



PATIENT PRESENTING CLINICAL SIGNS

Penny Midwest Small Breed Rescue

Suspected PSS. Failure to thrive, poor weight gain, increased LE, neurologic. Initially responded to medical management, but recent decline and worsening of neuro signs.
 Abnormal PE/Chem/CBC/UA Results: ALT 266 (5-125) AST 160 (0-50) NH3 245 (0-98) Bile acids: Preprandial 38.5 (<13), post prandial 169 (<25)

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Canine

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.

BREED COMPUTED TOMOGRAPHIC FINDINGS

Shih Tzu

There is an anomalous shunting vessel that emerges from the splenic vein feeding into the caudal vena cava at the level of the cranial pole of the right kidney. The portal vein cranial to the splenoportal/caval confluence severely decreases in size. The shunt vessel reaches a maximum diameter of approximately 0.60cm, and the portal vein in the porta hepatis reaches a maximum diameter of approximately 0.15cm. The hepatic and pre-hepatic caudal vena cava is distended.

SEX

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

AGE

7 Months

The kidneys are subjectively enlarged, with normal shape, and regular in contour. Multiple and different sized mineral attenuating structures are seen in the renal pelvis (at least four) in the left kidney. The largest mineral structure in the left pelvis measures approximately 0.4cm in length.

INTERPRETED BY No mineral attenuating calculi are visible within the urinary bladder.

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

The stomach is abnormally distended and contains a severe amount of heterogeneous attenuating ingesta material admixed with small mineral fragments and gas.

HOSPITAL NAME 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, admixed with mineral fragments/ debris.

REFERRING VET The pancreas and mesentery are normal.

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The abdominal lymph nodes and adrenal glands are normal.

No other abnormalities are identified.

INVOICE COMPUTED TOMOGRAPHIC DIAGNOSIS

57668

- Splenocaval extra-hepatic shunt with secondary microhepatia.

DATE

4-6-23



PATIENT

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- Severely reduced portal vein diameter in porta hepatis, portal vein functional hypoplasia secondary to PSS. Differential diagnosis primary portal vein hypoplasia.
- Bilaterally symmetric compensatory renomegaly.
- Few, small, variably sized nephrolithiasis in the left kidney.
- Severely post-prandial gastric distention, and/or functional gastric ileus, with gravel sign.
- Moderate diffuse intestinal dilatation, functional ileus.

SPECIES

Canine

BREED

Shih Tzu

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The suspected congenital portosystemic shunt is confirmed. Portal vein hypoplasia could be correlated to the shunt (functional); however, in this particular patient, the reduced diameter is significant, and portal vein morphological hypoplasia is considered. However, for this condition, a histopathological diagnosis is thus required, imaging alone cannot be used to diagnose this condition. Left kidney mineral nephrolithiasis are seen. Gastrointestinal functional ileus is usually correlated with shunt disease.

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

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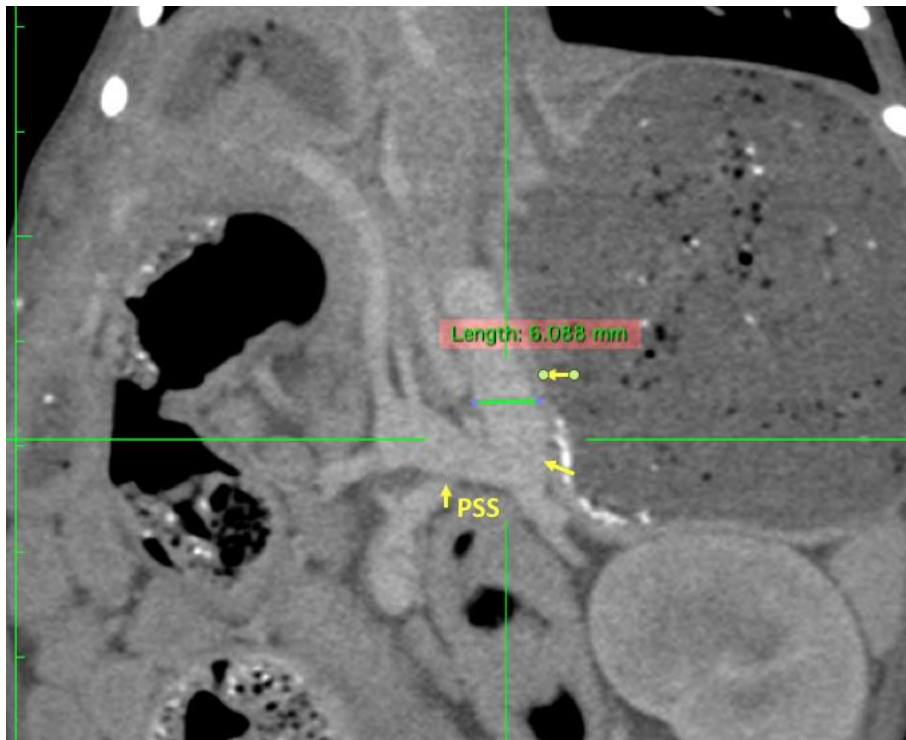
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HOSPITAL NAME

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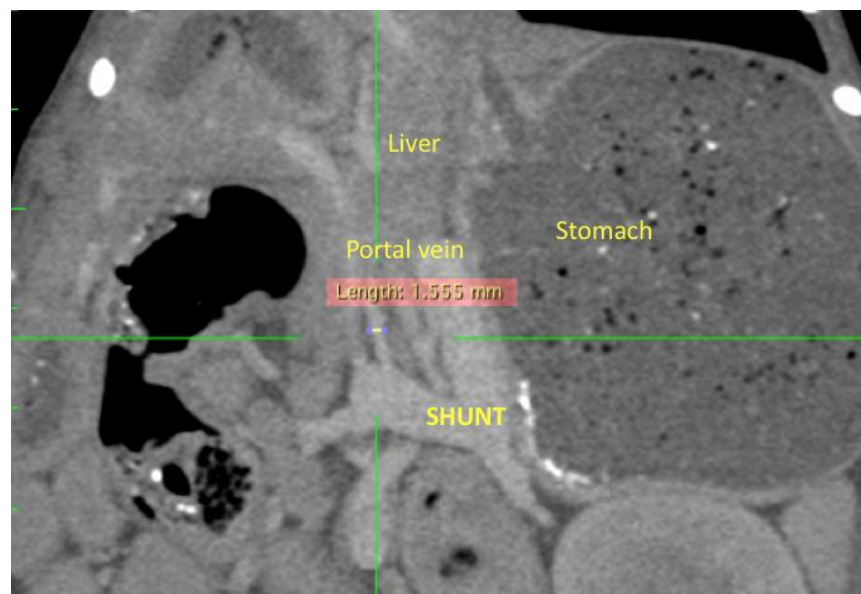
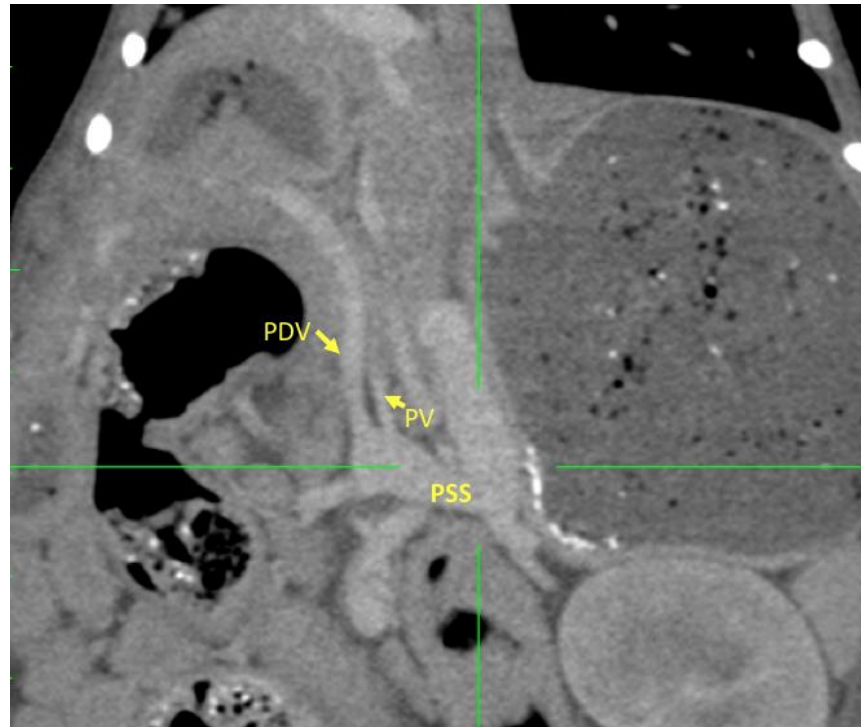
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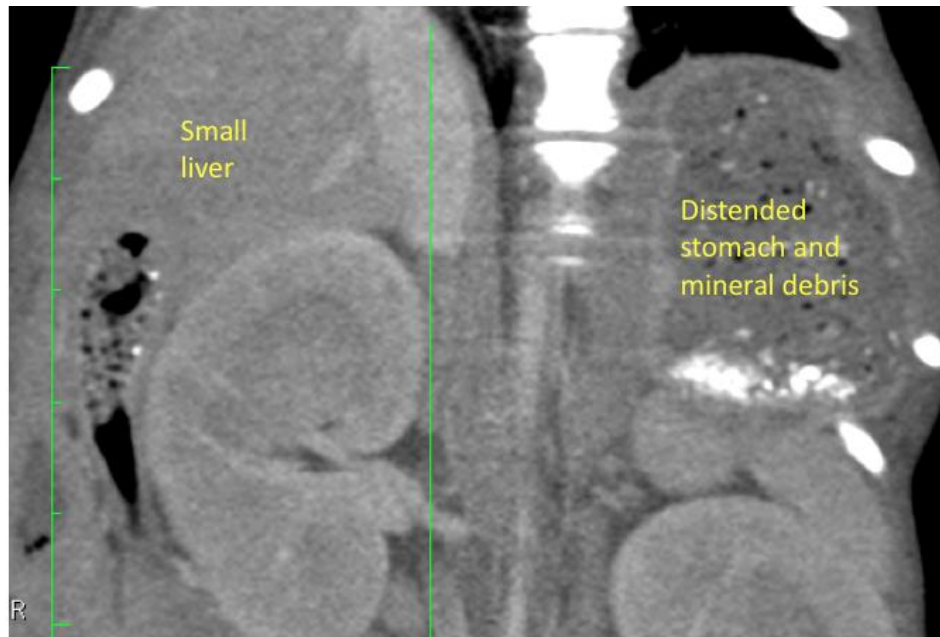
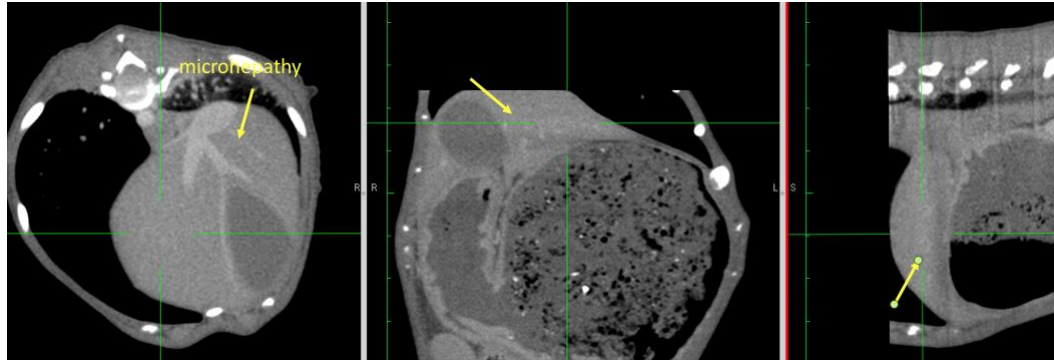
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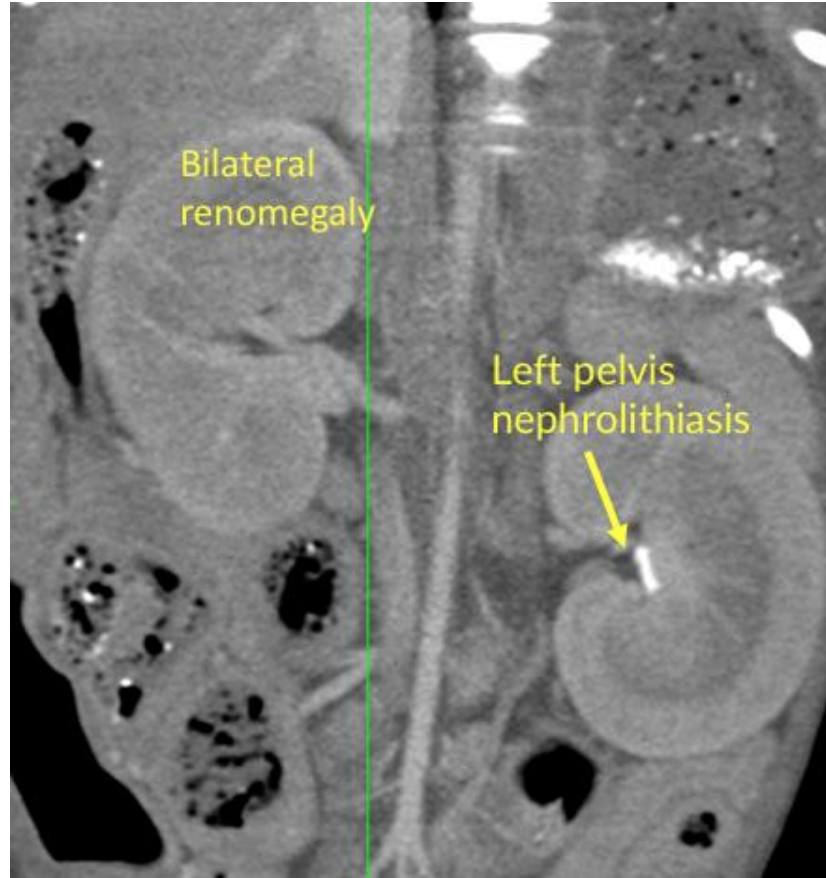
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

REFERRING VET

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