



PATIENT

Honey Kirkpatrick

PRESENTING CLINICAL SIGNS

Recent onset dull mentation, head-pressing, star gazing. Elevated pre and post bile acids. Suspect portosystemic shunt

Abnormal PE/Chem/CBC/UA Results: -Chemistry panel : Low Creat 14, TP 4.1, Alb 19, Glob 21, Chol 0.72, elevated ALT 87 -Pre and post prandial bile acids: pre 71, post 118

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE ABDOMEN

A pre- and post-contrast CT study of the skull and abdomen in a soft tissue reconstruction are provided for review.

BREED

Golden Retriever

COMPUTED TOMOGRAPHIC FINDINGS

Both kidneys are prominent and within normal limits for shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

SEX

F

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

AGE

3 Months

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The portal vein presents a normal order of its tributary veins. The right lateral and left intrahepatic branch of the portal vein are not appreciated. There is a short anomalous connection between the right medial intrahepatic branch of the portal vein and a dilated hepatic vein. The abnormal vascular connection is measuring approximately 1.1 cm in diameter.

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

HOSPITAL NAME

Animal Health
Partners

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

Dr. Ashley Gold

- Single congenital intrahepatic portosystemic shunt, central divisional shunt (right intrahepatic branch to hepatic vein)
- Secondary renomegaly and microhepatica

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The findings are compatible with a central divisional portosystemic intrahepatic shunt, presenting a short vascular connection between the stem of the right hepatic vein and the base of a hepatic vein. Interventional shunt closure by coil-embolization or a surgical approach appear feasible.

DATE

12-16-21

Empirical treatment until functional shunt closure with feeding of a hepatic diet is recommended.



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

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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

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