



**PATIENT PRESENTING CLINICAL SIGNS**

Charlie Hoaken Hx urinary accidents in house, microhepatica noted on abd ultrasound. Rule out extra hepatic portosystemic shunt, multiple acquired shunts, chronic hepatopathy  
 Abnormal PE/Chem/CBC/UA Results: low urea, low specific gravity, elevated pre and post bile acids

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE ABDOMEN**

A pre- and post-contrast CT study of the abdomen in a bone and soft tissue reconstruction are provided for review.

**BREED**

Poodle X

**COMPUTED TOMOGRAPHIC FINDINGS**

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

**SEX**

MN

Both kidneys present within normal limits for size, shape and organ architecture. A mild amount of mineral attenuating material is associated with the renal pelvis bilaterally. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

**AGE**

8 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

The hepatic volume is moderately decreased. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

**HOSPITAL NAME**

Animal Health Partners

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 medially draining into the caudal vena cava from the left, cranial to the left renal vein; the anomalous vascular loop is measuring 5.3 mm in diameter. The dilated right gastric vein is arcading with a thin vascular loop originating from the splenic vein of the cranial extremity of the spleen. The diameter of the portal vein cranial to the gastroduodenal vein is mild to moderately decreased. The intrahepatic branches of the portal vein can be appreciated up to the 3<sup>rd</sup> order vessels.

**REFERRING VET**

Westgarth

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.

**INVOICE**

52693

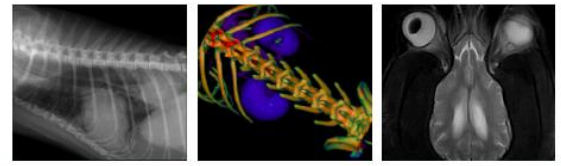
The bony and surrounding soft tissue structures reveal no abnormalities.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**DATE**

7-5-22

- Single congenital extrahepatic portosystemic shunt, right gastric vein to caudal vena cava 3 (right gastric shunt)
- Microhepatica
- Nephrolithiasis without signs of obstruction – suspect ammonium urate



**PATIENT**

Charlie Hoaken

**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). Secondary mild microhepatica and nephrolithiasis.

**SPECIES**

Canine

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.

**BREED**

Poodle X

**SEX**

MN

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Partners

**REFERRING VET**

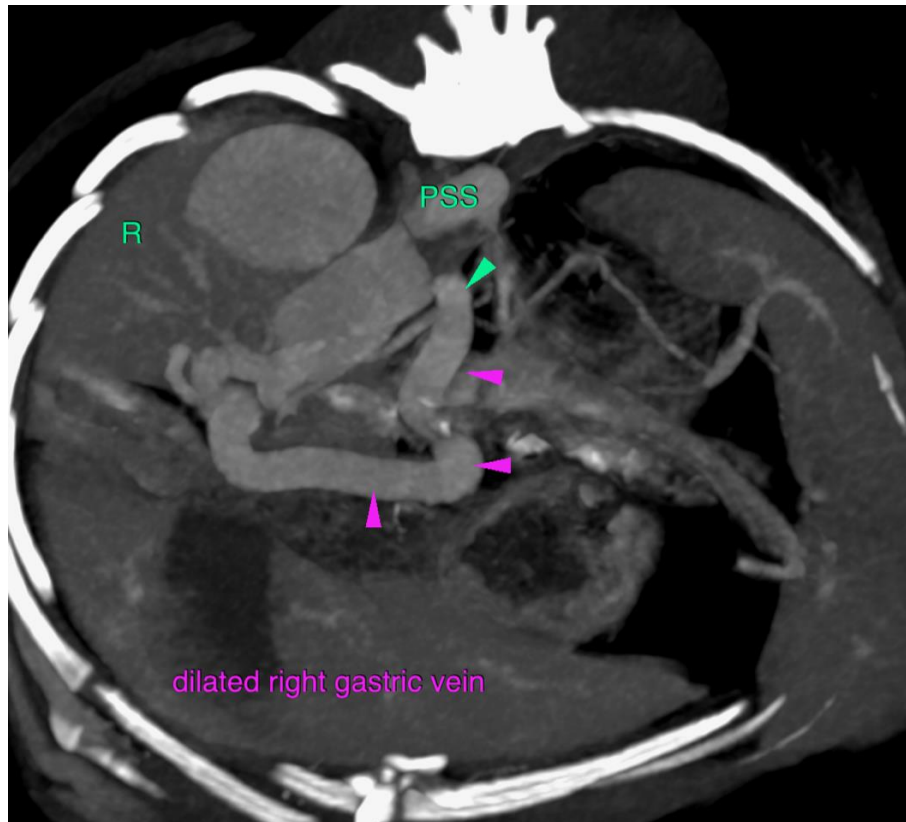
Westgarth

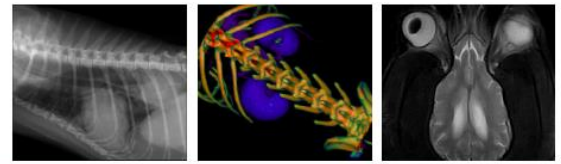
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**PATIENT**

Charlie Hoaken

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.

**SPECIES**

Canine

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