



## PATIENT

Ashy Lau

## SPECIES

Canine

## BREED

Dachshund X

## SEX

Mi

## AGE

13W

## WEIGHT

1.73kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Janice

## HOSPITAL NAME

Bridgwater Veterinary  
Hospital and Wellness  
Centre

## REFERRING VET

Dr. J. Shapera

## INVOICE

74838

## DATE

4-30-26

## PRESENTING CLINICAL SIGNS

Hypoglycemia and hypothermia. Only able to maintain his blood sugar when fed q 2 hours. Bile acid results are slightly high and could indicate a shunt.

Abnormal PE/Chem/CBC/UA Results: Low cortisol level (<55), slightly elevated bile acid level (19)

## COMPUTED TOMOGRAPHIC STUDY OF ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

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

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

The gallbladder is moderately distended, containing homogeneous hypoattenuating content. The common bile duct is within normal limits.

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

The pancreas, adrenal glands, and abdominal lymph nodes 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

The urinary bladder is mildly to moderately distended, containing hypoattenuating fluid. The bladder wall is normal. No evidence of radiopaque urolithiasis (partially collimated).

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

The serosal fat and musculoskeletal structures are unremarkable.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- No computed tomographic evidence of congenital extrahepatic or intrahepatic portosystemic shunt.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no tomographic evidence of a congenital portosystemic shunt. The portal venous system is normal in caliber and course.



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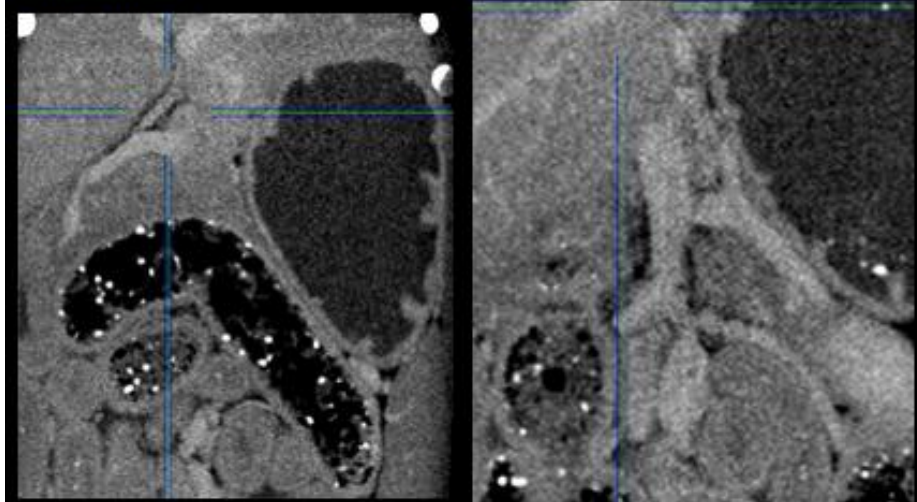
The liver is normal in size and shape; however, microvascular dysplasia cannot be completely excluded on the basis of CT findings alone. Repeat bile acid stimulation testing is advised. If abnormalities persist, further evaluation for microvascular dysplasia or other hepatic functional disorders should be considered.

In the absence of a demonstrable vascular anomaly, juvenile transient hypoglycemia should be considered as a potential differential diagnosis.

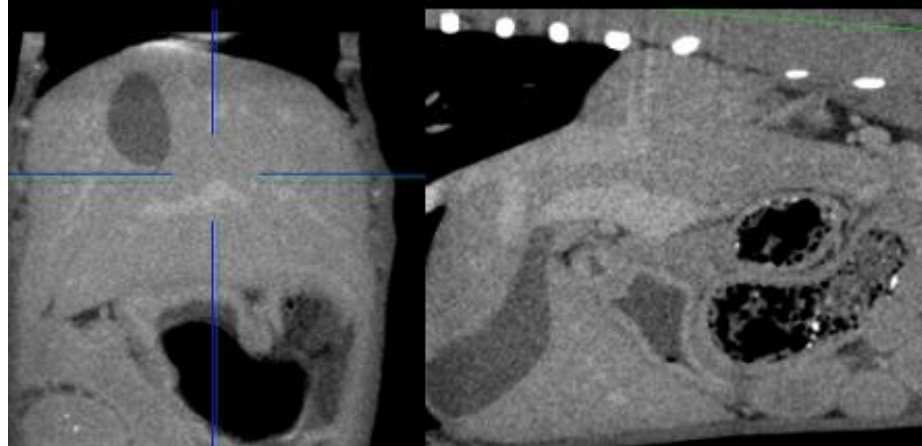
## TECHNICAL COMMENTS

The pre-contrast phase is incomplete. In the first post-contrast phase, the acquisition was centered more caudally, resulting in inadequate coverage of the cranial abdomen.

### Portal venous system within normal limits (portal vein and major tributaries)



### Liver and portal vein within normal limits





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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](mailto:info@sonopath.com)