



PATIENT PRESENTING CLINICAL SIGNS

Rocky Melendez Patient was evaluated for possible PSS. Pre bile acids was normal and post was 140. Ultrasound Interpretation: Conclusions - I am uncertain for sure that there is a shunt. There are no cystic calculi, renomegaly or nephrolithiasis to support the presence of a shunt. Given that you do not see the caudal vena cava well, an azygous continuation of the caudal vena cava is possible. Recommendations - I would recommend obtaining a 3 vessel view at the level of T11 in the transverse plane to determine if the portal vein is significantly smaller than the aorta and caudal vena cava. Thoracic radiographs to assess for the presence of a caudal vena cava could be considered.

SPECIES Canine

BREED Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- ALT and GGT mild increased, ALKP mild decreased and PHOS moderate decreased.

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

SEX COMPUTED TOMOGRAPHIC FINDINGS

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

AGE Both kidneys present a mild increased volume. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

INTERPRETED BY Sebastian Schaub, DVM
Dr. med. vet. DipECVDI 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 gastric axis is oriented cranially. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

HOSPITAL NAME A separate right & left caudal vena cava of the pre-renal segment is visible. The pre-hepatic segment of the caudal vena cava is absent, and the renal segment of the portal vein is connecting to the azygos vein which is significantly dilated.

Veterinary Image Center

The portal vein presents a normal order of its tributary veins. The left gastric vein is originating from the splenic vein of the cranial extremity of the spleen and is significantly dilated and presents a greater diameter than the portal vein at the same level. Originating from the left gastric vein, a tortuous vascular loops is coursing cranially and dorsally, draining into the dilated azygos vein level with T12. The anomalous vascular loop originating from the left gastric vein is measuring 5.2 mm in diameter. The intrahepatic branches of the portal vein can be followed up to the 3rd order vessels.

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

INVOICE 52923 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.

DATE

7-18-22



PATIENT

Rocky Melendez

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Congenital single extrahepatic portosystemic shunt, left gastric vein to azygos vein (porto-azygos shunt)
- Segmental agenesis of the caudal vena cava with azygos continuation
- Mild microhepatica
- Mild renomegaly

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Shih Tzu

The current CT study is consistent with a congenital single extrahepatic portosystemic shunt (left gastric vein to azygos vein).

SEX

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Surgical intervention by a slow progressive closure technique (ameroid constrictor, cellophane banding) is the therapy of choice. In the current case 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. Be aware of the congenital anomaly of the caudal vena cava, draining into the azygos vein as well, the shunting vessel is in a more left sided position and should be able to be identified at the medial aspect of the stomach/level with the diaphragm. Empirical treatment until surgery along with feeding of a hepatic diet is recommended.

AGE

1 Year

INTERPRETED BY

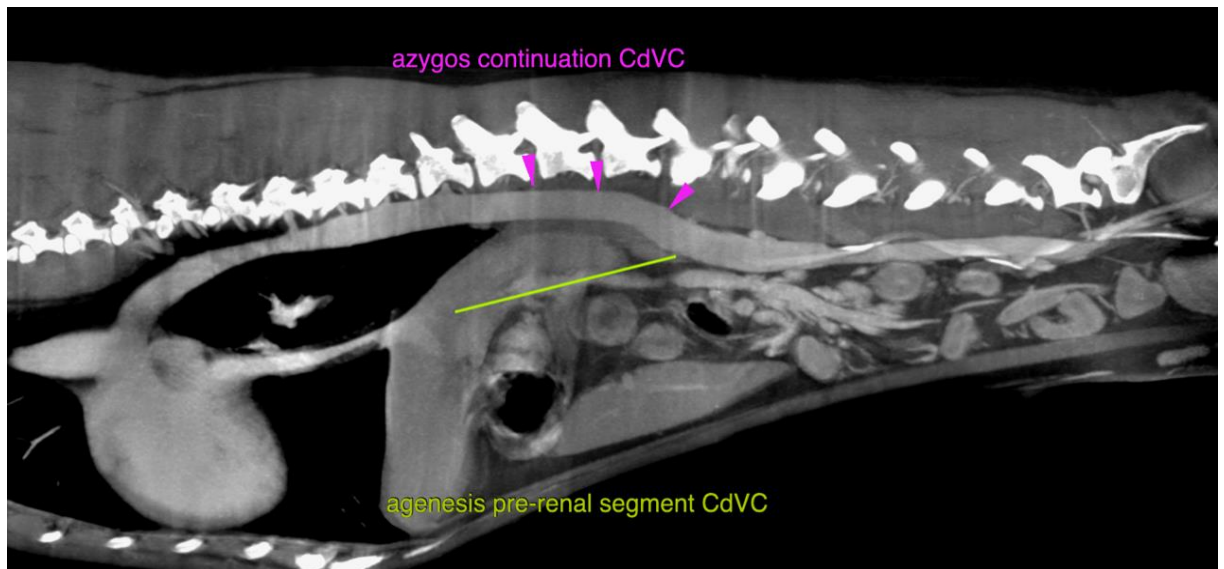
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HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Dr. F. Piñero,
DVM/Dr. M. Carrillo,
DVM



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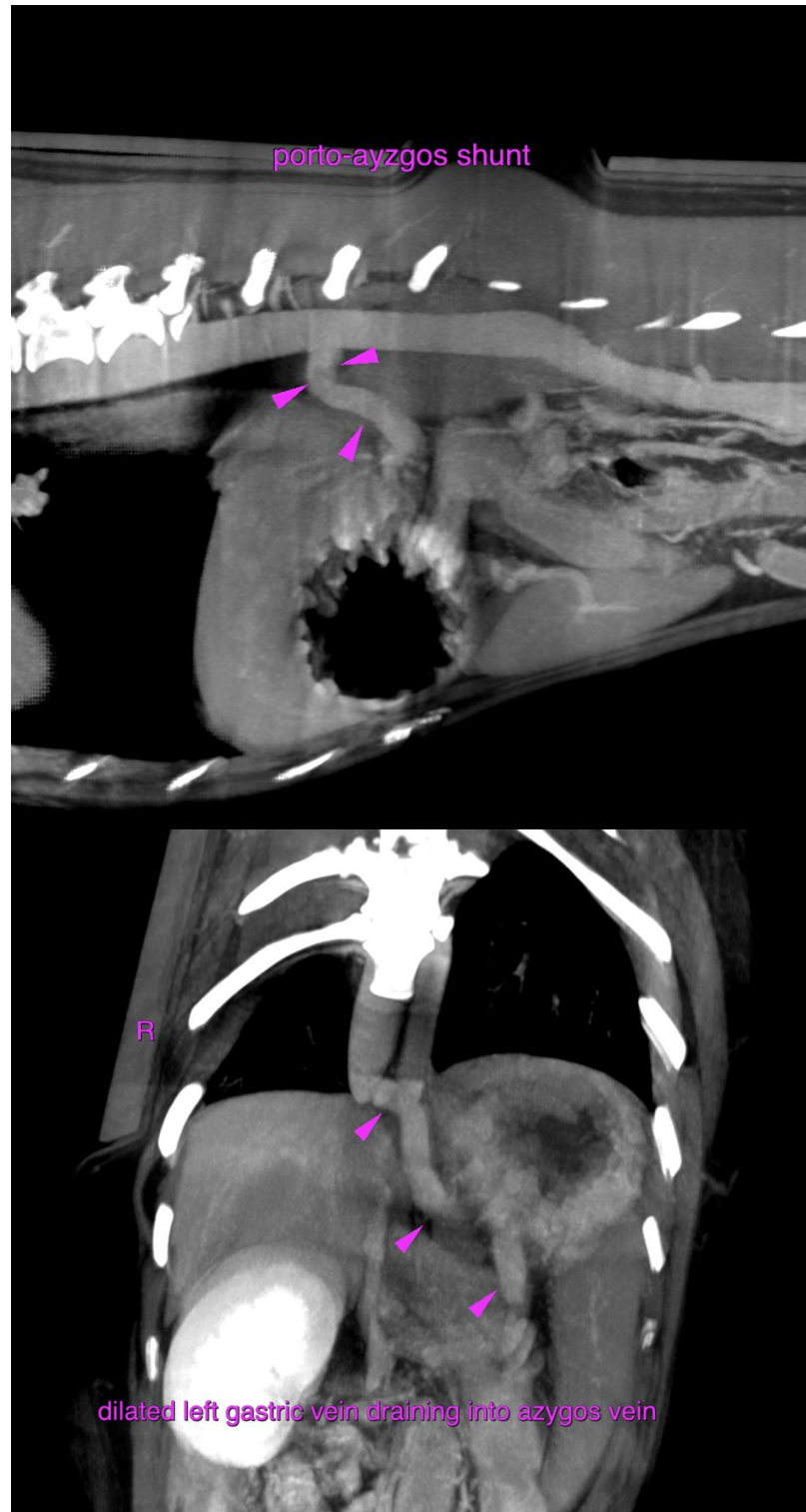
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

BREED

Shih Tzu

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.

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SEX

M

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1 Year

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