progress, targeted ultrasonography and/or cytological evaluation (fine-needle aspiration) are recommended.

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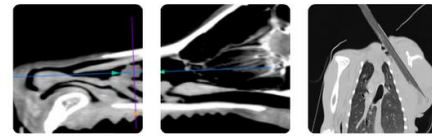
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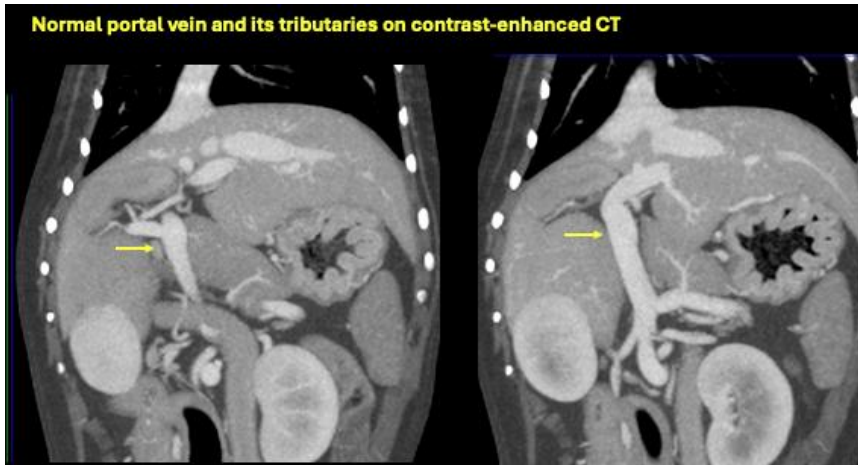
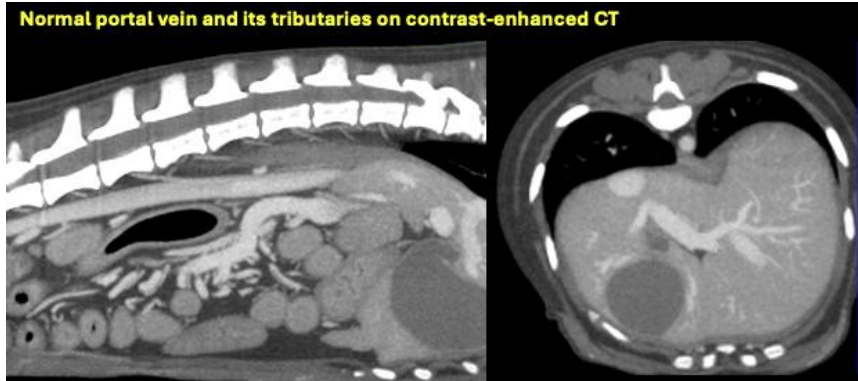
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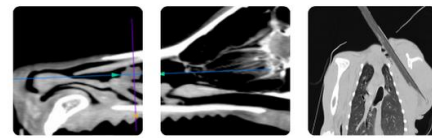
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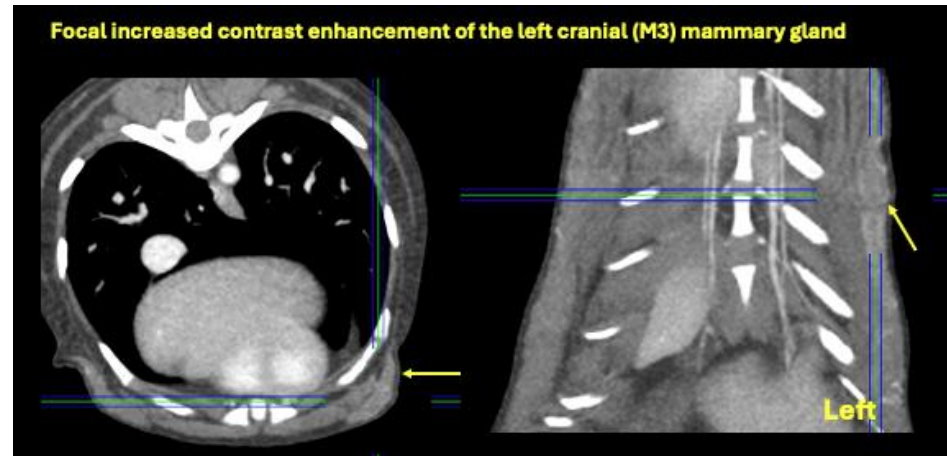
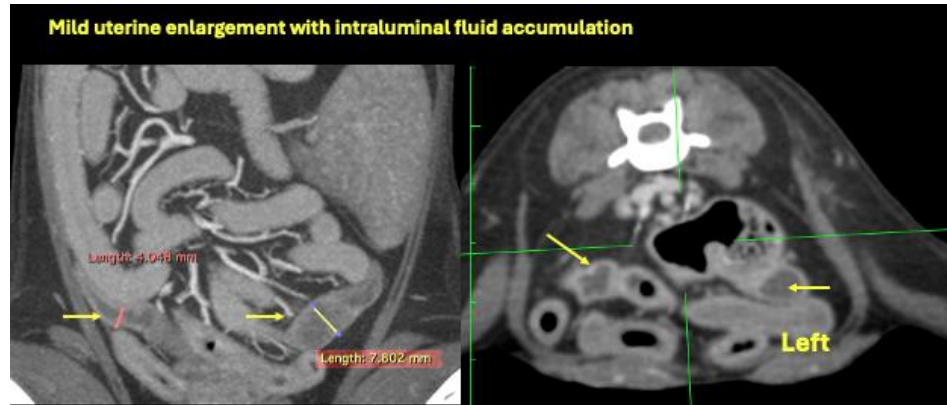
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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