



## PATIENT

Mister Jack Scorie

## SPECIES

Canine

## BREED

Yorkie

## SEX

MN

## AGE

6M

## WEIGHT

3.8m

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Monika Salgado

## HOSPITAL NAME

Westchester Animal  
Hospital

## REFERRING VET

Randy Dominguez

## INVOICE

74214

## DATE

3-16-26

## PRESENTING CLINICAL SIGNS

Presented referred from GSL Animal Clinic with a history of a PSS

## COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

Moderate motion artefacts are appreciated in the cranial abdomen.

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.

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 moderately decreased, and the gastric axis is oriented cranially. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

The portal vein cranial to the splenic vein presents an abrupt decreased diameter. The left gastric vein has a <2x greater diameter than the paralleling portal vein. The cranial segment of the left gastric vein cannot be delineated due to motion artefacts and limited 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

- Suspect congenital single extrahepatic portosystemic shunt that is originating from the left gastric vein
- Microhepatica

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, due to the motion artefacts in the cranial abdomen and the limited contrast uptake of the vasculature assessment of the cranial segment of the portal vein and its branches is limited. Anyway, the findings are suggestive for an extrahepatic portosystemic shunt originating from the left gastric vein – as the azygos vein is not dilated and the left gastric vein can be appreciated up to the stomach either a porto-azygos shunt or arcade with the right gastric vein with a short shunt vessel draining to the cauda vena cava are possible – repeating the CT study using a breath hold technique in an earlier post contrast phase is warranted for confirmation and clarification.



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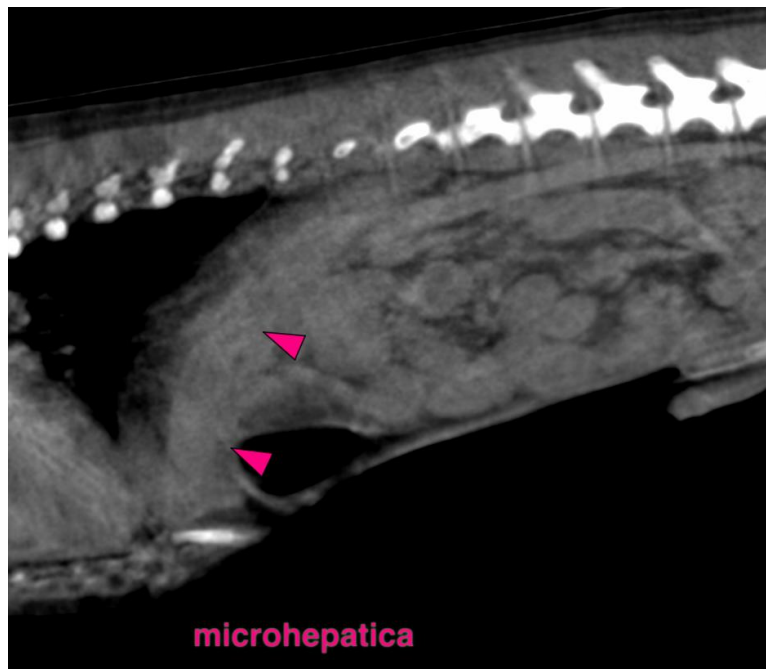
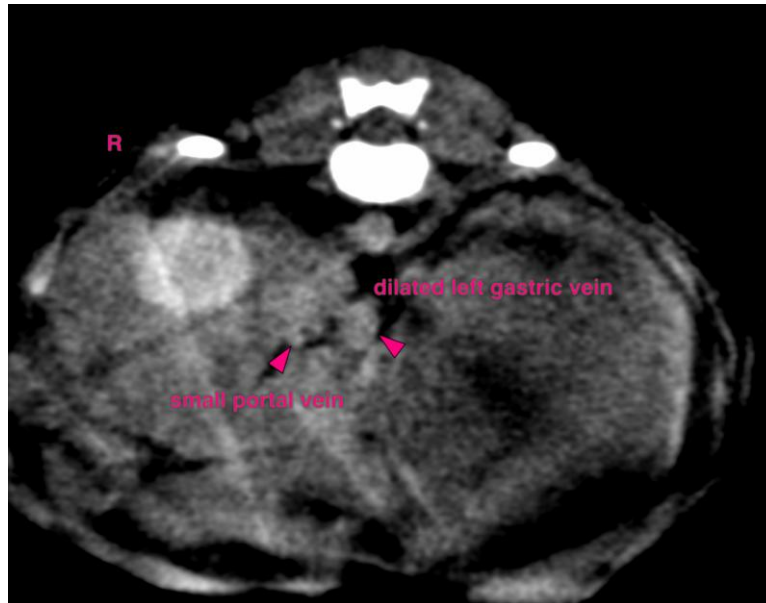
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)