



PATIENT PRESENTING CLINICAL SIGNS

Jack Harrison Sudden onset seizures with elevated liver enzymes 1 week ago. CT to confirm suspect liver shunt and possible surgical outcomes.

SPECIES COMPUTED TOMOGRAPHY OF THE SKULL AND ABDOMEN

Canine A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

BREED COMPUTED TOMOGRAPHIC FINDINGS

Pomeranian Skull

The tooth elements 105, 110, 205, 305, 311, 405 and 411 are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

SEX

MN Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

AGE

1 Year Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits. The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

HOSPITAL NAME Abdomen

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

Both kidneys are prominent and within normal limits for shape and organ architecture. A mild amount of mineral attenuating material is ass After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. In the urinary bladder, multiple small (<1.5 mm) mineral attenuating calculi are appreciated.

REFERRING VET

Dr. Ravi Seshadri 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.

INVOICE

54763 The hepatic volume is moderately decreased, the gastric axis is oriented cranially. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

DATE

10-22-22 The portal vein presents a normal order of its tributary veins. Level with the splenic vein, there is segmental fusion of the portal vein with the caudal vena cava over a length of 7.9 mm. The diameter of the portal vein tapers in its course cranially and the intrahepatic branches of the portal vein are not appreciated.. No abnormal vessel is noted inside and outside of the liver parenchyma.



PATIENT

Jack Harrison

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.

SPECIES

Canine

The bony and surrounding soft tissue structures reveal no abnormalities.

BREED

Pomeranian

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Congenital extrahepatic portosystemic shunt with segmental fusion of the portal vein and the caudal vena cava (porto-caval shunt)
- Secondary atrophy of the portal vein cranial to the splenic vein
- Microhepatica
- Mild renomegaly
- Nephrolithiasis without signs of obstruction
- Cystolithiasis without obstruction
- Double caudal vena cava, pre-renal segment
- Multiple absent teeth, see above
- Normal brain

SEX

MN

AGE

1 Year

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings confirm the suspicion of portosystemic shunting and there is segmental fusion of the portal vein with the caudal vena cava, level with the splenic vein. This type of portal malformation might present a type of left gastric shunt. Shunt closure by ameroid constrictor are likely not feasible here, due to lack of distinct vascular loop originating from the portal vein. Recommend discussing the option of an interventional technique (e.g. use of covered stents) with cardiologist.

Likely secondary ammonium urate deposits in the renal pelvis bilaterally and cystolithiasis.

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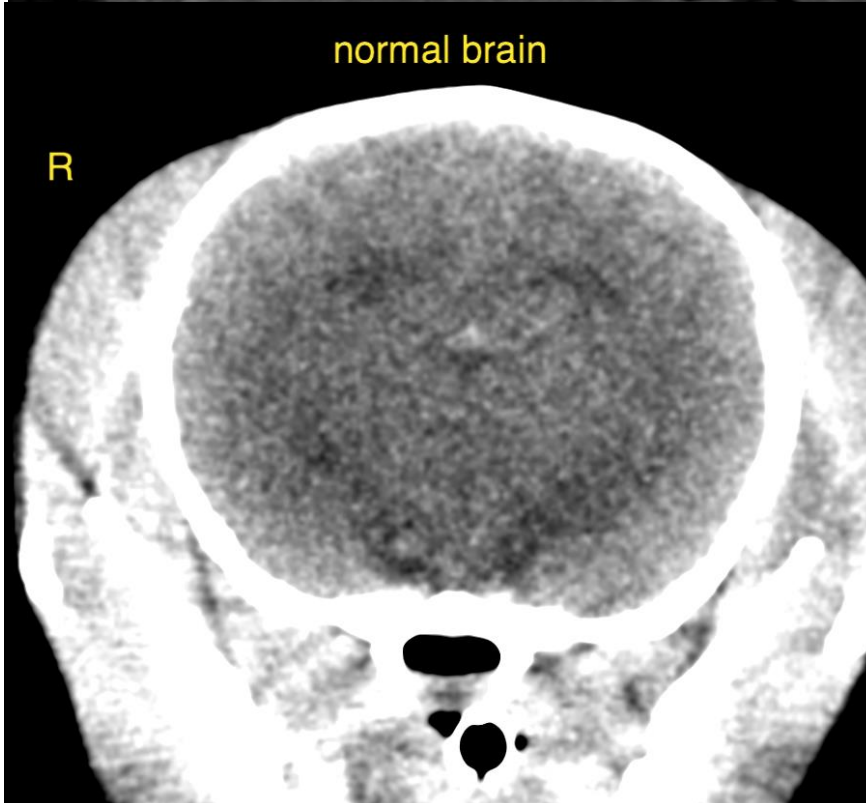
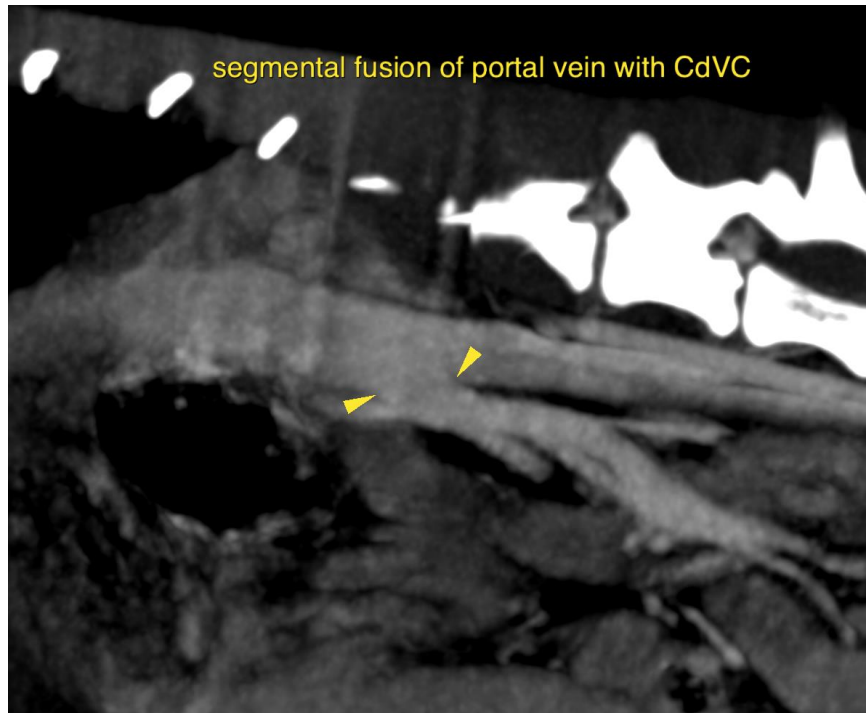
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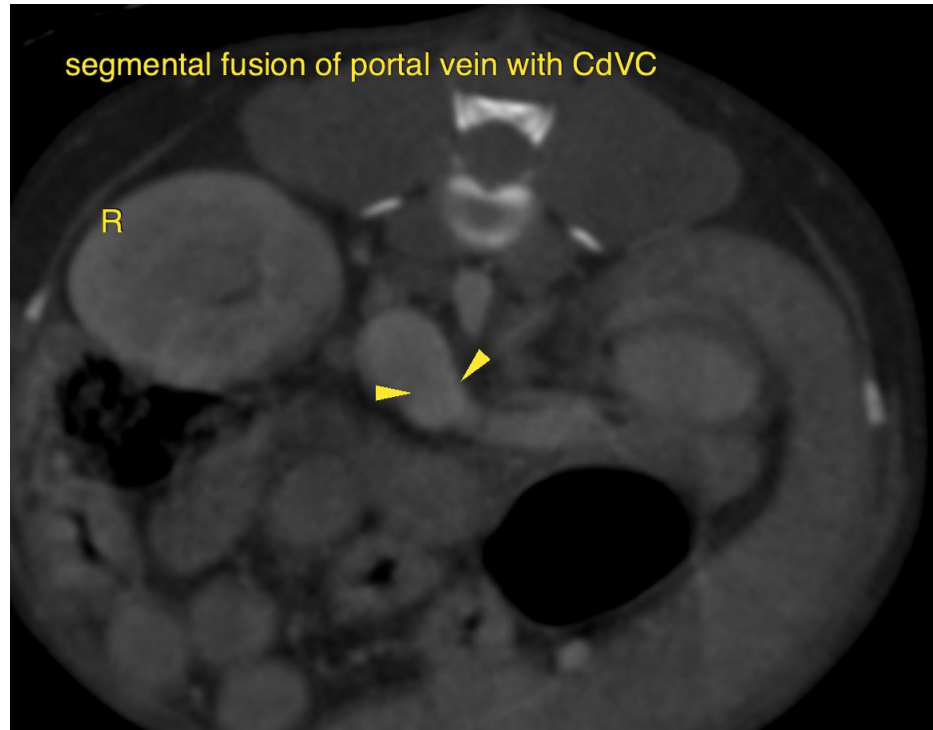
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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