



PATIENT PRESENTING CLINICAL SIGNS

Oreo Whiteside Suspected PSS. Pet initially presented for vague signs- weak, possible neurologic, coughing. Initial diagnostics showed suspected aspiration pneumonia on xrays, and mildly increased ALT. Urine tox screen was negative. Pet initially responded to basic supportive care, but neurologic symptoms returned. An abdominal ultrasound revealed a suspected extrahepatic liver shunt. NH3 levels were normal, but bile acids were elevated (attached). Pet was started on medical management for a suspected PSS and a CT was recommended to evaluate for suspected PSS. Abnormal PE/Chem/CBC/UA Results: Mildly increased ALT Increased pre and post prandial Bile Acids

SPECIES

Canine

BREED

Shih Tzu

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

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COMPUTED TOMOGRAPHIC FINDINGS

A mild amount of gravity dependent fluid attenuating material is visible in the peritoneal cavity.

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Both kidneys present within normal limits for shape and organ architecture. The renal volume is mildly increased. A moderate amount of mineral attenuating material is associated with the renal pelvises bilaterally .After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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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 intrahepatic branches of the portal vein can be appreciated up to the 3rd order vessels.

REFERRING VET

Dr. Nicholas Vitale

The lienal vein draining to the portal vein is absent and the splenic vein is forming an arcade with the gastroduodenal vein. Originating from the arcading splenic a vascular loop is bending dorsally and medially, draining to the caudal vena cava from the left by a short shunting vessel, measuring approximately 5 mm in diameter – the left gastric vein is entering the large vascular loop just lateral to the short anomalous connection between the splenic vein and the caudal vena cava.

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

INVOICE

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

The bony and surrounding soft tissue structures reveal no abnormalities.

DATE

2-23-22

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Congenital malformation of the splenic vein – draining by the gastroduodenal vein by a thick arcading vessel and agenesis of the branch draining directly to the portal vein



- PATIENT**
- Single congenital portosystemic shunt originating from the anomalous splenic vein/left gastric vein
 - Secondary nephrolithiasis & renomegaly
 - Secondary microhepatica
- Oreo Whiteside

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with congenital malformation of the splenic vein – draining by the gastroduodenal vein by a large arcading vessel. Originating from the anomalous vascular vein, a vascular loop is turning dorsally and medially, draining to the caudal vena cava – would be a left gastric shunt with normal anatomy. Be aware, that the left gastric vein is draining to the dorsal vascular loop of the splenic vein, approximately 3-4 mm lateral to the caudal vena cava – any close device should be placed between the left gastric vein and the caudal vena cava.

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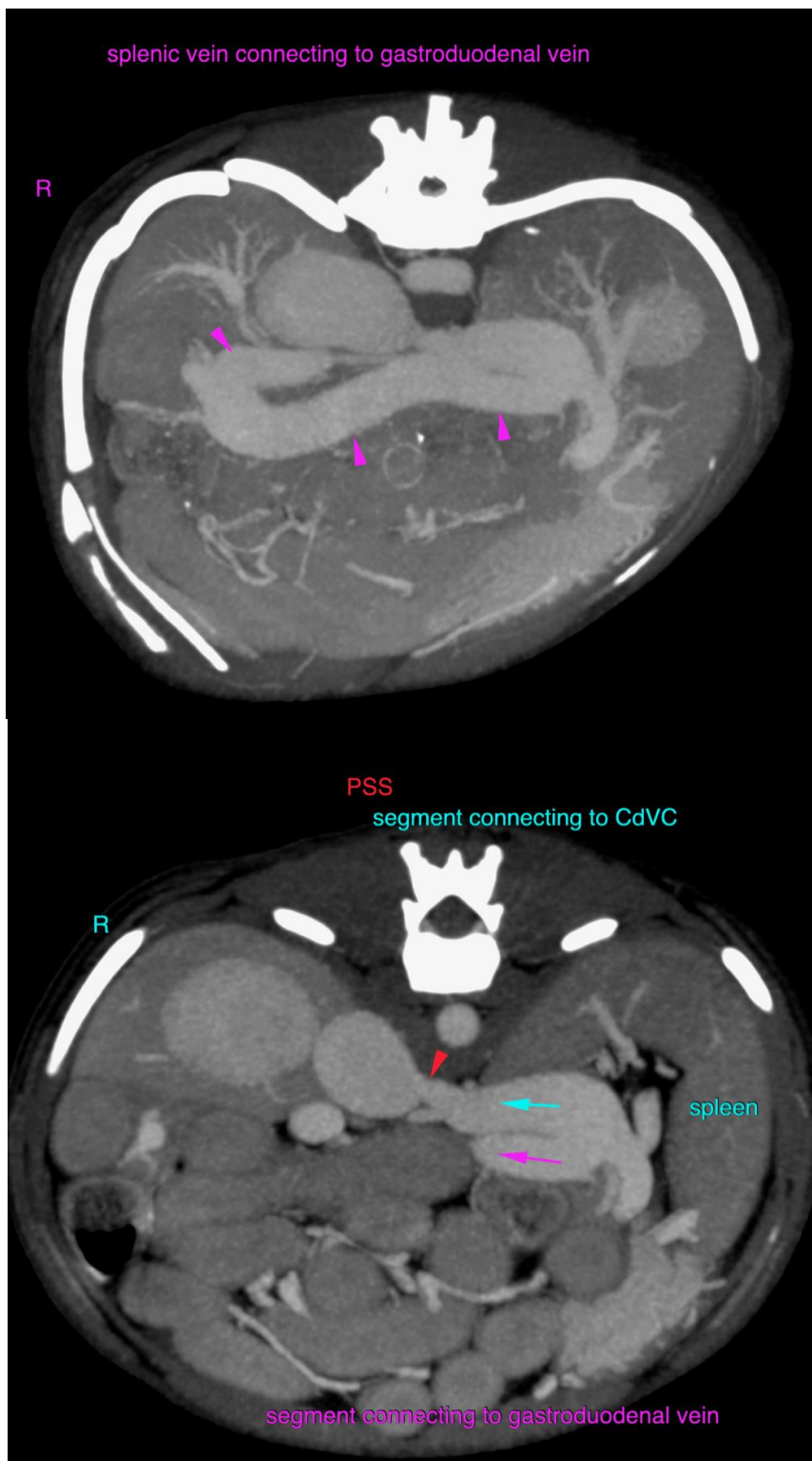
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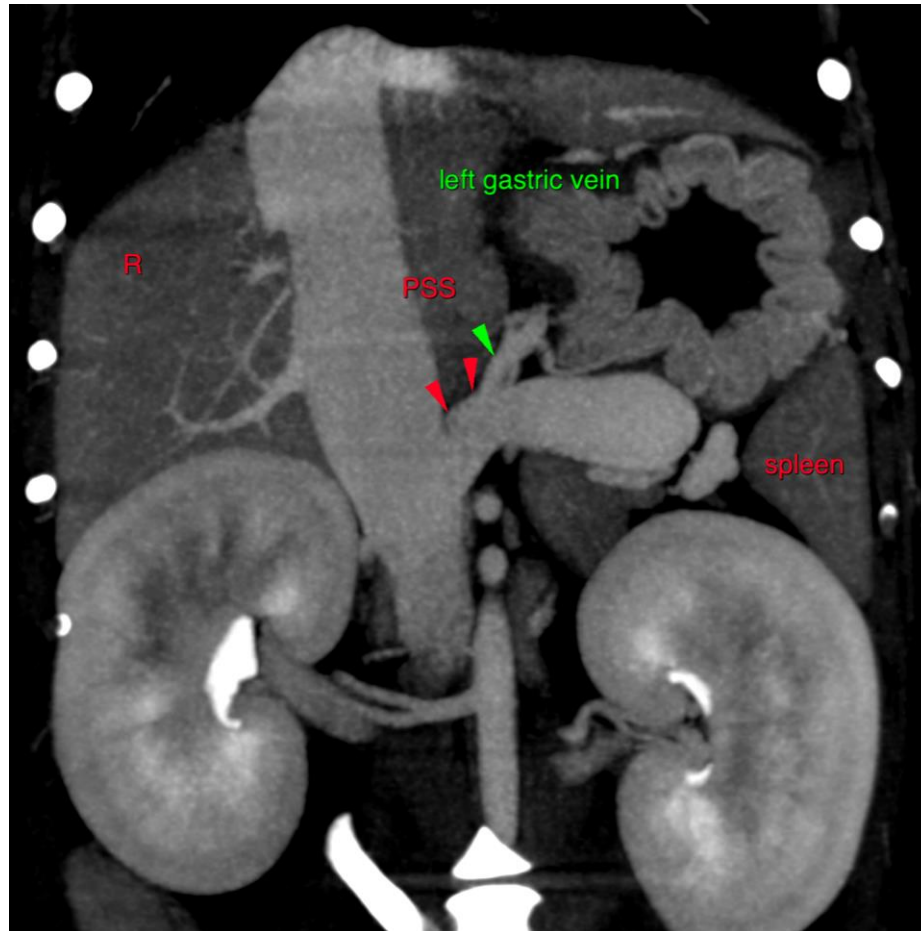
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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