



PATIENT

Ethan Johnson

PRESENTING CLINICAL SIGNS

Presented 4/13/22 for seizures, had elevated liver enzymes on exam, bile acids elevated. Decreased appetite, vomiting, lethargy. Concerned with portosystemic shunt. CT prior to consult with a surgeon.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

BREED

Italian Greyhound

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 shape and organ architecture with a moderate increased volume. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

SEX

Male

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.

AGE

7.5 Months

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The portal vein cranial to the splenic vein presents a moderately decrease diameter, progressive in the course cranially. Originating from the splenic vein/caudal segment of the left gastric vein, an anomalous short vascular loop is bending dorsally and medially, draining into the caudal vena cava from the left – cranial to the left renal vein. The diameter of the anomalous vascular loops is approximately 5.3 mm.

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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.

REFERRING VET

Dr. Kerby, DVM

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Single congenital extrahepatic portosystemic shunt, left gastric vein to caudal vena cava (left gastric shunt)
- Secondary microhepatica
- Secondary renomegaly

INVOICE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

4-21-22

The findings are consistent with a congenital single extrahepatic portosystemic shunt, left gastric vein to caudal vena cava. Hepatic encephalopathy is a potential cause for the neurological clinical signs.

Surgical intervention by a slow progressive closure technique (ameroid constrictor, cellophane banding) is the therapy of choice. Empirical treatment until surgery along with feeding of a



PATIENT hepatic diet is recommended.

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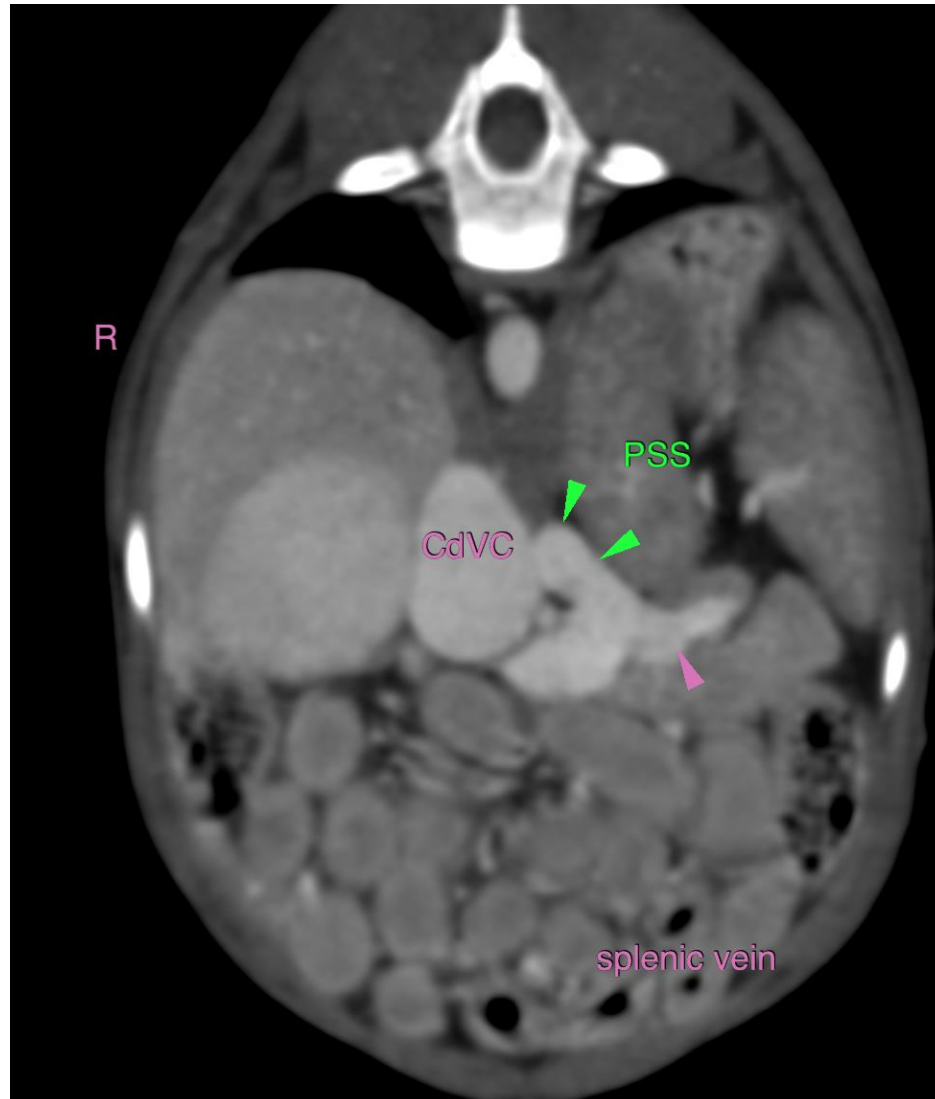
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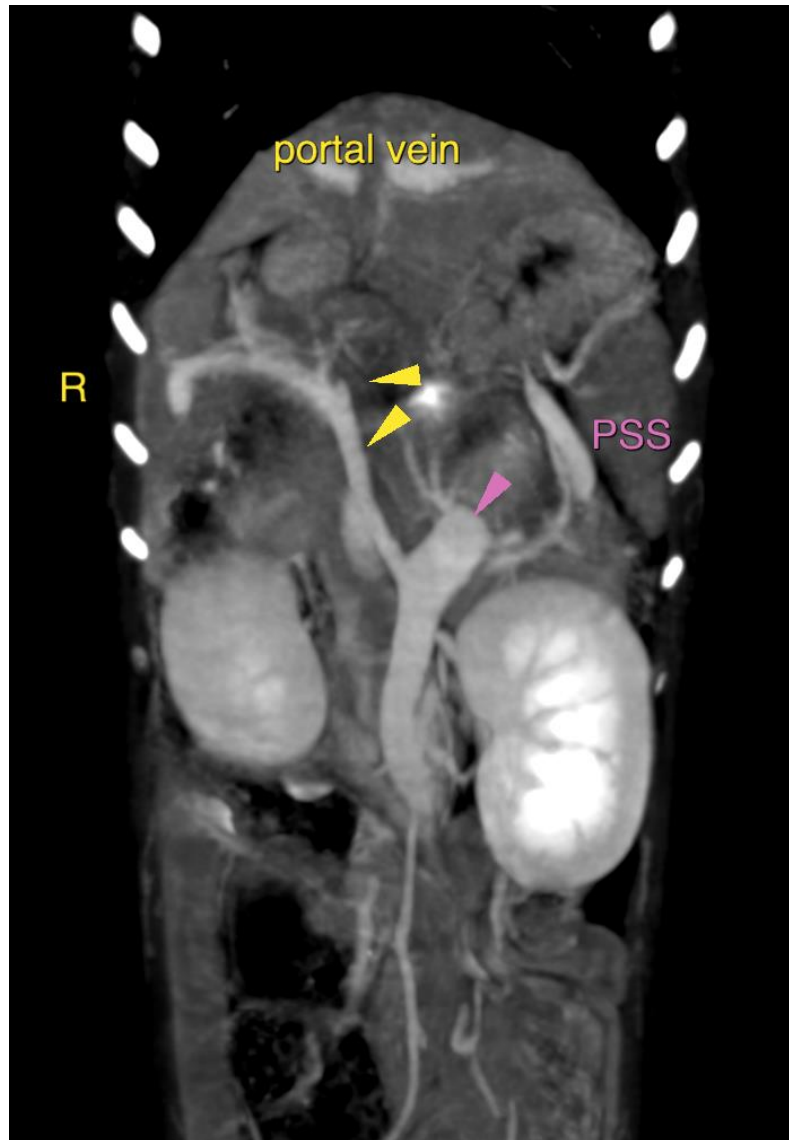
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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