



PATIENT PRESENTING CLINICAL SIGNS

Tootsie Fund
SPECIES Canine
 Scanned for suspected portosystemic shunt. Pet has had intermittent diarrhea, hyporexia and hypoglycemia since owner purchased pet in late November of 2021. BW shows consistent mild elevated ALT, mild increase ALP 383 (47-335), and elevated post- prandial bile acids of 123- fasted sample not taken due to concern for hypoglycemia.
 Abnormal PE/Chem/CBC/UA Results: Post prandial Bile Acids- 123.2 (0- 14.9) ALT has ranged from 102-169 (8-75) ALP has ranged from normal at 307 to 383 (46-337)

BREED COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX Female
 The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. A separate right & left caudal vena cava of the prerenal segment is visible.

AGE 4.5 Months
 Both kidneys are prominent and present within normal limits for shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

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

The hepatic volume is moderately decreased.

HOSPITAL NAME

Wilson Veterinary Hospital

The portal vein cranial to the splenic vein presents decreased and can be appreciated up to the level of the gastroduodenal vein. The intrahepatic branches of the portal vein are not appreciated. Originating from the splenic vein/left gastric vein, a short anomalous vascular loop is seen, bending dorsally and draining to the caudal vena cava. The anomalous vascular loop is measuring approximately 4 mm in diameter.

REFERRING VET

Dr. Nicholas Vitale

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

DATE

2-15-22

- Single congenital extrahepatic portosystemic shunt, left gastric vein to caudal vena cava (left gastric shunt)
- Secondary microhepatica & renomegaly
- Double caudal vena cava, prerenal segment



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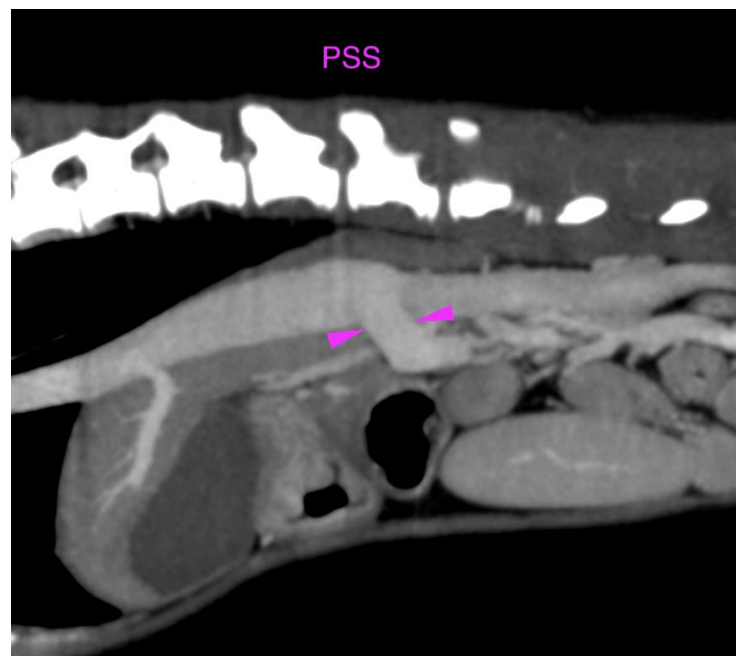
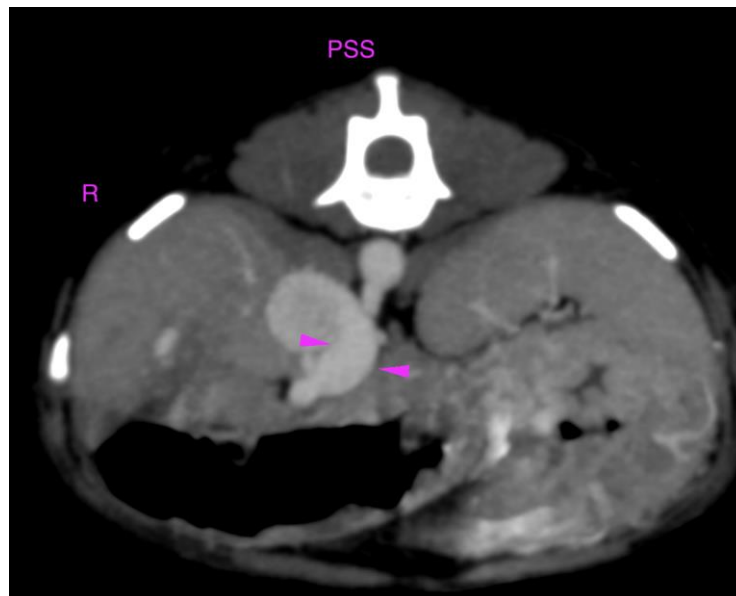
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are compatible with a single congenital extrahepatic portosystemic shunt – left gastric shunt. The intrahepatic portal vasculature is not appreciated. Surgical/interventional closure technique of the shunting vessel is the therapy of choice. Empirical treatment until surgery along with feeding of a hepatic diet is recommended.





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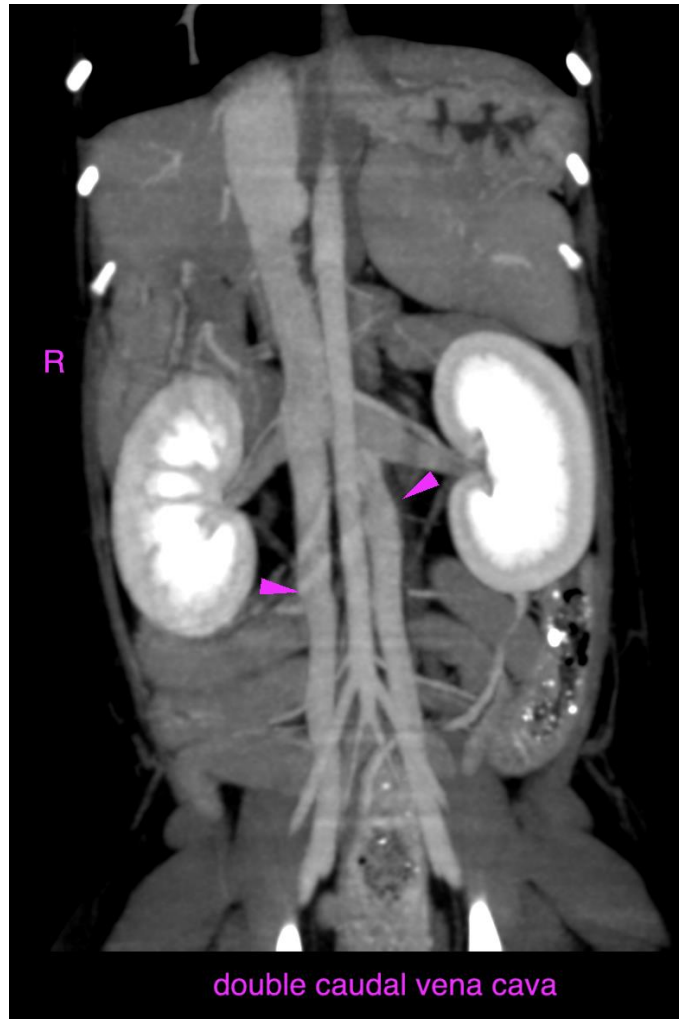
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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