



**PATIENT PRESENTING CLINICAL SIGNS**

Luna Ojeda Previous Hx and labs suggestive of liver shunt.

**COMPUTED TOMOGRAPHY OF THE ABDOMEN**

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

Canine **COMPUTED TOMOGRAPHIC FINDINGS**

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

**BREED**

Yorkshire Terrier

The left kidney has mild serrating margins. Mineral attenuating material is seen in the renal pelvis bilaterally. After contrast administration a roundish parenchymal filling defect is seen in the parenchyma of the cranial pole of the right kidney and multiple small (<2 mm) parenchymal filling defects are seen throughout the renal cortex of the left kidney.

**SEX**

Spayed Female

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.

**AGE**

5 Years, 4 Months

The right gastric vein is significantly dilated and can be appreciated along the minor curvature of the stomach. Originating from the dilated right gastric vein, approximately level with the dorsal aspect of the fundus of the stomach, a short anomalous vascular loop is coursing draining into the caudal vena cava from the left, cranial to the left renal vein; the anomalous vascular loop is measuring 4.9 mm in diameter and presents an isthmus just before entering the caudal vena cava. The portal vein cranial to the gastroduodenal vein presents a moderate decreased diameter in comparison to the caudal segment. The intrahepatic branches of the portal vein can be appreciated up to the 3<sup>rd</sup> order vessels. The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Mobile Pet Imaging

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.

**REFERRING VET**

Meaux

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Single congenital extrahepatic portosystemic shunt, right gastric vein to caudal vena cava (right gastric shunt)
- Nephrolithiasis bilaterally without signs of mechanical obstruction – suspect ammonium urate secondary to the portosystemic shunt
- Renal cortical cysts
- Left sided signs for early stage of chronic nephropathy

**INVOICE**

58244

**DATE**

5-10-23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The current CT study is consistent with a congenital single extrahepatic portosystemic shunt (right gastric vein to caudal vena cava).



**PATIENT** Luna Ojeda  
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.

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Spayed Female

**AGE**

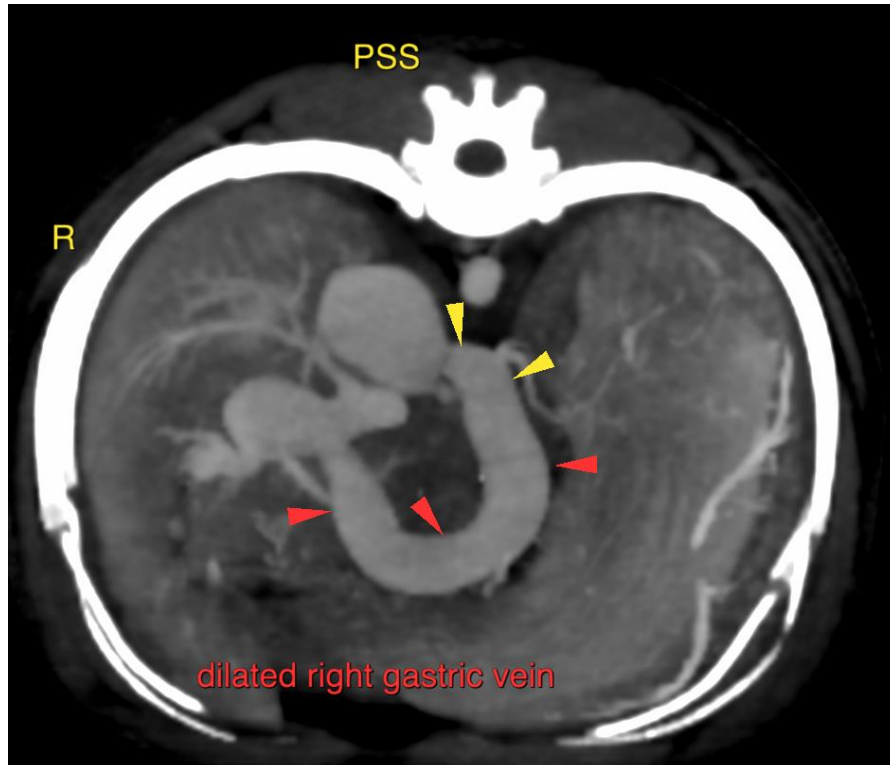
5 Years, 4 Months

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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.

**INVOICE**

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