



PATIENT

Pebbles Thompson

PRESENTING CLINICAL SIGNS

Pet presented for progressive weakness, ataxia, and eventual collapse on 1/21/23. She had been to her rDVM earlier in the day and blood work was submitted showing elevated bile acids. Patient was hypoglycemic upon presentation

SPECIES

Abnormal PE/Chem/CBC/UA Results: Bile acids pre (92.3) and post (225.8) both elevated (N <13)

Canine

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

BREED

Maltese X

COMPUTED TOMOGRAPHIC FINDINGS

A small amount of fluid attenuating material is seen throughout the peritoneal cavity.

SEX

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.

Female

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

AGE

16 Weeks

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The portal vein presents a normal order of its tributary veins. Level with the connection with the orifice of the splenic vein in the portal vein, an anomalous very short (2.6 mm) connection between the portal vein and the caudal vena cava is appreciated, measuring 4.5 mm in diameter. The portal vein comes in contact with the caudal vena cava cranial to the left renal vein at the left ventral aspect. The diameter of the segment of the portal vein cranial to the splenic vein is significantly decreased, the intrahepatic branches of the portal vein are not appreciated.

HOSPITAL NAME

Wilson Veterinary Hospital

The prehepatic segment of the caudal vena cava is absent and the renal segment of the caudal vena cava is connecting to the azygos vein. The azygos vein is significantly dilated, presenting a greater diameter than the paralleling aorta.

REFERRING VET

VCA Beech Road AH

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.

INVOICE

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- Single congenital extrahepatic portosystemic shunt, splenic vein to caudal vena cava/anastomosis between the portal vein and the caudal vena cava
- Segmental agenesis of the caudal vena cava with azygos continuation
- Mild ascites – might still be an age related finding

COMPUTED TOMOGRAPHIC DIAGNOSIS

DATE

1-24-23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with congenital portosystemic shunting, the appreciated shunt is not a classical left gastric shunt and there is segmental anastomosis of the portal vein and the caudal vena. However, surgical management by the means of a slow progressive closure technique can



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be tried – due to the very short connection the use of cellophane band bears the risk of granulation tissue formation around the portal vein and an ameroid constrictor might be too wide; However, ligation of the shunt using silk and attenuating the shunt in multiple sessions appears as a feasible option. Another option would be an interventional technique (e.g. using stents).

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Empirical treatment until surgery along with feeding of a hepatic diet is recommended.

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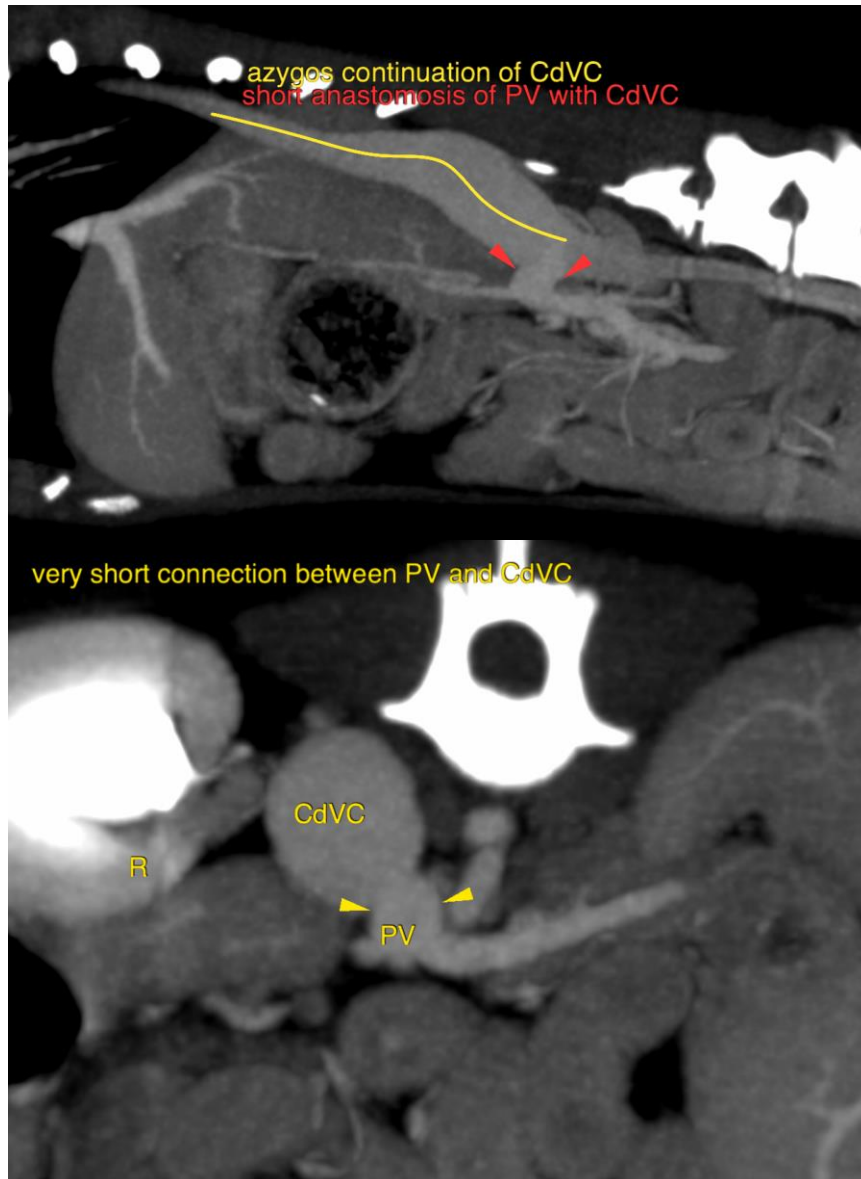
VCA Beech Road AH

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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.

SPECIES

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Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com

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