



PATIENT PRESENTING CLINICAL SIGNS

Homer Hodges History: Suspect PSS. Small liver, has had neurologic symptoms, elevated ammonia.
Abnormal PE/Chem/CBC/UA Results:

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

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

BREED COMPUTED TOMOGRAPHIC FINDINGS

Golden Retriever The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

SEX

Male

Both kidneys are prominent and have a normal, shape and organ architecture. A mild amount of mineral attenuating material is associated with the renal pelvis bilaterally. 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.

AGE

10 Months

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

The hepatic volume is decreased. The gallbladder is moderately distended.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

Originating from the splenic vein/left gastric vein, a short anomalous vascular loop is bending dorsally and medially, draining into the caudal vena cava from the left, cranial to the left renal vein. The anomalous vascular loop is measuring 9.8 mm in diameter. The diameter of the portal vein tapers cranial to the splenic vein, the intrahepatic branches of the portal vein are not appreciated.

HOSPITAL NAME

Mtn. West VH

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.

REFERRING VET

Melanie Thompson

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

INVOICE

11/2/22

- Congenital single extrahepatic portosystemic shunt, left gastric vein to caudal vena cava (left gastric shunt)
- Secondary atrophy of the intrahepatic branches of the portal vein
- Secondary mild microhepatica
- Secondary renomegaly

DATE

17983



PATIENT

- Mild nephrolithiasis without signs of obstruction – suspect ammonium urate

Homer Hodges

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

The findings are consistent with a congenital single extrahepatic portosystemic shunt left gastric vein to caudal vena cava. Hepatic encephalopathy is a potential cause for the neurological clinical signs. Surgical intervention by a slow progressive closure technique (ameroid constrictor, cellophane banding) is the therapy of choice. Empirical treatment until surgery along with feeding of a hepatic diet is recommended.

BREED

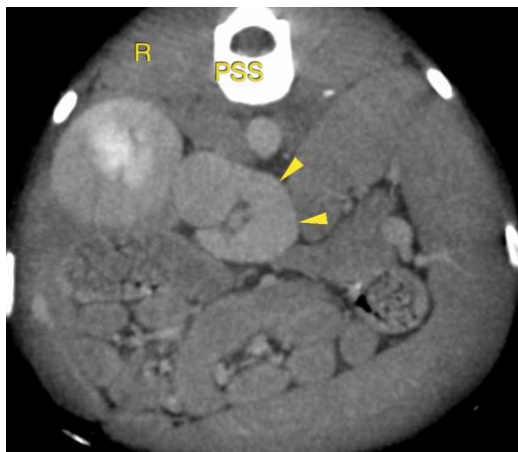
Golden Retriever

SEX

Male

AGE

10 Months



INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

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.

HOSPITAL NAME

Mtn. West VH

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

REFERRING VET

Melanie Thompson

INVOICE

11/2/22

DATE

17983