



## PATIENT

Mylo Alexander  
Jacqueline Trinidad

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

M

## AGE

8M

## WEIGHT

3.0lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

José L. Alvarado Bruno,  
CVT - CT Scan  
Technician

## HOSPITAL NAME

Veterinary Image  
Center

## REFERRING VET

Joanne Fernandez,  
DVM

## INVOICE

75321

## DATE

6-4-26

## PRESENTING CLINICAL SIGNS

Mylo presented on 1/17/2026 due to history of 1 event with focal seizure or tremors. No history of trauma. Tends to be a bit sensitive with his stomach. Always been the smallest of the litter. Vaccines and preventives up to date since puppy. Currently on Simparica trio.

Provisional Diagnosis or Reason for referral: Suspected liver shunt, CT scan angiography vs ultrasound. Internal med vs Surgical Dept Evaluation.

Abnormal PE/Chem/CBC/UA Results: Post Bile Acids and Ammonia elevated. Ammonia 82.4 (mildly high, Pre normal) and Post Bile Acids 33.8 umol/L Hi

## COMPUTED TOMOGRAPHIC STUDY OF ABDOMEN

A pre- and post-contrast CT study of the abdomen is provided for review, totaling 6 series. One pre-contrast series and five post-contrast series, soft tissue algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS

The liver is homogeneously soft tissue attenuating and uniformly contrast-enhancing, with normal size. Hepatic contours are smooth and regular.

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. No anomalous portosystemic vessels are identified. The thoracic azygos vein is unremarkable. The azygos vein is 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 uniformly contrast-enhancing.

The pancreas and adrenal glands are unremarkable.

The serosal fat presents normal attenuation behavior.

The gastrointestinal tract is normally distended with appropriate distribution. Wall thickness is unremarkable throughout. The descending colon and rectum contain gas and heterogeneous fecal material of soft tissue attenuation. A small mineral foreign body is present within the descending colon, regarded as incidental (0.5 cm).

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

The urinary bladder is moderately filled with hypoattenuating fluid admixed with contrast material on post-contrast images. Normal wall thickness.

The prostate and testicles are unremarkable.

The abdominal lymph nodes are within normal limits.

The musculoskeletal structures are unremarkable.



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## COMPUTED TOMOGRAPHIC DIAGNOSIS

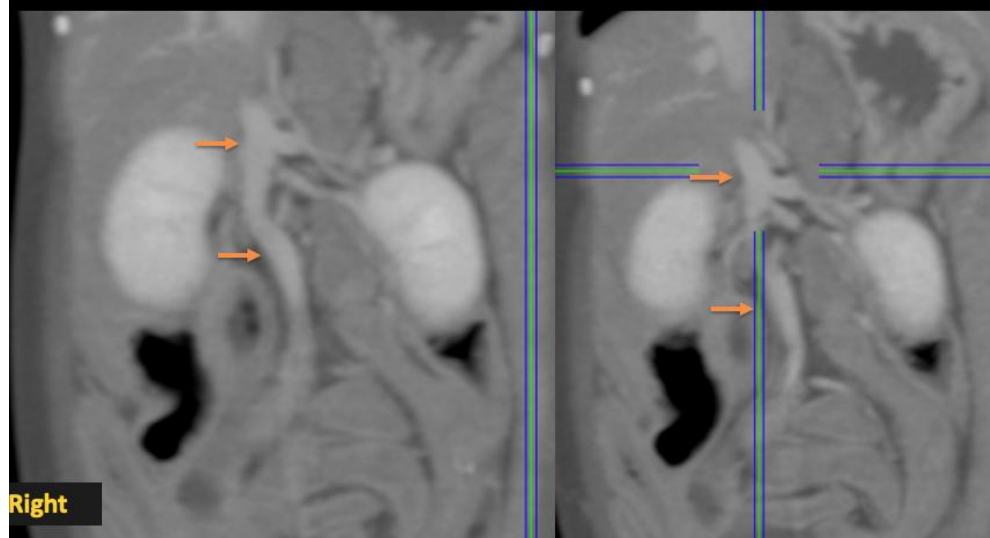
- No CT evidence of congenital extrahepatic or intrahepatic portosystemic shunt.
- The liver and gallbladder are unremarkable.

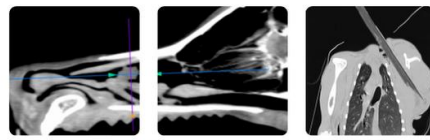
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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, and no anomalous vascular communications are detected.

Given the elevation in bile acids/ammonia and the absence of a macroscopic shunt, hepatic microvascular dysplasia remains the possible differential diagnosis. In this setting, definitive diagnosis requires histopathologic evaluation, which is indicated if bile acid elevation persists. If clinically warranted, ultrasound-guided or laparoscopic hepatic biopsy is recommended for further characterization.

Fig. 1. Normal portal vein and portal tributaries





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Fig. 2. Normal portal vein and portal tributaries



Fig. 3. Normal portal vein and portal tributaries



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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