



PATIENT

Jimmy Flake

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Male Neutered

AGE

3Y

WEIGHT

7.7kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Hope

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Samantha Parkinson

INVOICE

74547

DATE

4-9-26

PRESENTING CLINICAL SIGNS

Patient was seen 4/7 for straining to urinate and dribbling small puddles. BW showed mild liver elevation and Bile Acids were elevated. Exam showed very enlarged prostate. 4/9 a CT scan of abdomen was performed. Hx of urate urinary stones. Owners noted that patient was neutered by breeder at 3 months then said he thought he was neutered by a retired DVM but has no records. Owners noted they had never seen the dog with testicles. Suspicious for cryptorchid patient with one or both undescended testicle

Abnormal PE/Chem/CBC/UA Results: Bile Acids Elevation - Pre 110 Post - 62.9 ALT 149

COMPUTED TOMOGRAPHY OF THE ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen 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 size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted. In the urinary bladder multiple sedimented, mineral attenuating calculi are appreciated.

The right testicle is located in the right caudolateral abdomen.

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 left gastric vein is dilated, presenting a 1.5x 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 7.5 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 3rd 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)
- Cystolithiasis without mechanical obstruction – likely ammonium urate
- Right sided abdominal cryptorchism



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The current CT study 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. Complete ligation of the shunt vessel may be feasible, if there is no evidence of portal hypertension during digital compression of the shunting vessel.





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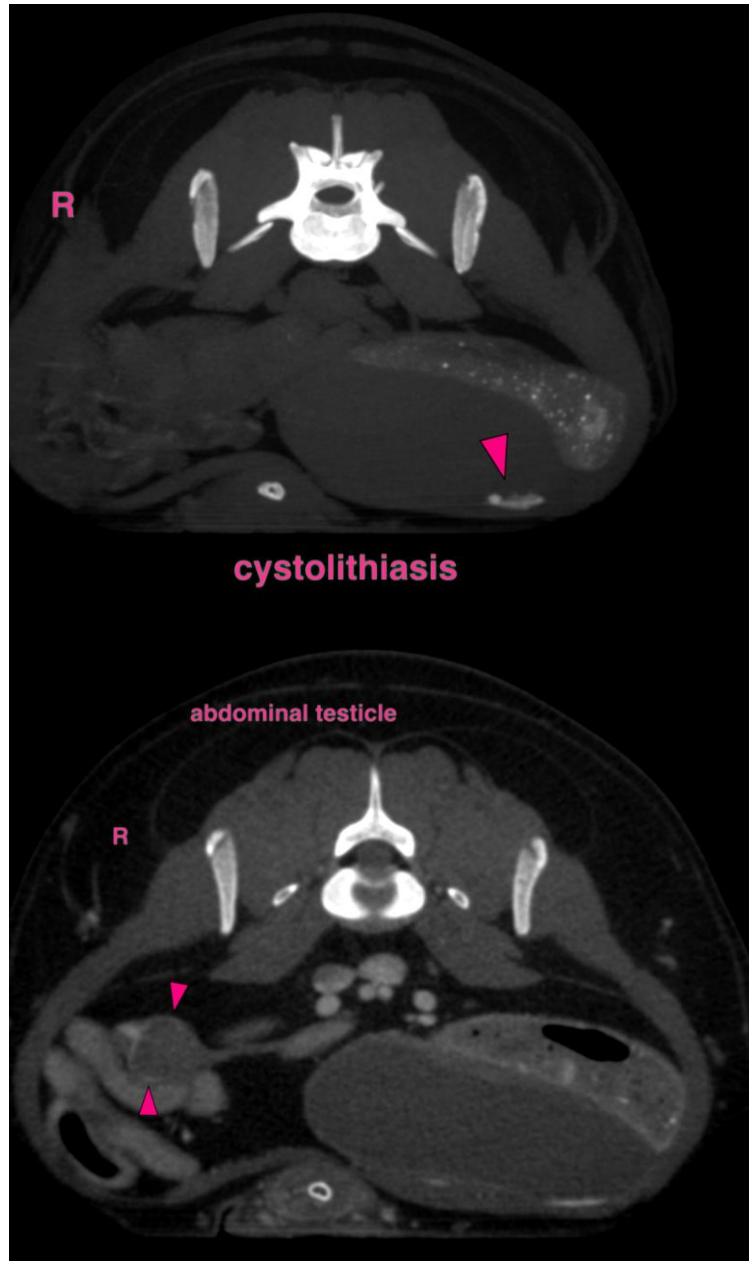
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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