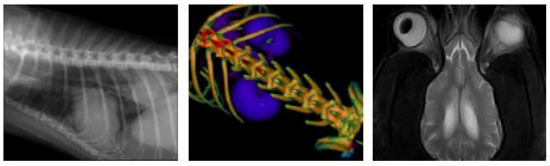

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Eloise Glaberson

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Female Spayed

AGE

5 Years, 4 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Meaux

INVOICE

50130

DATE

2-7-22

PRESENTING CLINICAL SIGNS

Elevated bile acids, suspect liver shunt. Hx of urinary calculi.
Abnormal PE/Chem/CBC/UA Results: Bile acids 146, post 154

COMPUTED TOMOGRAPHY OF THE ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen 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. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. A very small amount of gravity dependent, mineral attenuating material is visible in the urinary bladder.

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

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The portal vein presents a normal order of its tributary veins. The left gastric vein is dilated, and an anomalous vascular loop is coursing cranially and dorsally beyond the level of the stomach, connecting to the azygos vein. The azygos vein is moderately dilated. The portal vein cranial to the splenic vein presents a moderately decreased diameter. The intrahepatic branches of the portal vein can be followed up to the 3rd 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.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Congenital single extrahepatic portosystemic shunt, left gastric vein to azygos vein (porto-azygos shunt)
- Very mild amount of bladder sand, likely ammonium urate

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).

Surgical intervention by a slow progressive closure technique (ameroid constrictor, cellophane banding) is the therapy of choice. In the current case ligation of the shunt vessel may be feasible as well if there is no evidence of portal hypertension during digital compression of the shunting

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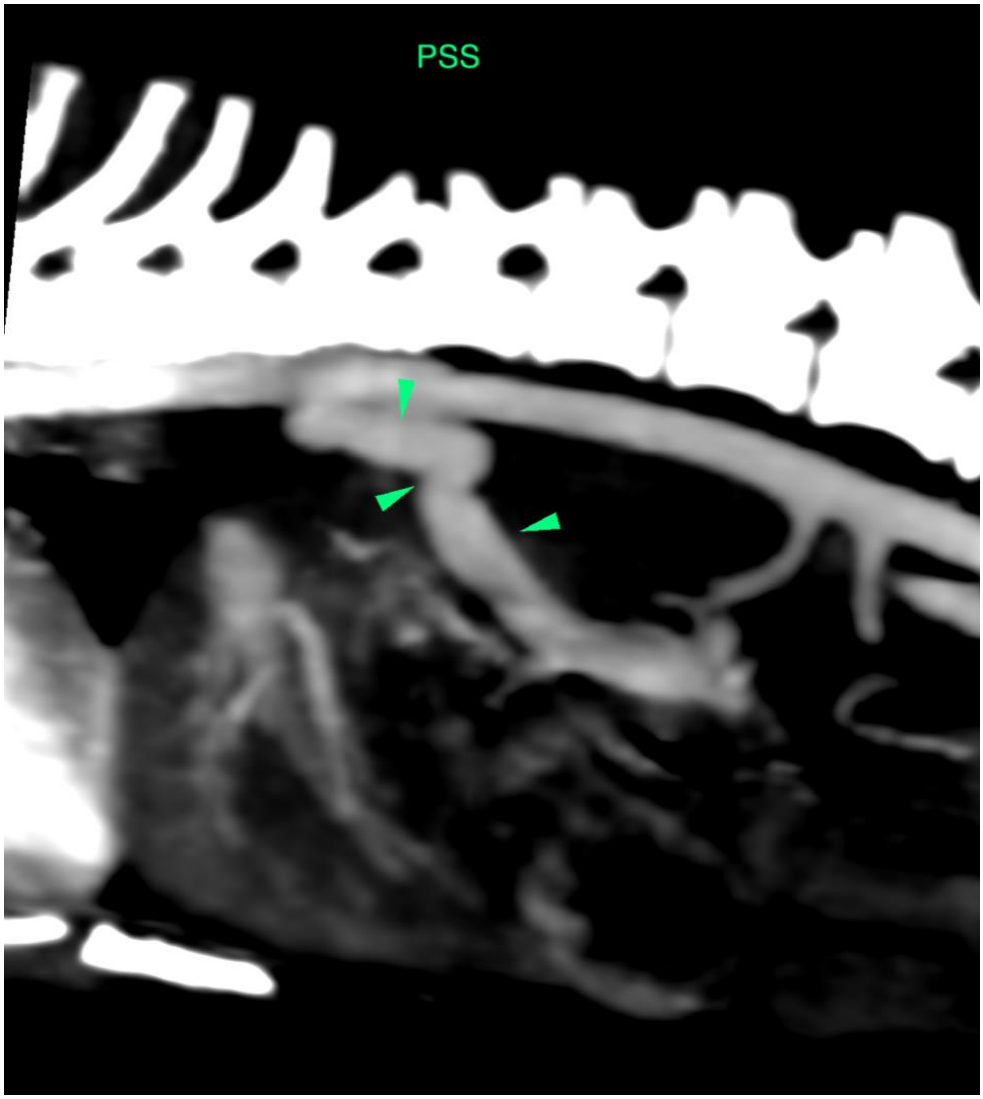
vessel. Empirical treatment until surgery along with feeding of a hepatic diet is recommended.



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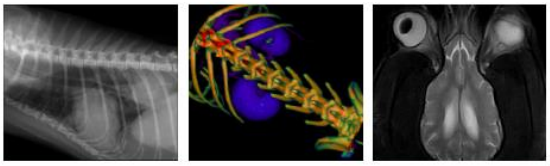

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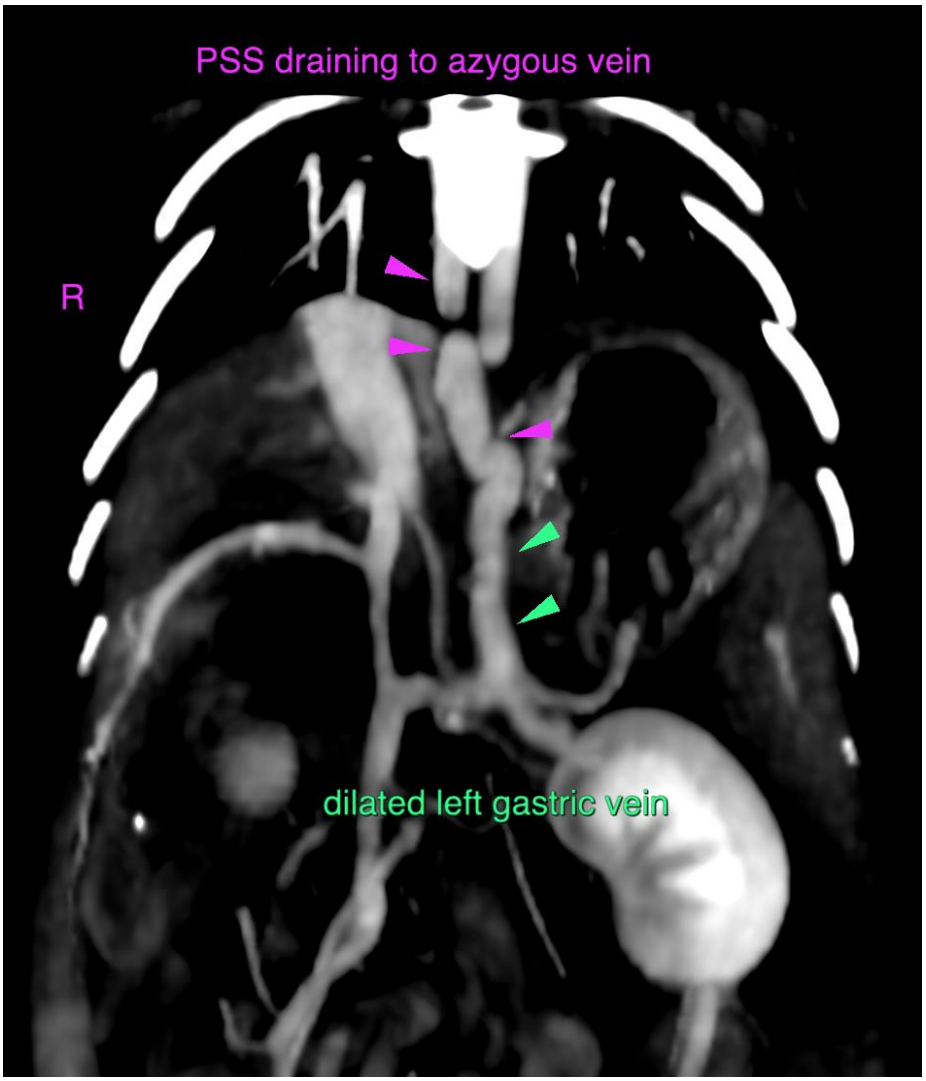

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com