



**PATIENT PRESENTING CLINICAL SIGNS**

**Lilo Fajardo**  
 Patient was evaluated for constipation with rebound to diarrhea. She is acting with encephalopathic (ataxic) slightly off or sedated. Abdominal Ultrasound was performed: Bilateral nephrolithiasis, cystolithiasis, and microhepatica are suggestive of an extrahepatic portosystemic shunt. The described anomalous vessel likely represents this shunt; however, the direction of blood flow is atypical. I suspect that this vessel is tortuous and we are investigating a portion of the a loop that is directed towards the abdomen/transducer.  
**Abnormal PE/Chem/CBC/UA Results:** CBC --- anemia, thrombocytopenia CHEM --- GGT 11U/L ALB 2.1g/dL decreased CHOL 70mg/dL

**SPECIES BREED COMPUTED TOMOGRAPHY OF THE ABDOMEN**

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

**SEX COMPUTED TOMOGRAPHIC FINDINGS**

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

**AGE**  
**6 Years**  
 Both kidneys present within normal limits for size, shape and organ architecture. A staghorn calculus is seen in the renal pelvis bilaterally. After contrast administration roundish well-defined parenchymal filling defects are seen in the renal parenchyma bilaterally. Multiple roundish, well-defined and variable sized (measuring between <1 mm and 2.2 mm), mineral attenuating calculi are seen on the dorsal urinary bladder wall.

**INTERPRETED BY**

**Sebastian Schaub, DVM**  
**Dr. med. vet. DipECVDI**  
 The right renal lymph node is prominent and presents a heterogeneous contrast enhancement pattern.

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

**HOSPITAL NAME**

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

**REFERRING VET**

**Dr. M. Carrillo, DVM**  
 The left gastric vein is moderately distended and presents a greater diameter than the portal vein paralleling the left gastric vein. Originating from the left gastric vein, an anomalous tortuous vascular loop is extending cranially and dorsally beyond the level of the stomach, coursing up to the azygos vein. The anomalous vascular loops presents a diameter of approximately 5.2 mm. The intrahepatic portal veins can be seen up to 2<sup>nd</sup> order vessels.

**INVOICE**

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

**51459**  
 The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

**DATE**

In the subcutaneous tissue of the right flank, a discoid soft tissue attenuating nodule is visible.

**4-11-22**



**PATIENT**

Lilo Fajardo

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Congenital single extrahepatic portosystemic shunt, left gastric vein to azygos vein
- Nephrolithiasis
- Cystolithiasis
- Lymphadenopathy right renal lymph node

**SPECIES**

Canine

**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) which is a plausible explanation of the described clinical signs.

**BREED**

Chihuahua

Patients with a porto-azygos may present clinical signs later in life up to 6-7 years of age.

Secondary mild microhepatica, renomegaly and likely ammonium-urates in the renal pelvis and urinary bladder.

**SEX**

SF

Surgical intervention by a slow progressive closure technique (ameroid constrictor, cellophane banding) is the therapy of choice. Ligation of the shunt vessel may be feasible as well if there is no evidence of portal hypertension during digital compression of the shunting vessel. Empirical treatment until surgery along with feeding of a hepatic diet is recommended.

**AGE**

6 Years

The enlarged right renal lymph node is suggestive for reactive hyperplasia, FNA sampling can be tried to rule out malignant transformation.

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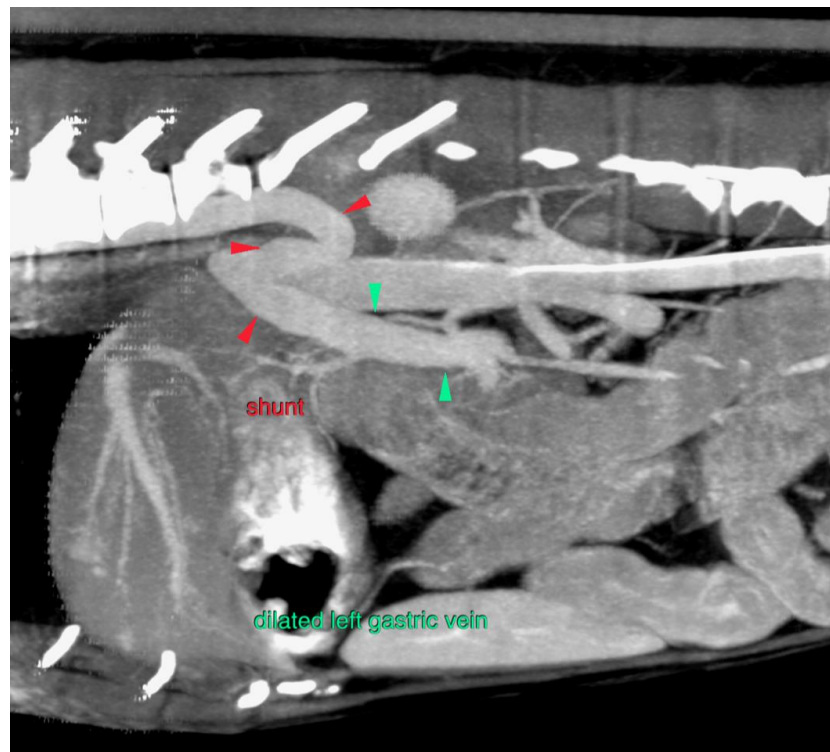
Dr. M. Carrillo, DVM

**INVOICE**

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**PATIENT**

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**SPECIES**

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**BREED**

Chihuahua

**SEX**

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**AGE**

6 Years

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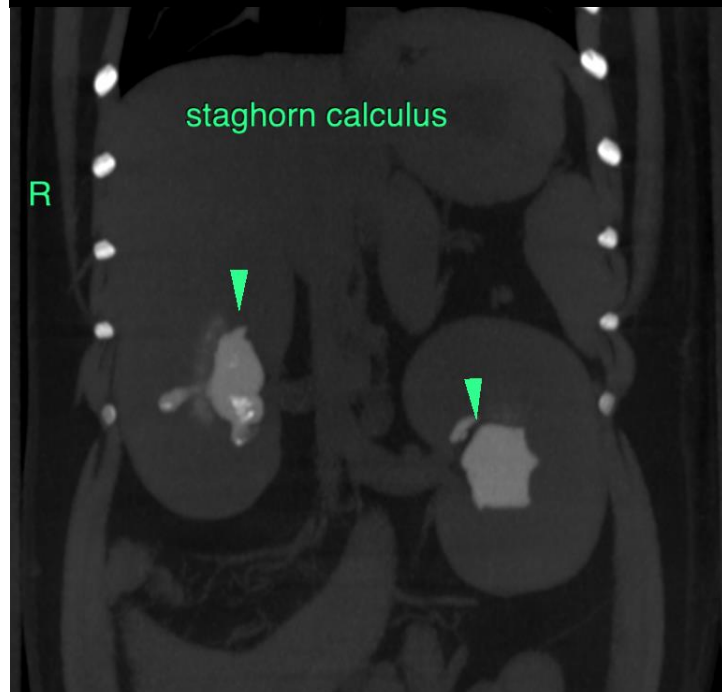
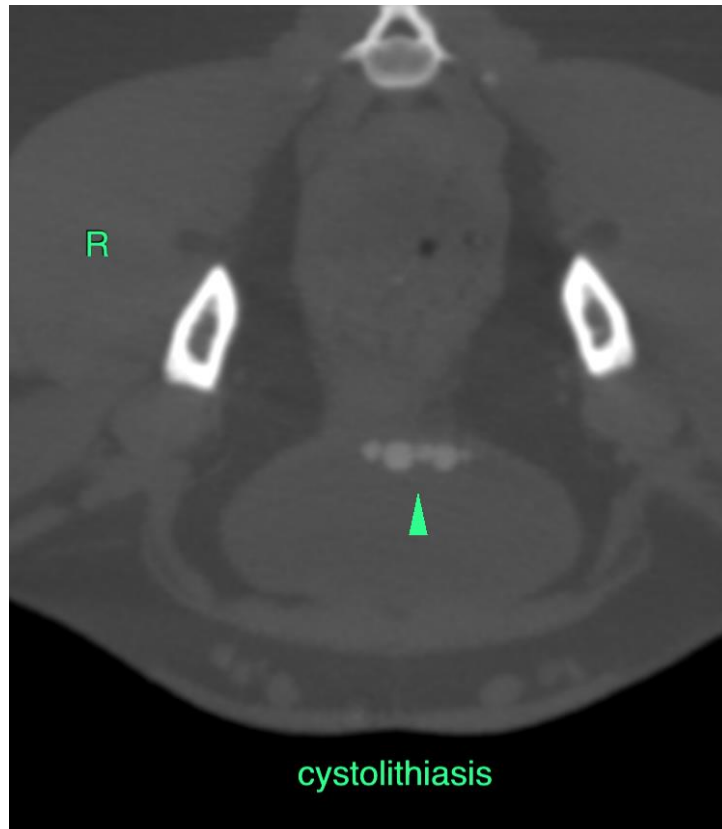
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Canine

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.

**BREED**

Chihuahua

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

**SEX**

SF

**AGE**

6 Years

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