



**PATIENT PRESENTING CLINICAL SIGNS**

**Jackson Gartin** History: Pet presented 12/5 to ER for V+, anorexia, lethargy and stranguria. Pet was found to have a UTO with a radiolucent stone at the level of the Os Penis. Foley urinary catheter was placed. Pet has been in the hospital for diagnostics and supportive care. BW revealed increased ALT and ALP, sig elevated Bile Acids, so a CT was recommended to evaluate for a PSS

**SPECIES**

Canine Abnormal PE/Chem/CBC/UA Results: ALT= 570 (10-125). ALP = 214 (23-212). AST=137(0-50) Bile acids: Pre-prandial= 110.2 (0-14.0), Post-prandial = 292.8 (0-29.9)

**BREED COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN**

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

**SEX COMPUTED TOMOGRAPHIC FINDINGS**

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

**3 Years** Both kidneys present within present a mild to moderate increased volume and are within normal limits for shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. A urinary catheter is in place. Multiple mineral attenuating calculi are seen in the urinary bladder and the prostatic segment of the urethra, measuring up to 2.7 mm in diameter.

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

Sebastian Schaub, DVM Dr. med. vet. DipECVDI The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

**HOSPITAL NAME** The hepatic volume is mildly decrease and the gastric axis is deviated cranially. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

Wilson VH The left gastric vein is moderately dilated. Originating from the left gastric vein, an anomalous vascular loop is coursing cranially and dorsally beyond the level of the stomach, connecting to the azygos vein.

**REFERRING VET** The portal vein cranial to the splenic vein presents a moderately decreased diameter in comparison to the paralleling left gastric vein. The intrahepatic branches of the portal vein can be seen up to the 3<sup>rd</sup> order vessels.

Dr. Amy Hawkins A separate left & right caudal vena cava of the pre-renal segment is seen.

**INVOICE** 12874 The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

**DATE**

12/9/21



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

Jackson Gartin

The bony and surrounding soft tissue structures reveal no abnormalities.

**SPECIES** **COMPUTED TOMOGRAPHIC DIAGNOSIS**

Canine

- Congenital single extrahepatic portosystemic shunt, left gastric vein to azygos vein (porto-azygos shunt)
- Cystolithiasis
- Renomegaly
- Microhepatica
- Incidental double caudal vena cava, pre-renal segment

**BREED**

Shih Poo

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Male

The current CT study is consistent with a congenital single extrahepatic portosystemic shunt (left gastric vein to azygos vein). Secondary mild microhepatica, renomegaly and likely ammonium-urate calculi in the urinary bladder – explaining the urethral obstruction.

**AGE**

3 Years

Surgical intervention either by a slow progressive closure technique (ameroid constrictor, cellophane banding) is the therapy of choice, in the current case ligation of the shunt vessel may be feasible as well if there is no evidence of portal hypertension during digital compression of the shunting vessel. Empirical treatment until surgery along with feeding of a hepatic diet is recommended.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

**HOSPITAL NAME**

Wilson VH

**REFERRING VET**

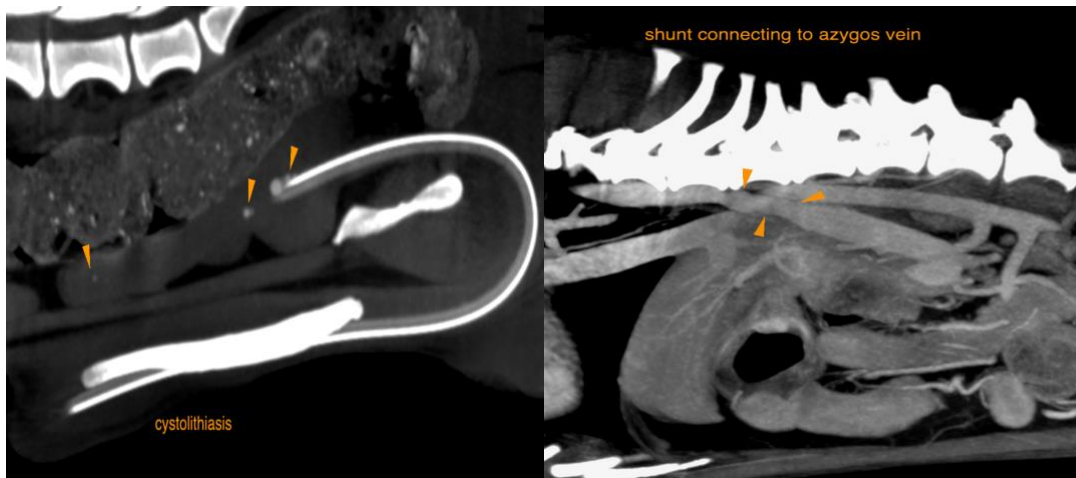
Dr. Amy Hawkins

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**PATIENT**

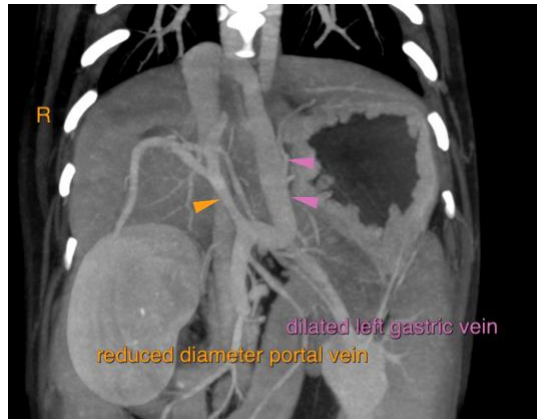
Jackson Gartin

**SPECIES**

Canine

**BREED**

Shih Poo



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.

**SEX**

Male

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.

**AGE**

3 Years

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**HOSPITAL NAME**

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**REFERRING VET**

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