



PATIENT PRESENTING CLINICAL SIGNS

Buddy Osborne hunched/crouching abdominal discomfort - has been treated with doxycycline/meloxicam for a corneal ulcer recently
 Abnormal PE/Chem/CBC/UA Results: marked neutrophilia cpli neg, chem mild increase ALKP

SPECIES COMPUTED TOMOGRAPHY OF THE THORAX & ABDOMEN

Canine Pre/post contrast studies provided for review.

BREED COMPUTED TOMOGRAPHIC FINDINGS

Pug Head/chest:
 Displayed parts of the head and thorax are inconspicuous.

SEX Abdomen:

MN The liver appears small involving all liver lobes and parts. The portal vein is reduced in size and tapering is not clearly defined. The left gastric vein is enlarged showing a shunting vessel running cranially and dorsally to the level of the diaphragm and then turning medially between diaphragm and liver, crossing the midline, and entering the caudal vena cava with an estimated transverse diameter of 6.9 mm.

AGE 5

INTERPRETED BY The spleen is normal in terms of size, surface, shape and contrast behavior.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
 The gallbladder is highly filled with a subjectively thickened wall. The common bile duct is not clearly identified.
 Pancreas presents normal size and shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous.

HOSPITAL NAME Both kidneys appear inhomogeneous after contrast with the right kidney showing pelvic calculi and the left showing hypodense wedge-shaped areas.

Advanced Veterinary Imaging
 Adrenal glands are considered as normal.

REFERRING VET A small amount of cystic calculi is recognized in the urinary bladder.

Eamon The stomach is highly filled. The small intestine indicates mild thickening of the wall.

INVOICE Abdominal lymph nodes are considered to be normal.

58066 Signs of peritoneal/retroperitoneal effusion or free gas are not recognized.

DATE COMPUTED TOMOGRAPHIC DIAGNOSIS

5-2-23

- Single, extra-hepatic, portosystemic shunt



PATIENT

Buddy Osborne

- Microhepatica
- Suspected edema of the gallbladder wall
- Nephro- and urolithiasis
- Polyphagia and mild signs of enteritis

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings represent a single, extra-hepatic, porto-systemic shunt originating from the left gastric vein and entering the caudal vena cava cranial to the liver. The shunt diameter is estimated from a CT perspective and should be re-evaluated in case of coil embolization. All other findings are secondary and match with congenital shunt disease. Currently signs of portal hypertension are not recognized.

BREED

Pug

SEX

MN

AGE

5

INTERPRETED BY

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Specialist in
Diagnostic Imaging

HOSPITAL NAME

Advanced Veterinary
Imaging

REFERRING VET

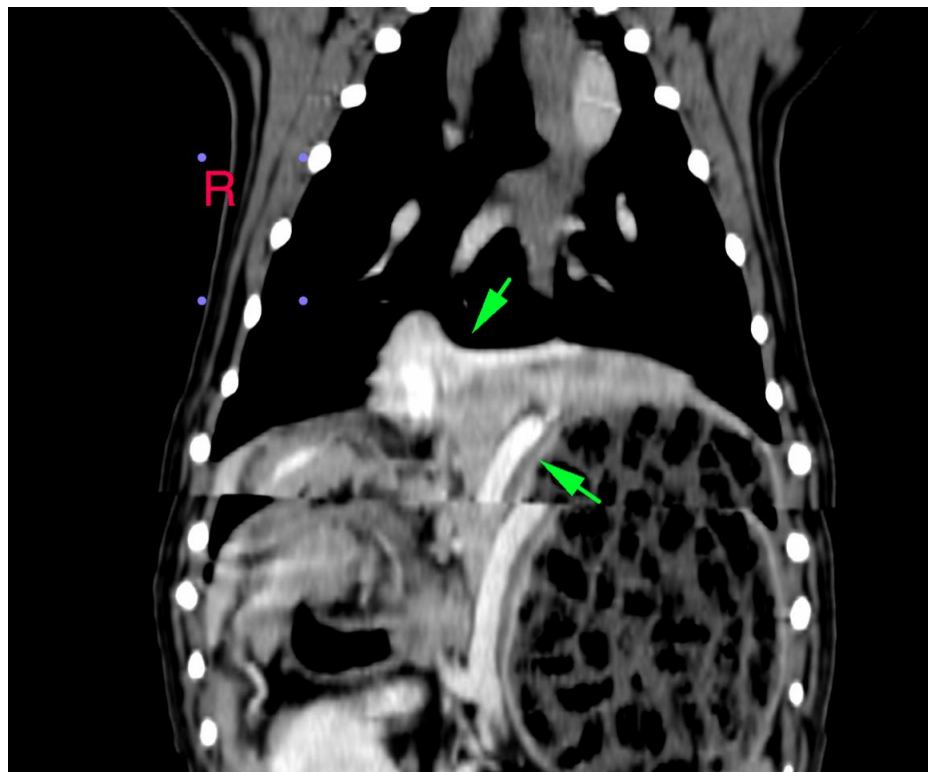
Eamon

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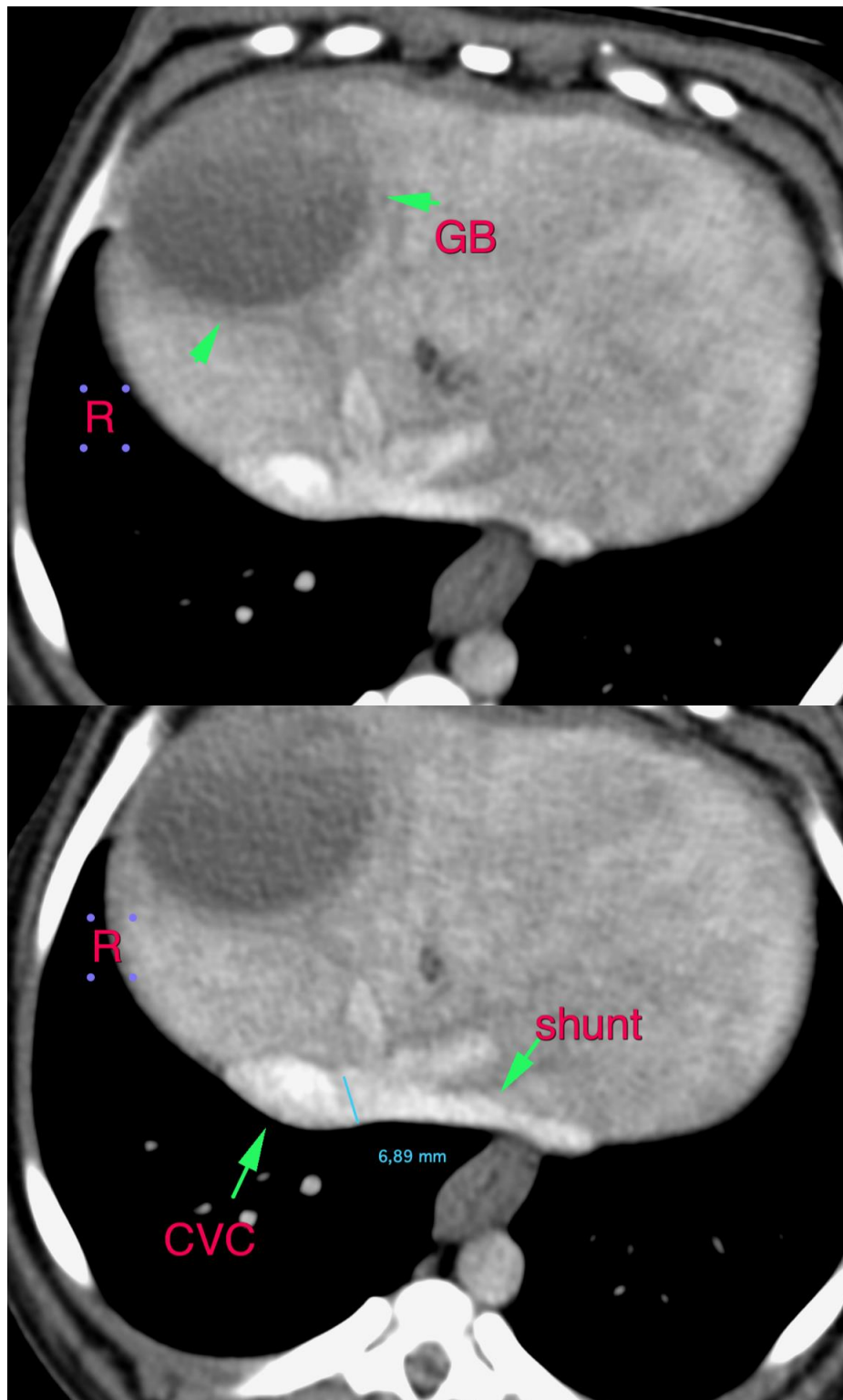
Eamon

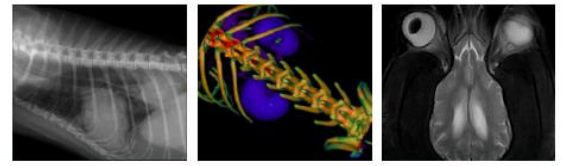
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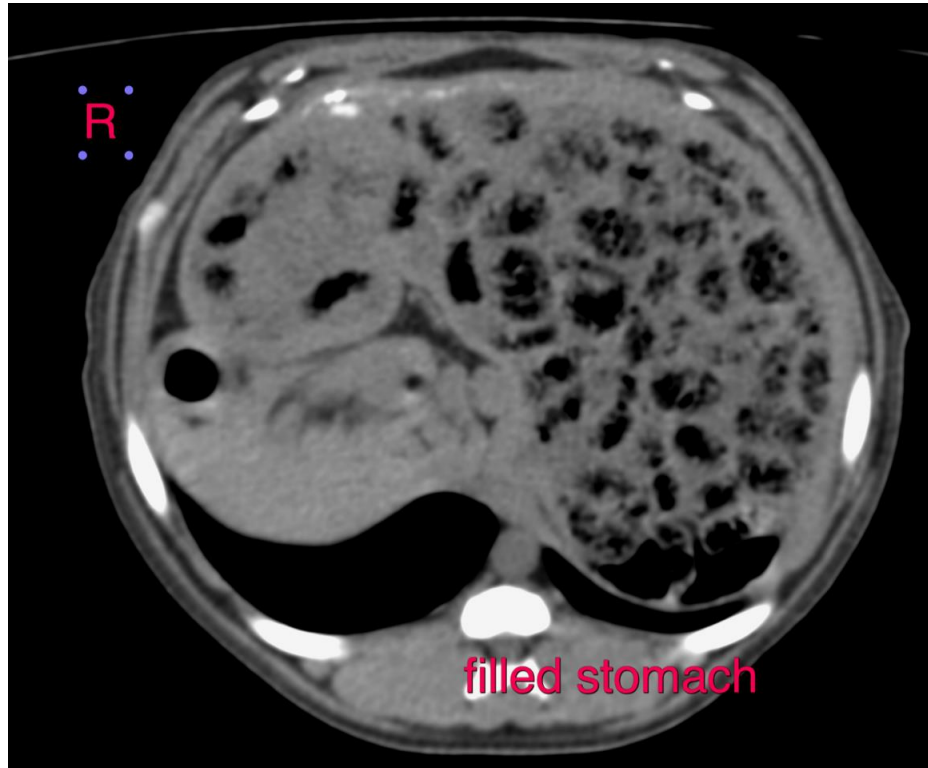
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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