



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Samie Eliason 1/31/22 - CT Scan Samie presented for a contrast CT scan to define a suspected liver shunt. We had previously seen Samie for lithotripsy. Her recovery was very slow despite reversing pain medication with nalaxone. Stone analysis shows the stones are urate. Bile acids are elevated. She is currently asymptomatic and is not on any medication. #1/5/22 - Lithotripsy: Samie presented with a 2-3 week history of urinating in the house, hematuria, and not feeling well. Bladder stones were diagnosed and antibiotics were dispensed. Energy levels improved and hematuria seemed to resolve. Previous diagnosis: Bladder stones Imaging done: Radiographs show 10+ moderate sized bladder stones. Urination pattern: Normal stream Hematuria: Yes Pollakiuria: Yes Therapies tried and response: Baytril then Clavamox, good response. Current medication: Clavamox, c/d diet Current symptoms: Pollakiuria, hematuria seemed to resolve after antibiotics. General health status: Eating and drinking well. No vomiting or diarrhea. Energy levels okay right now.

**SPECIES** Canine

**BREED** Miniature Schnauzer

**SEX** SF

**AGE** 2 Years

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

**HOSPITAL NAME** VetMed Consultants

**REFERRING VET** Tim Kirkland

**INVOICE** 49986

**DATE** 1-31-22

**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.

Both kidneys present within normal limits for size, shape and organ architecture. A small amount of mineral attenuating material is associated with the right renal pelvis. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

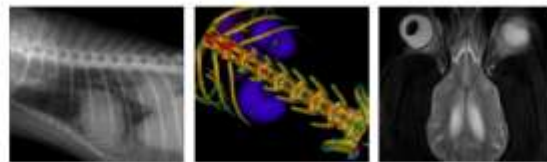
The adrenal glands are within normal limits for size, shape and organ architecture.

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

The hepatic volume is mildly decreased, the hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

The right gastric vein is moderately dilated and can be seen along the smaller curvature of the stomach – forming an arcade with the splenic vein level with the cranial extremity of the spleen. A short vascular loop is extending from the vascular arcade medially and caudally, draining into the caudal vena cava, from the left, measuring 4.8 mm in diameter. The intrahepatic branches of the portal vein are appreciated up to the 3<sup>rd</sup> order.

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



**PATIENT**

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

Samie Eliason

The bony and surrounding soft tissue structures reveal no abnormalities.

**SPECIES**

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

Canine

- Single congenital portosystemic shunt, right gastric vein to caudal vena cava (right gastric shunt)
- Secondary mild right sided nephrolithiasis – suspect ammonium urate
- Secondary mild microhepatica

**BREED**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Miniature Schnauzer

The findings are compatible with a single congenital extrahepatic portosystemic shunt – right gastric shunt forming an arcade with the splenic vein with a short shunt vessel originating from the arcade. The intrahepatic portal vasculature is well developed.

**SEX**

Surgical/interventional closure technique of the shunting vessel is the therapy of choice. Due to the good development of the portal vasculature, an immediate closure of the shunting vessel may be possible after manual compression of the shunting vessel to check for development of signs for portal hypertension.

SF

**AGE**

2 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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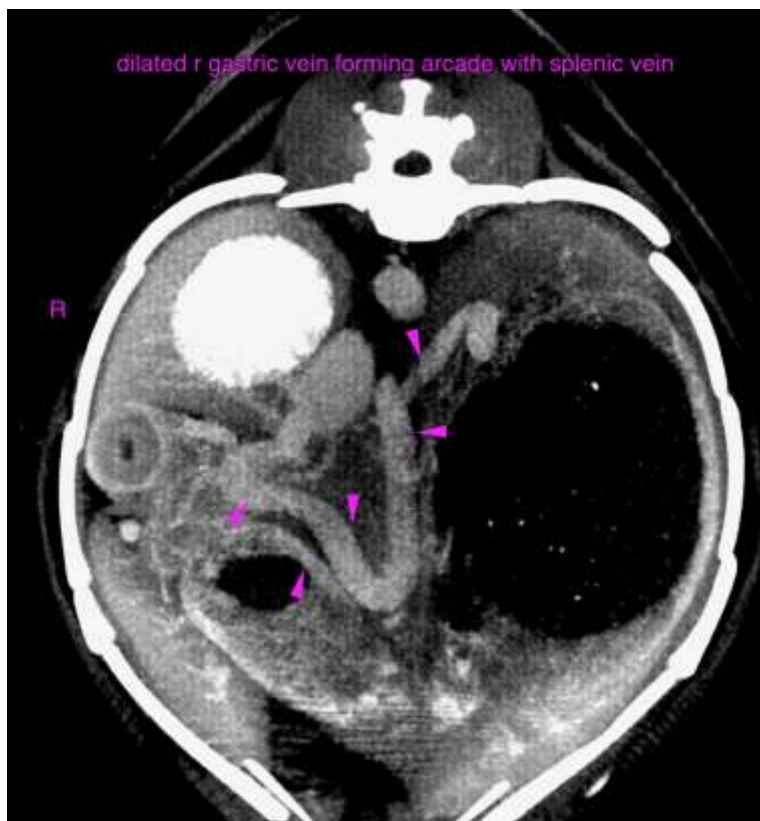
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**PATIENT**

Samie Eliason

**SPECIES**

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Miniature Schnauzer

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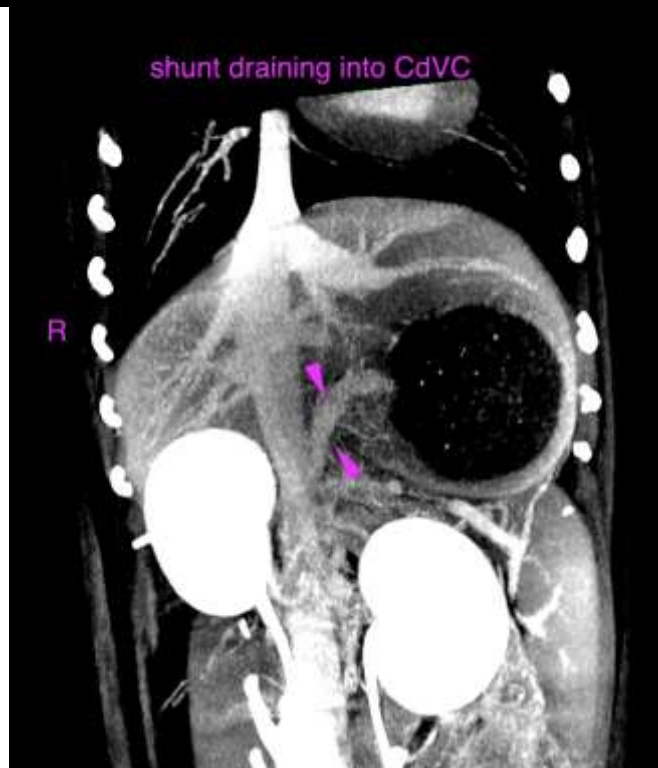
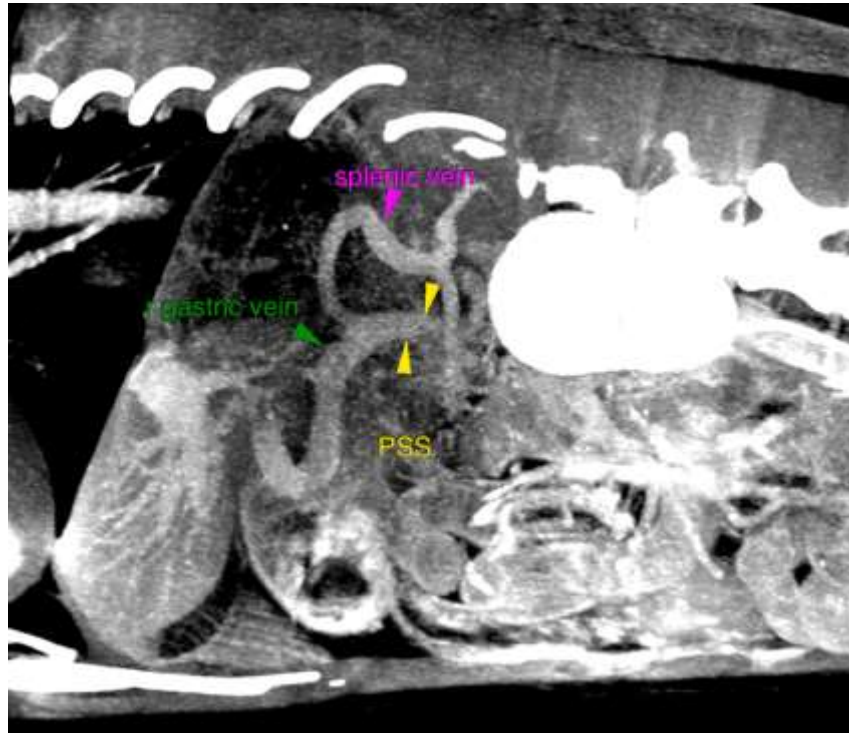
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**PATIENT**

Samie Eliason

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.

**SPECIES**

Canine

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.

**BREED**

Miniature Schnauzer

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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**SEX**

SF

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