



PATIENT

Vida Mercado

SPECIES

Canine

BREED

Pomeranian

SEX

Intact Female

AGE

19M

WEIGHT

9lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

HVSFA

HOSPITAL NAME

Hospital Veterinario
San Francisco de Asis

REFERRING VET

Meaux

INVOICE

73605

DATE

2-3-26

PRESENTING CLINICAL SIGNS

History:

- Neurologic episodes since young age suspected to be secondary to liver Dz (shunt vs other).
- Historical low BUN

Abnormal PE/Chem/CBC/UA Results: Chemistry from 1/31/2026: BUN 4, ALT 149, Chol 84, Amyl 237 Bile acids from 2024 pre 79.2 post 19.1

COMPUTED TOMOGRAPHY OF THE SKULL AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadan 311 and 411 are absent. A remaining deciduous tooth 606 is visible.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Abdomen

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

The caudal pole of the left kidney presents irregular margins with concave depressions of the renal surface. The renal pelvis bilaterally is distended by hyperattenuating material. 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.

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

The hepatic volume is mild to moderately decreased. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

The stem of the splenic vein and the left gastric vein are dilated. Originating from the dilated left gastric vein, an abnormal short vascular loop is appreciated, connecting the splenic vein to the caudal vena cava. The abnormal vessel between the splenic vein and caudal vena cava is measuring approximately 4 mm in diameter and entering the caudal vena cava from the left, approximately 1.5 cm cranial to the left



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renal vein. The segment of the portal vein cranial to the splenic vein presents a decreased diameter. The intrahepatic branches of the portal vein cannot be appreciated.

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.

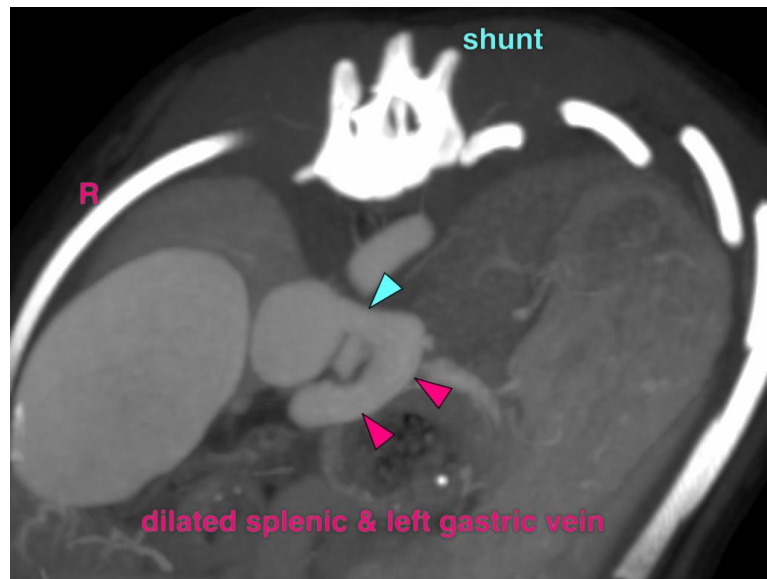
The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Congenital single extrahepatic portosystemic shunt, left gastric vein to caudal vena cava (left gastric shunt)
- Nephrolithiasis without mechanical obstruction – ammonium urate
- Microhepatica
- Chronic renal infarction left kidney
- Persistent deciduous tooth 606
- Normal brain

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are compatible with a single congenital extrahepatic portosystemic shunt. The finding is a plausible explanation for the presenting neurological clinical signs do to hepatic encephalopathy. Surgical/interventional closure technique of the shunting vessel is the therapy of choice.





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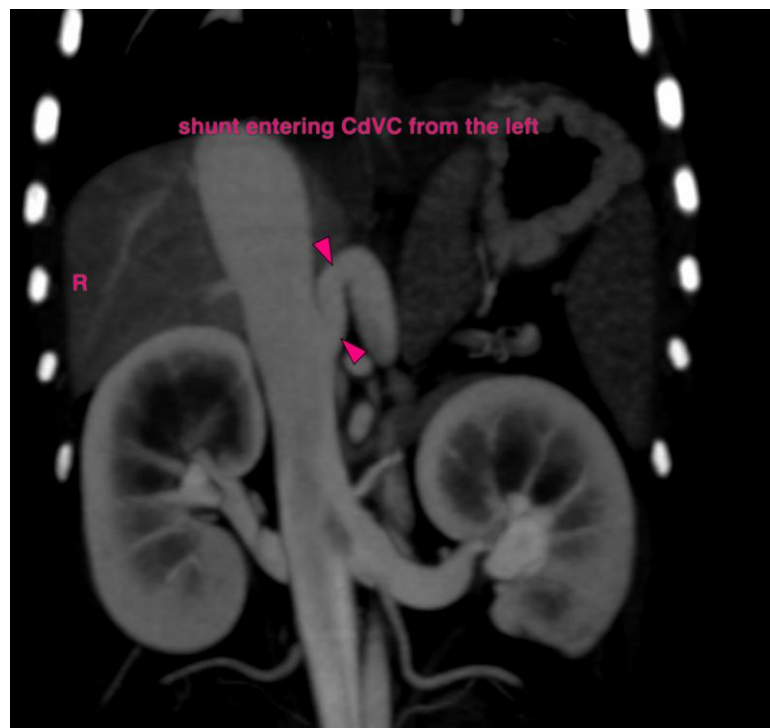
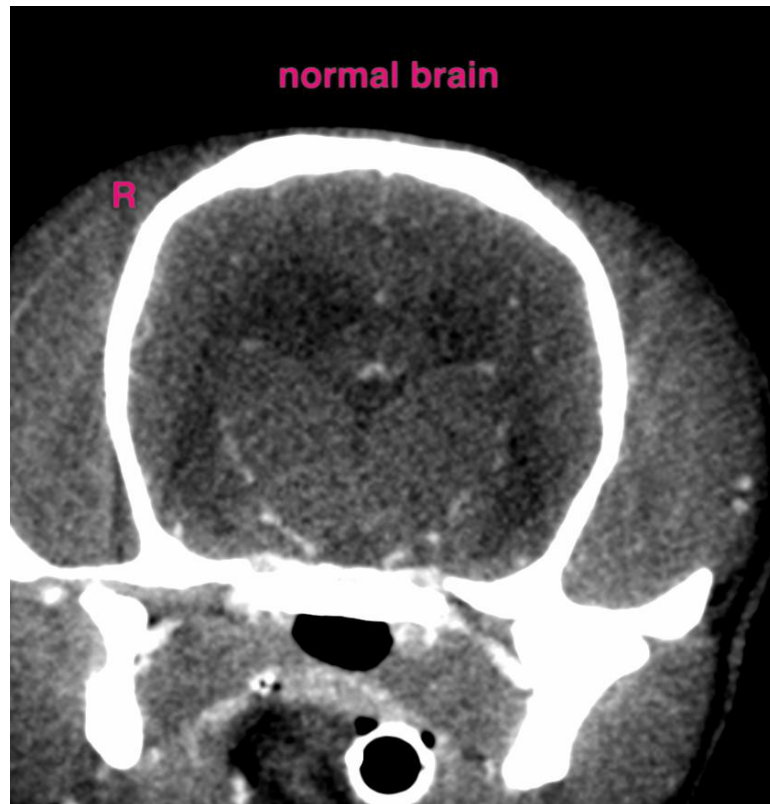
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com