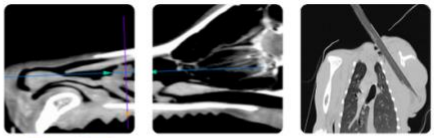

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Maycie Carlson

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

10 Months

WEIGHT

2.11

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Josh K.

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Matthew Kets

INVOICE

35209

DATE

1/2/26

PRESENTING CLINICAL SIGNS

History of vomiting, diarrhea, lethargy/inappetence since 12/23/25 and a previous episode in April 2025. Elevated liver enzymes: ALT 238U/L in April labwork, Bile acids consistent with shunt on 12/24.

COMPUTED TOMOGRAPHIC STUDY 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.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The left gastric vein is mildly dilated, and an abnormal vascular loop is extending cranially beyond the level of the stomach, coursing craniodorsally over the left division of the liver and draining into the dilated phrenic vein. The abnormal vascular loop originating from the left gastric vein is measuring 4.3 mm in diameter. The intrahepatic portal vessels are well-developed and 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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Congenital single extrahepatic portosystemic shunt, left gastric vein to phrenic vein (porto-phrenic shunt)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The current CT study is consistent with a congenital single extrahepatic portosystemic shunt (left gastric vein phrenic vein). Surgical intervention by a slow progressive closure technique (ameroid constrictor, cellophane banding) is the therapy of choice. Due to the well-developed intrahepatic portal vasculature, complete ligation of the shunt vessel may be feasible, if there is no evidence of portal hypertension during temporal intraoperative occlusion of the shunting vessel.

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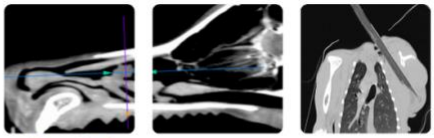

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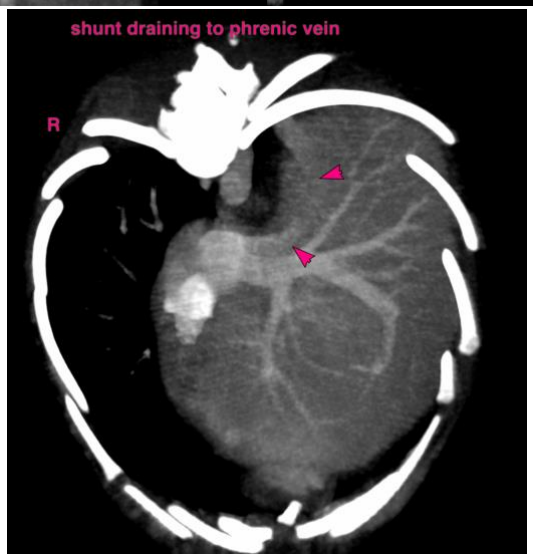

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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