



## PATIENT

Button Anderson

## SPECIES

Canine

## BREED

Yorkie

## SEX

Male

## AGE

7 Months

## WEIGHT

0.9 kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Katy

## HOSPITAL NAME

CARE Surgery Center

## REFERRING VET

Dr. Samantha Parkinson

## INVOICE

14509

## DATE

03/19/26

## PRESENTING CLINICAL SIGNS

- Presented for stunted growth, poor appetite. Mildly elevated ALP on labwork (198). Elevated bile acids (pre 109, post 112)
- Suspect shunt seen on AUS

## COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

Motion and streak artefacts are appreciated throughout the cranial abdomen.

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 pre-renal segment is seen.

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.

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 and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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

- Incidental double caudal vena cava, pre-renal segment
- No evidence of portosystemic shunting, neither intra- nor extrahepatic

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No macroscopic vascular bypass of the liver was noted – a smaller abnormal vessel may be missed due to motion/streak artefacts, but there are also no indirect signs for portosystemic shunting. However, if the clinical signs are consistent with insufficiency of the liver primary non-cirrhotic portal hypertension (microvascular dysplasia) or other diffuse parenchymal liver disease workup should be complemented by ultrasound guided FNA sampling/TruCut biopsy or surgical liver biopsy (may have the best diagnostic yield).



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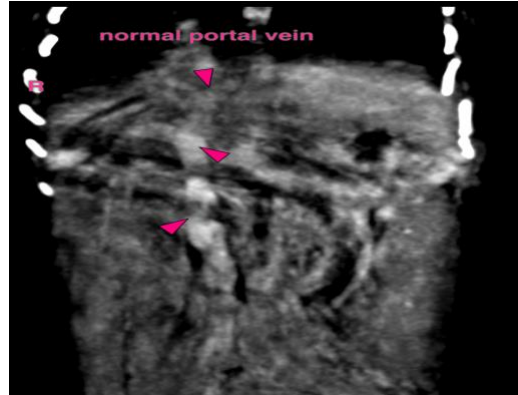
Dr. Samantha  
Parkinson

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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, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)