



PATIENT

Cloud Conklin

PRESENTING CLINICAL SIGNS

History of abnormal neurological episodes when a couple of months old. Bloodwork demonstrated moderately elevated bile acids. Abnormal mentation improved with metronidazole and lactulose. Question whether there is a shunt present.

SPECIES

Feline

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

BREED

Norwegian Forest Cat

COMPUTED TOMOGRAPHIC FINDINGS

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

SEX

MN

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. A mild amount of mineral attenuating, sedimented material is visible in the urinary bladder.

AGE

8 Months

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The hepatic volume is significantly decreased, the hepatic volume is moderately decreased.

HOSPITAL NAME

Animal Health
Partners

The portal vein cranial to the splenic vein presents a significantly decreased diameter and can be appreciated up to the level of the gastroduodenal vein. The intrahepatic segments of the portal vein are not appreciated. The left gastric vein is markedly dilated, an anomalous vascular loop originating from the left gastric vein is extending cranially beyond the level of the stomach, between the left liver lobes up to the level of the diaphragm, measuring approximately 4.4 mm in diameter. Level with the diaphragm the anomalous vascular loop is draining to the caudal vena cava from the left aspect. The hepatic artery is prominent.

REFERRING VET

Dr. Westgarth

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.

INVOICE

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The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Single congenital extrahepatic portosystemic shunt, left gastric vein to phrenic vein
- Secondary microhepatica and atrophy of the portal vein
- Mild bladder sand – likely ammonium urate

DATE

2-14-22



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings confirm the diagnosis of portosystemic shunting, with the shunting vessel originating from the left gastric vein and extending up to the level of the diaphragm – suspect drainage to a short segment of the phrenic vein. There is secondary significant atrophy of the segments of the portal vein cranial to the splenic vein and the intrahepatic branches cannot be appreciated. Surgical or interventional treatment options by a slow progressive closure technique (ameroid constrictor, coil embolization) is the therapy of choice. Empirical treatment until functional shunt closure along with feeding of a hepatic diet is indicated.

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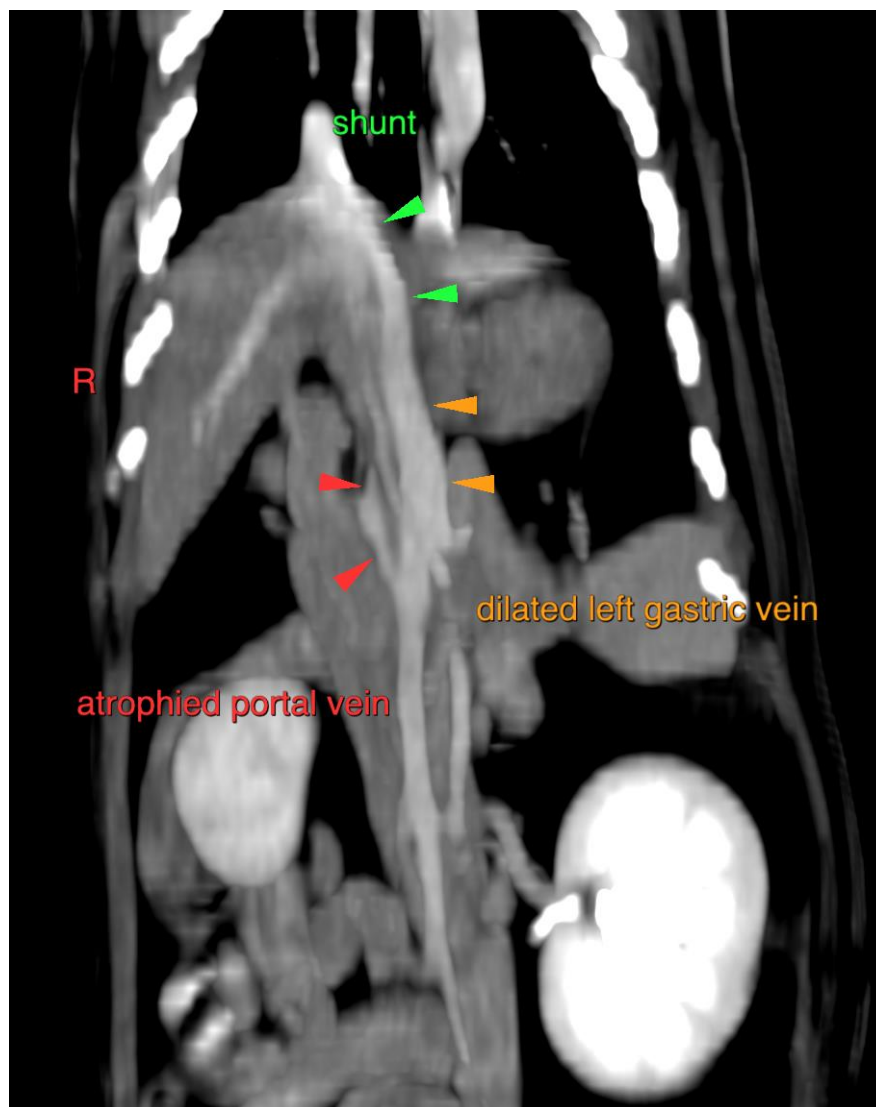
Dr. Westgarth

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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.

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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
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