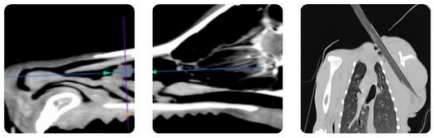

PATIENT

Freyja Medina

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

F

AGE

1

WEIGHT

7

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

JD Veterinary Imaging Center

HOSPITAL NAME

Juana Diaz Animal Hospital

REFERRING VET

Dr Jose Rivera

INVOICE

74550

DATE

4-9-26

PRESENTING CLINICAL SIGNS

suspect portosystemic shiunt, recommended ct scan

COMPUTED TOMOGRAPHY OF THE ABDOMEN

A pre- and post-contrast CT study of the abdomen in a bone and soft tissue reconstruction 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 shape and organ architecture and are prominent. 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 mild to moderately decreased; the hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

The left gastric vein is dilated, presenting a 2.5x greater diameter than the paralleling portal vein. Originating from the left gastric vein, an anomalous vascular loop is coursing craniodorsally beyond the gastric fundus, passing dorsally over the left liver lobes; measuring 8.1 mm in diameter. The anomalous vascular loop is extending up to the level of the diaphragm. Level with the diaphragm, the anomalous vascular loop of the left gastric vein is draining into a short, dilated segment of a left phrenic vein that is draining into the caudal vena cava. The intrahepatic branches of the portal vein can be appreciated up to the 1st 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 phrenic vein (porto-phrenic shunt)
- Secondary mild microhepatica
- Secondary renomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT series is consistent with a congenital single extrahepatic portosystemic shunt (left gastric vein phrenic vein). Surgical management by a slow progressive closure technique (ameroid constrictor, cellophane banding) is the therapy of choice.

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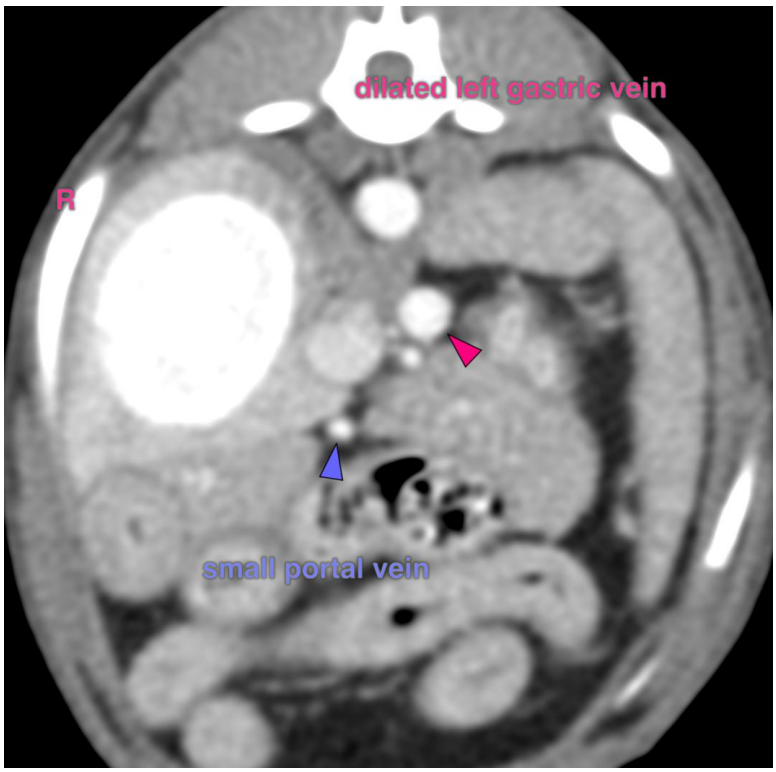

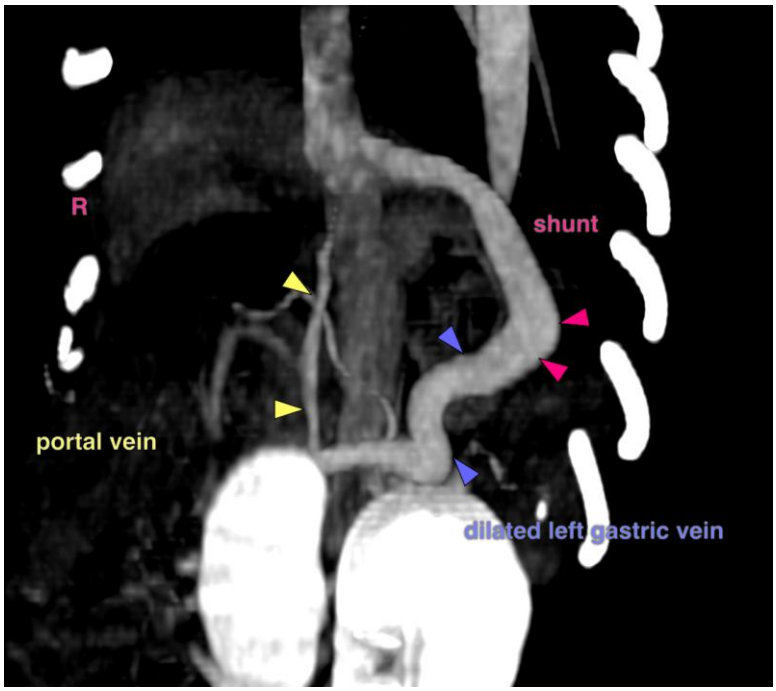

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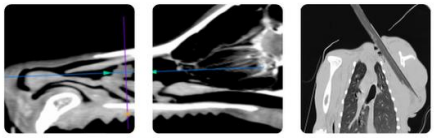

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com