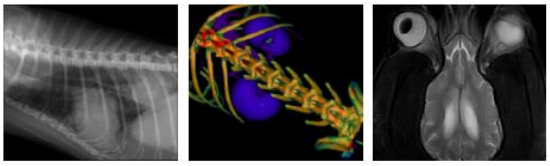

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bert Siefert, John

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

3 Years 9 Months

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Veterinary CT

REFERRING VET

Elizabeth Haiderer, DVM

INVOICE

13892

DATE

2/11/22

PRESENTING CLINICAL SIGNS

History: Bert presents to MVCT for a CT scan for a possible portosystemic shunt. Bert has been producing urate cystoliths repeatedly in the last year. Clinically and neurologically normal. Normal bloodwork other than high pre- and post-prandial bile acids.

Abnormal PE/Chem/CBC/UA Results: Bile Acids preprandial: 259.5 (Ref- 0.0-14.9µmol/L) post prandial : 285.4 (Ref: 0.0-29.9µmol/L)

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

A pre- and post-contrast CT study of the abdomen in a bone and soft tissue reconstruction 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. A small amount of mineral attenuating material associated with the right renal pelvis. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. A mild amount of sedimented mineral attenuating material is visible in the ventral aspect of the urinary bladder.

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

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

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

The portal vein cranial to the splenic vein presents a moderately decreased diameter, small than the left gastric vein at the same level. The left gastric vein is moderately dilated, and a tortuous anomalous vascular loop is coursing dorsally and cranially, beyond the level of the stomach, connecting to the azygos vein. The anomalous vascular loop is measuring approximately up to 5.5 mm in diameter. The intrahepatic portal branches can be appreciated up to the 2nd 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.

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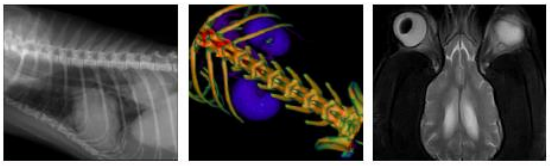

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In the subcutaneous tissue dorsal to L4, a well-defined, soft tissue attenuating nodule, measuring 5 mm in size is visible.

COMPUTED TOMOGRAPHIC DIAGNOSIS

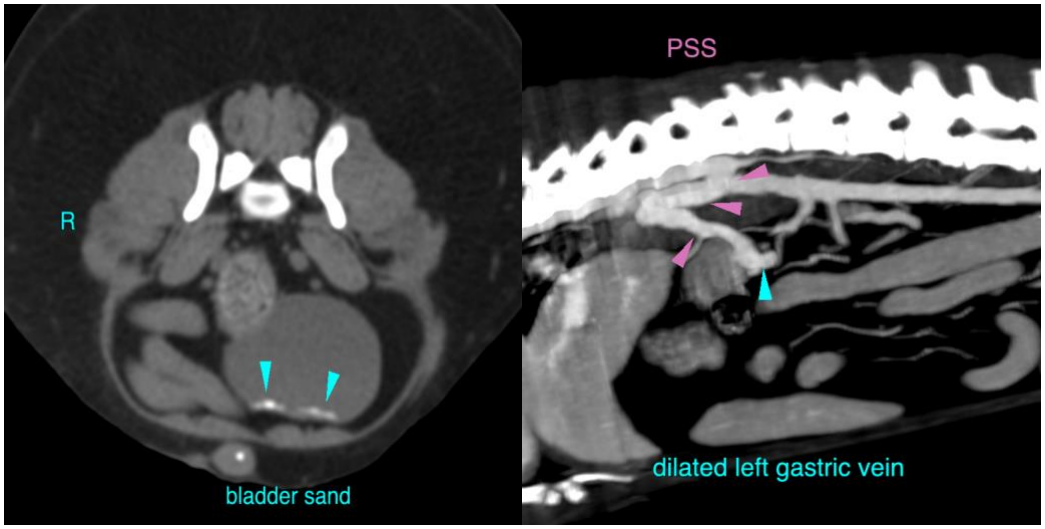
- Single congenital extrahepatic portosystemic shunt, left gastric vein to azygos vein (porto-azygos shunt)
- Urinary bladder sand and mild right sided nephrolithiasis
- Non-specific subcutaneous nodule dorsal to L4

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The current CT study is consistent with a congenital single extrahepatic portosystemic shunt (left gastric vein to azygos vein). Secondary microhepatic and urinary crystalluria – likely ammonium urate. Surgical intervention by a slow progressive closure technique (ameroid constrictor, cellophane banding) is the therapy of choice. 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.

TECHNICAL COMMENTS

Very good computed tomographic study with good contrast enhancement of the portal venous vasculature.



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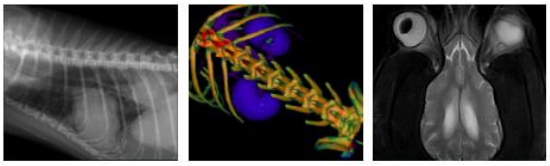

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com