



## PATIENT

Bear McClone

## SPECIES

Canine

## BREED

Pug

## SEX

Neutered Male

## AGE

6 Years 2 Months

## WEIGHT

20.4

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Aly/Ally

## HOSPITAL NAME

AC Northview

## REFERRING VET

Derek Howell, DVM

## INVOICE

35610

## DATE

11/21/25

## PRESENTING CLINICAL SIGNS

History: Urate stones removed. Liver values were normal pre-op cystotomy. Serum bile acids run after identifying urate stones and both pre and post SBA >180. Ultrasound showed microhepatica. CT with contrast performed to evaluate for suspected portosystemic shunt.

## 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 urinary bladder is mild to moderately distended by urine. The urinary bladder wall is irregular thickened, measuring up to 8 mm.

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 dilated, presenting a 2x greater diameter than the paralleling portal vein. Originating from the left gastric vein, an anomalous vascular loop is coursing craniodorsally beyond the gastric fundus, passing dorsally over the left liver lobes, measuring 6.0 mm in diameter. The anomalous vascular loop is extending up to the level of the diaphragm. Level with the diaphragm, the anomalous vascular loop of the left gastric vein is draining into a short dilated segment of a left phrenic vein that is draining into the hepatic segment of the caudal vena cava. The intrahepatic branches of the portal vein can be appreciated up to the 3<sup>rd</sup> 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)
- Well-developed intrahepatic portal vasculature
- Cystitis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The current CT study is consistent with a congenital single extrahepatic portosystemic shunt (left gastric vein phrenic vein).



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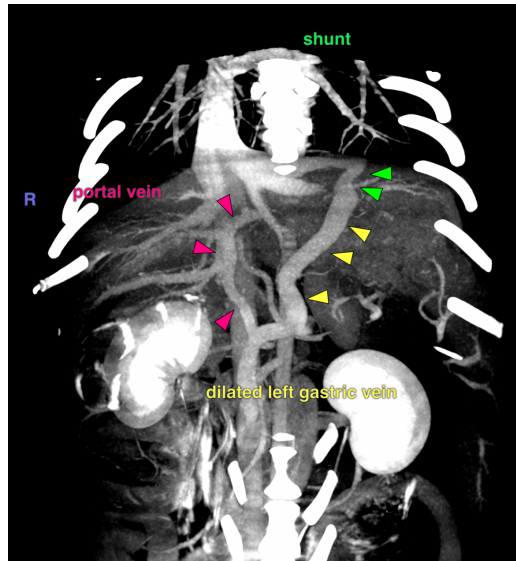
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Surgical intervention by a slow progressive closure technique (ameroid constrictor, cellophane banding) is the therapy of choice. Complete ligation of the shunt vessel may be feasible, if there is no evidence of portal hypertension during digital compression of the shunting vessel.



**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](mailto:info@sonopath.com)