



**PATIENT PRESENTING CLINICAL SIGNS**

Robin Whitford Presenting for evaluation of suspected portosystemic shunt.  
Abnormal PE/Chem/CBC/UA Results: Low BUN, high liver values.

**COMPUTED TOMOGRAPHY OF THE ABDOMEN**

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

Canine **COMPUTED TOMOGRAPHIC FINDINGS**

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

**BREED**

Cocker Spaniel Both kidneys present an increased volume and are normal in shape and organ architecture. 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.

**SEX**

Male The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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

**AGE**

6 Months

Originating from the splenic vein/left gastric vein, a very short anomalous vascular loop is appreciated, draining into the caudal vena cava from the left, cranial to the left renal vein. The anomalous vascular loop is measuring 7 mm in diameter. The diameter of the portal vein tapers cranial to the splenic vein, the intrahepatic branches of the portal vein are not appreciated.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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

**HOSPITAL NAME**

Animal Health Care  
Denver

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**

**REFERRING VET**

Cathryn Sayer

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

59558

The findings are consistent with a congenital single extrahepatic portosystemic shunt left gastric vein to caudal vena cava. The appreciated connection is very short ( $\approx 3$  mm) and nearly presents segmental fusion of the portal vein with the caudal vena cava.

**DATE**

7-30-23

Surgical intervention by a slow progressive closure technique (ameroid constrictor, cellophane banding) is the therapy of choice – due to the very short connection, the use of ameroid constrictor or cellophane band might not be feasible here and gradual ligation in multiple sessions using silk ligature might be an option here. Empirical treatment until surgery along with feeding of a hepatic diet is recommended.



**PATIENT**

Robin Whitford

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

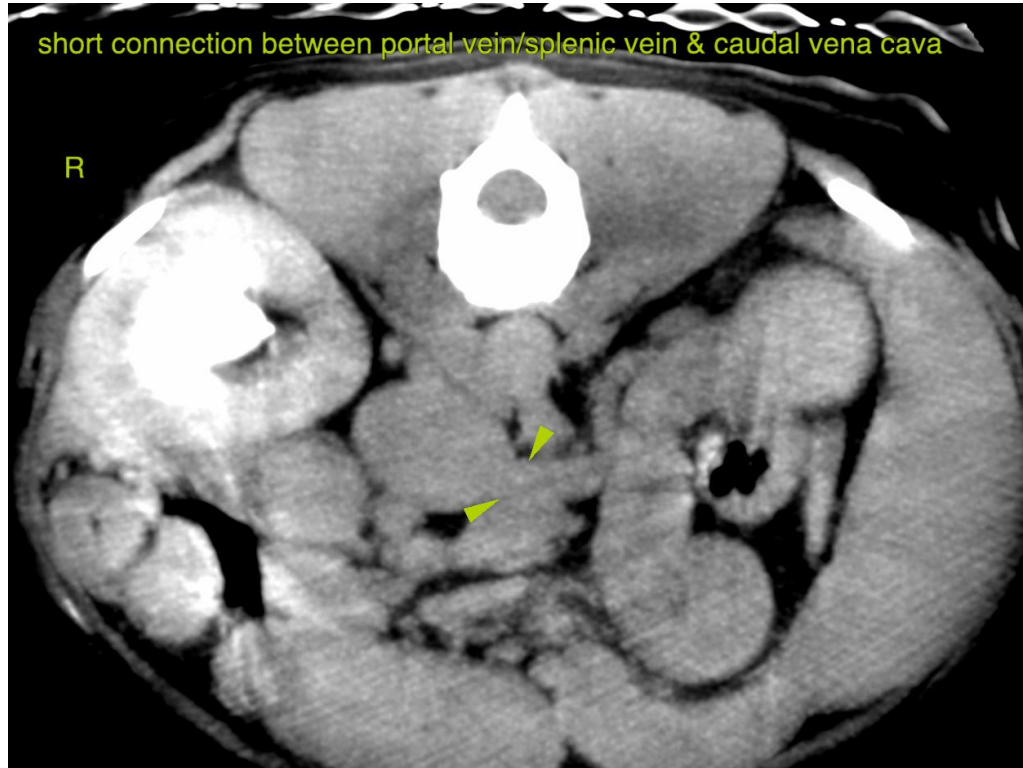
Male

**AGE**

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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.

**REFERRING VET**

Cathryn Sayer

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](mailto:info@sonopath.com)

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