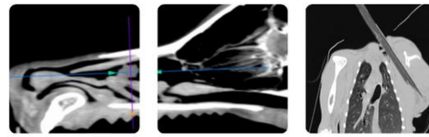


PATIENT

Milo Baez Martinez

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

7Y

WEIGHT

2.53kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Janice

HOSPITAL NAME

Bridgwater Veterinary Hospital and Wellness Centre

REFERRING VET

Dr. J. Shapera

INVOICE

72824

DATE

12-2-25

PRESENTING CLINICAL SIGNS

Ataxia, lethargy, restlessness, hanging head. Recent vomiting and diarrhea. Ddx: Liver etiology (PSS) vs brain etiology. CSF tap was performed post CT.
Abnormal PE/Chem/CBC/UA Results: Leukocytosis with neutrophilia, monocytosis, eosinopenia, basophilia. Elevated ALT, stress hyperglycemia, mild hypernatremia, mild hyperchloremia

COMPUTED TOMOGRAPHY OF THE SKULL AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

All teeth but the canine teeth are absent.

In both nasal cavities mild destruction of the conchal structures is seen.

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

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.

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.

Abdomen

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

Both kidneys present a mildly decreased volume and have irregular margins. A moderate amount of mineral attenuating material is associated with the renal pelvis bilaterally.

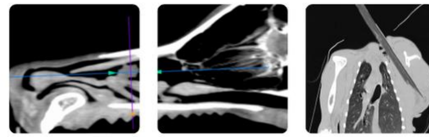
The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The right gastric vein is moderately dilated and can be seen along the smaller curvature of the stomach – forming an arcade with the splenic vein level with the cranial extremity of the spleen. An anomalous vessel is extending from the vascular arcade mediocaudally, draining into the caudal vena cava, from the left, measuring 3.5 mm in diameter. The intrahepatic branches of the portal vein are appreciated up to the 3rd order. The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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.



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The bony and surrounding soft tissue structures reveal no abnormalities.

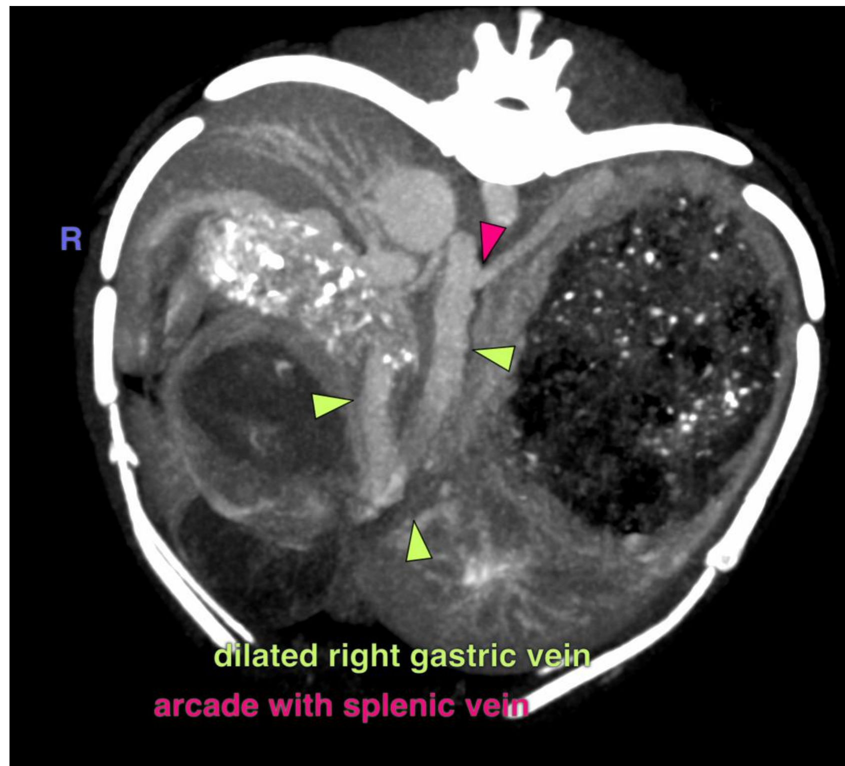
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Single congenital portosystemic shunt, right gastric vein to caudal vena cava (right gastric shunt)
- Secondary nephrolithiasis – suspect ammonium urate – without mechanical obstruction
- Chronic nephropathy
- History of dental extractions
- Normal brain

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are compatible with a single congenital extrahepatic portosystemic shunt – right gastric shunt forming an arcade with the splenic vein with a short shunt vessel originating from the arcade. The intrahepatic portal vasculature is well developed.

Surgical/interventional closure technique of the shunting vessel is the therapy of choice. Due to the good development of the portal vasculature, an immediate closure of the shunting vessel may be possible after manual compression of the shunting vessel to check for development of signs for portal hypertension.



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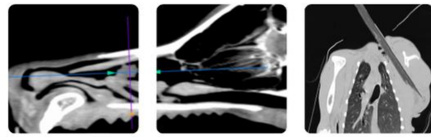

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Educational Teleconsultation Services™

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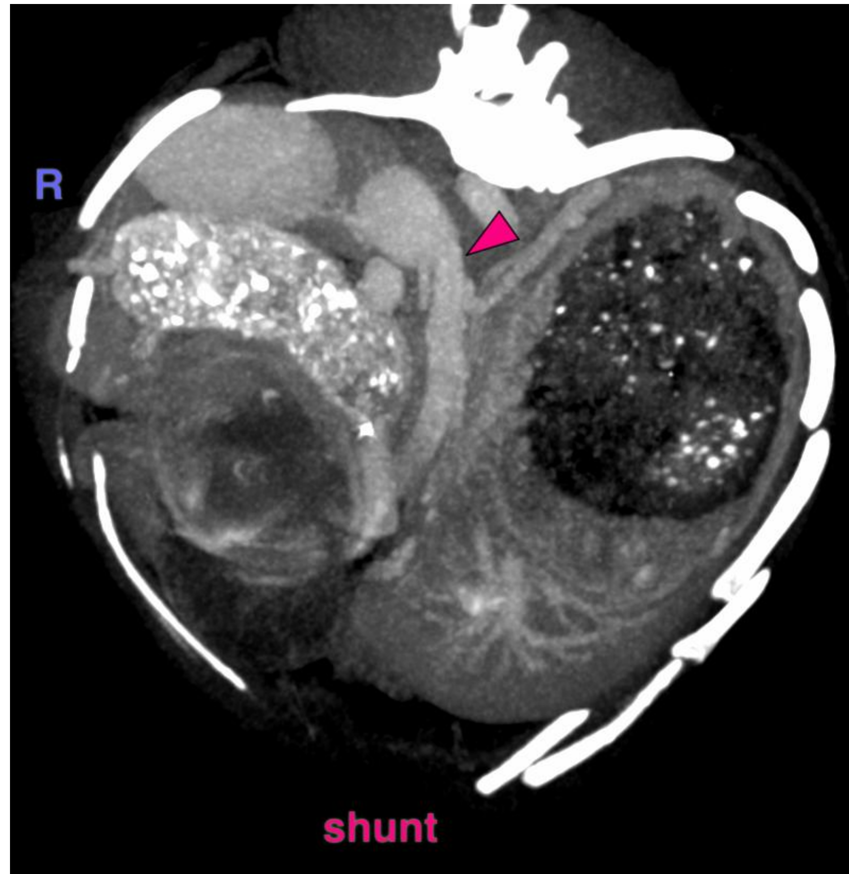

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com