



**PATIENT PRESENTING CLINICAL SIGNS**

Kneesaa Montano Suspect Pottos systemic vascular abnormality (PSVA)  
Abnormal PE/Chem/CBC/UA Results:

**SPECIES COMPUTED TOMOGRAPHY OF THE ABDOMEN**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

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

Shih Tzu Both kidneys present within normal limits for size, shape and organ architecture. Staghorn like calculus formation is appreciated in the renal pelvis bilaterally. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

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

**AGE** The hepatic volume is moderately decreased.

13 Months The left gastric vein is significantly dilated and is measuring at least 2.5x in diameter like the paralleling portal vein. The intrahepatic branches of the portal vein are not appreciated. Originating from the left gastric vein, an anomalous vascular loop is extending cranially beyond the level of the stomach, crossing the left liver lobes dorsally and extending up to the level of the diaphragm; the anomalous vessel is measuring 8.4 mm in diameter. Level with the diaphragm the anomalous vascular loop is draining to a left hepatic vein, just lateral to the caudal vena cava.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Petroglyph Animal  
Hospital

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.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Dr. Raymond Hudgell

- Single congenital extrahepatic portosystemic shunt, left gastric vein to phrenic vein/left hepatic vein
- Microhepatica
- Nephrolithiasis without evidence of mechanical obstruction

**INVOICE**

55475

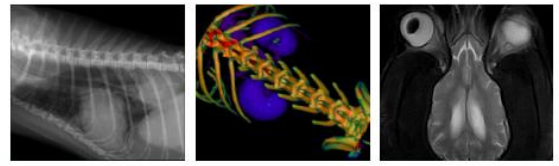
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are consistent with a congenital single extrahepatic portosystemic shunt, originating from the left gastric vein and draining to a left hepatic vein – likely by the distal segment of a phrenic vein and I would consider this as a portophrenic shunt.

**DATE**

11-30-22

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.



**PATIENT**

Kneesaa Montano

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

SF

**AGE**

13 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Petroglyph Animal  
Hospital

**REFERRING VET**

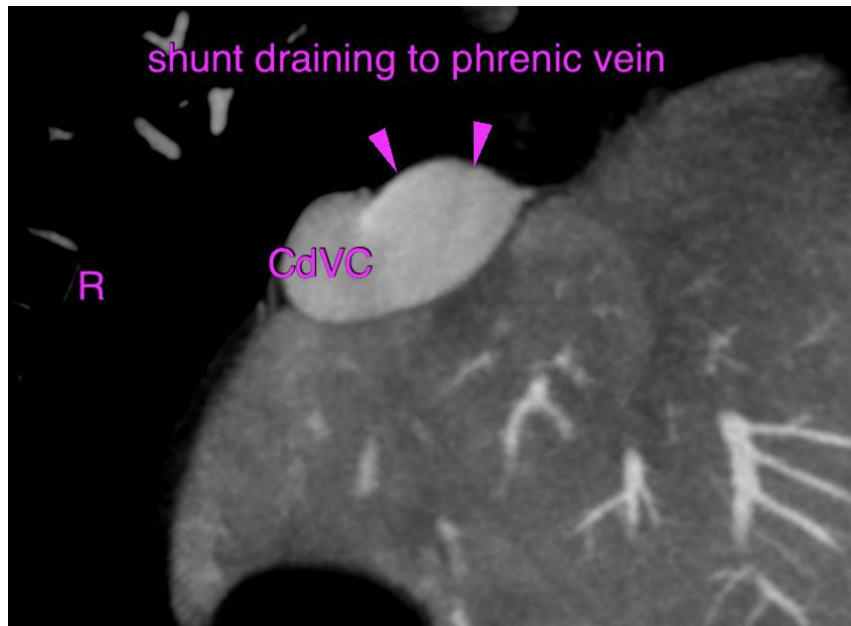
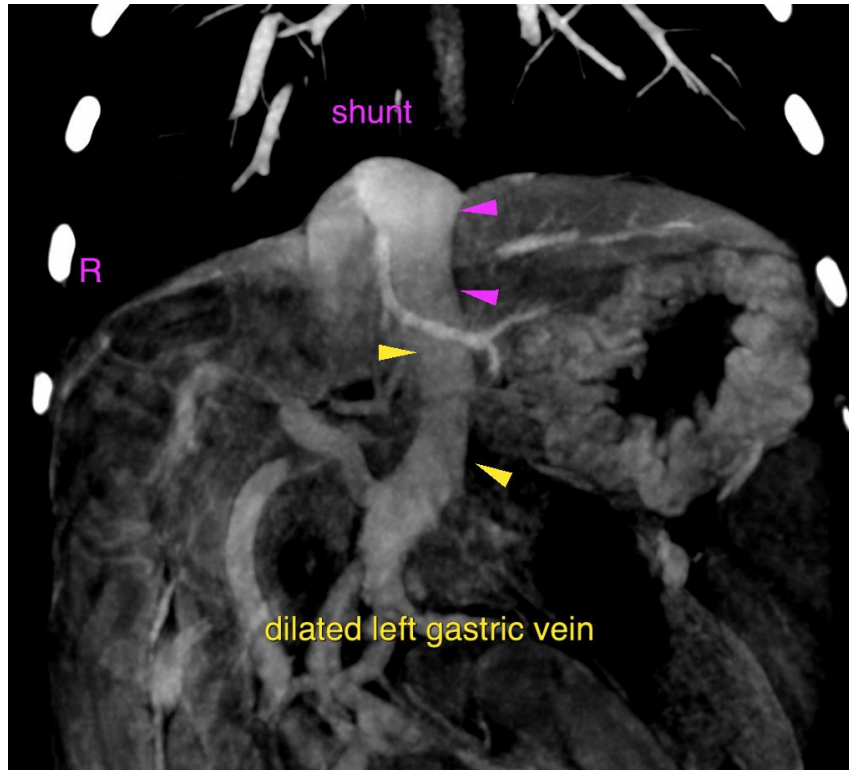
Dr. Raymond Hudgell

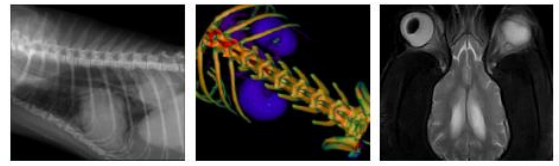
**INVOICE**

55475

**DATE**

11-30-22





**PATIENT**

Kneesaa Montano

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

SF

**AGE**

13 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Petroglyph Animal  
Hospital

**REFERRING VET**

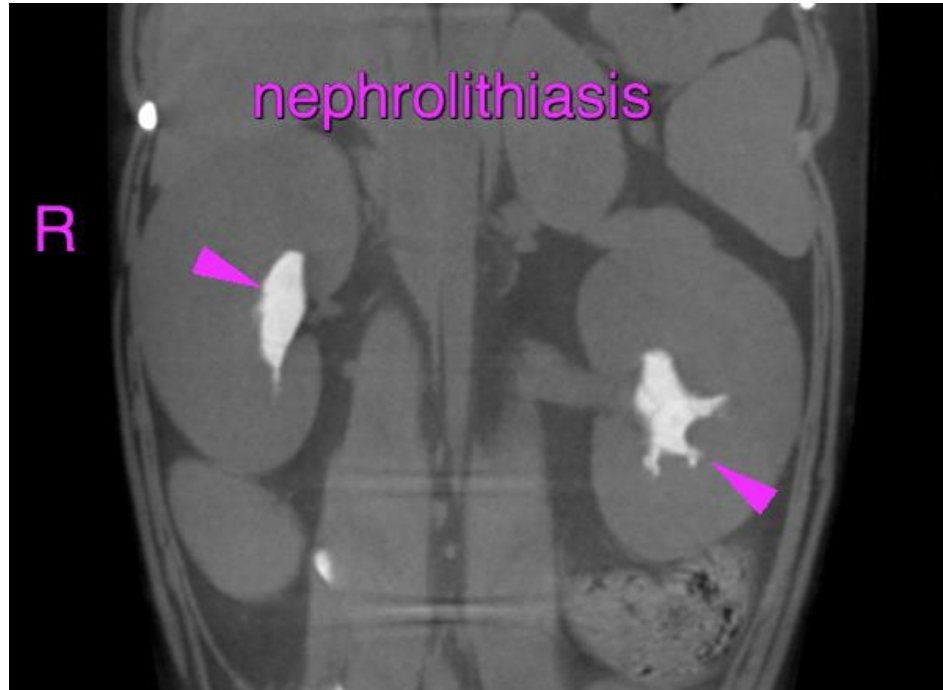
Dr. Raymond Hudgell

**INVOICE**

55475

**DATE**

11-30-22



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