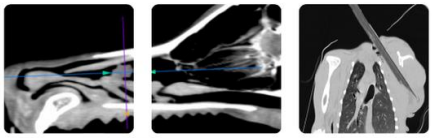

PATIENT
Stix Mathai

SPECIES
Canine

BREED
Italian Greyhound

SEX
Male

AGE
1Y

WEIGHT
4kgs

INTERPRETED BY
Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY
Mobile Pet Imaging

HOSPITAL NAME
Mobile Pet Imaging

REFERRING VET
Armstrong

INVOICE
73359

DATE
1-19-26

PRESENTING CLINICAL SIGNS

History:

- Presenting complaint or concern (brief)
- Neurologically Innapropriate (High ammonia vs Portosystemic Shunt vs other)
- High ALT (Shunt vs bile acid vs other)
- Please list any current medications
- Lactulose, Metronidazole, Denamarin

Abnormal PE/Chem/CBC/UA Results: PE normal/ CBC 3.29 wbc/Chem ALT 461, Amonia 251, Bile acids pending.

COMPUTED TOMOGRAPHY OF THE ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. A separate right & left caudal vena cava of the pre-renal segment is seen.

Both kidneys present within normal limits for size, shape and organ architecture. A very small amount of hyperattenuating material is associated with the renal pelvis bilaterally. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted. A very small amount of gravity dependent, hyperattenuating material is seen on the dorsal urinary bladder wall.

Both testicles are seen directly distal to the inguinal canal.

The adrenal glands are within normal limits for size, shape and organ architecture.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The hepatic volume is decreased, and the gastric axis is oriented cranially. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

The stem of the splenic vein is dilated. Originating from the splenic vein, an abnormal short vascular loop is appreciated, connecting the splenic vein to the caudal vena cava. The abnormal vessel between the splenic vein and caudal vena cava is measuring approximately 7 mm in diameter. The segment of the portal vein cranial to the splenic vein presents a decreased diameter. The intrahepatic branches of the portal vein can be appreciated up to the 3rd order vessels.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Congenital single extrahepatic portosystemic shunt, left gastric vein to caudal vena cava (left gastric shunt)
- Secondary microhepatica
- Secondary renomegaly
- Very mild nephrolithiasis and cystolithiasis without mechanical obstruction – likely ammonium urate
- Double caudal vena cava, pre-renal segment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are compatible with a single congenital extrahepatic portosystemic shunt.
Surgical/interventional closure technique of the shunting vessel is the therapy of choice.

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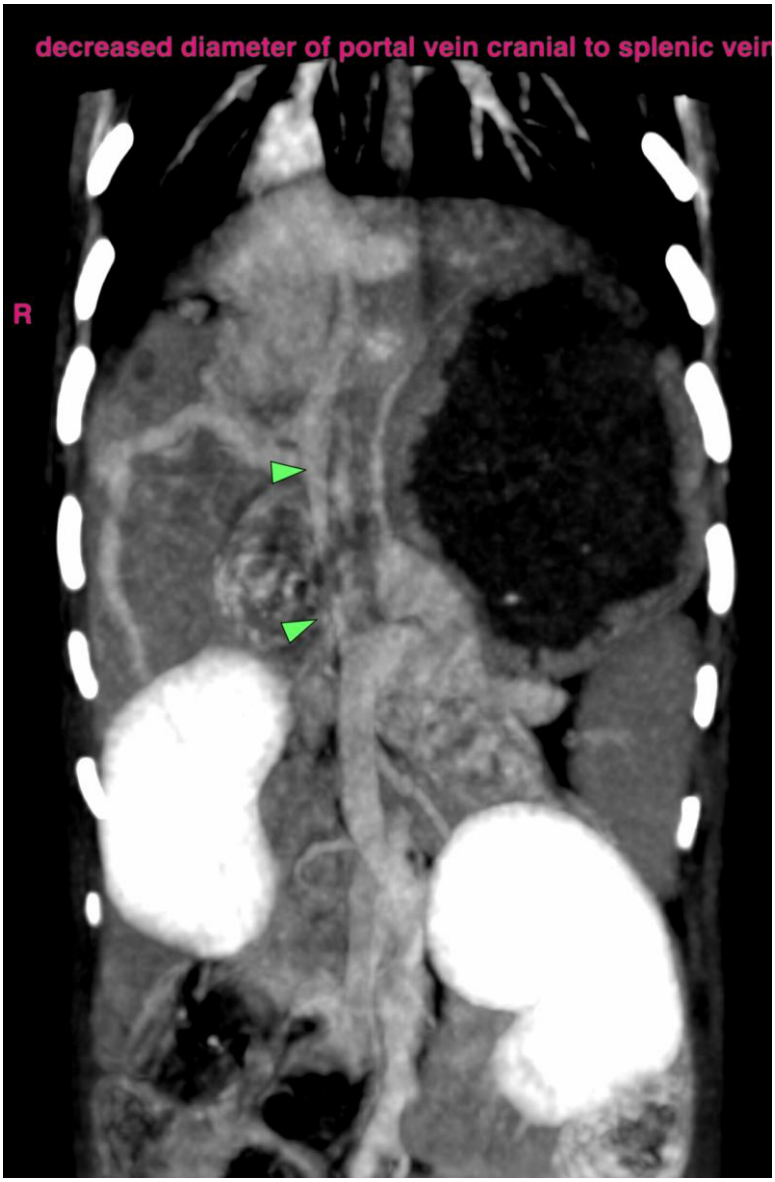

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com