



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Simon Stauber  
**SPECIES** Simon is a 4 MO M Maltese Mix presenting for a possible vaccine reaction after receiving multiple vaccines at RDVM today. Simon presented at RDVM for vomiting and diarrhea, parvo test was performed which was negative, RDVM administered vaccines, cerenia, and famotidine. Once owner got home patient started vomiting again and hypersalivating. PE: Patient is still hypersalivating and has a firm bladder, not easily expressed.

**SPECIES** Canine  
**BREED** Abnormal PE/Chem/CBC/UA Results: Abdomen: Tense and painful Radiographs: There is an enlarged urinary bladder and a stone in the urethra just cranial to the os penis. Sent out radiographs for consult and they reviewed the post operative radiographs. Sent a request for addendum and has not answered yet. CBC- WBC 21.55, NEU 18.98, EOS 0.02, NEU% 88.1, LYM% 6.2, EOS% 0.1, MCV 59.1, MPV 7.6 Chemistry- CRE 0.3, IP 7.6, TCHO >450, ALT 259, ALP 223 EPOC- CREA <0.31 After reviewing diagnostics, Recommend that we take patient to emergency surgery for cystotomy and possible PU and keeping patient in hospital for 48 hours Radiologist Report: Conclusion 1. Free gas and free fluid noted in the abdomen along with ventral soft tissue thickening and subcutaneous gas. This most consistent with recent surgery. Correlate with the history. 2. No urethral calculi are identified. 3. Loss of detail noted in the retroperitoneal space along with enlarged kidneys are most consistent with hydronephrosis secondary to obstruction and concurrent retroperitoneal effusion. Addendum 8/16/2023 8:58:19 PM Addendum Added: Four whole body radiographs dated Aug 15, 2023. The heart is unremarkable. The pulmonary vessels are normal. The great vessels are unremarkable. The mediastinum is normal. There is mild bronchial pattern noted throughout the lungs. The liver, spleen and G.I. tract are unremarkable. The kidneys are difficult to evaluate. The urinary bladder is distended. Multiple very small stones noted in the neck of the urinary bladder. However, there is a urethral calculi noted in the distal urethra proximal to the os penis. Three abdominal radiographs compared to previous dated August 15, 2023. There is free gas and free fluid noted in the abdomen. There is thickening of the ventral subcutaneous tissues and subcutaneous gas is noted. The liver is unremarkable. The spleen is normal. There is loss of detail noted in the retroperitoneal space and the kidneys appear subjectively enlarged. The urinary bladder is within normal limits first size. There is centralized gas noted any urinary bladder. The previously noted cystic and urethral calculi are no longer present. No aggressive osseous lesions identified. The included thorax is unremarkable. 1. Free gas and free fluid noted in the abdomen along with ventral soft tissue thickening and subcutaneous gas. This most consistent with recent surgery. Correlate with the history. 2. One urethral stone and multiple very small cystic calculi noted. These are not noted in the sequential study date Aug 16, 2023. No cystic calculi are noted. 3. Loss of detail noted in the retroperitoneal space along with enlarged kidneys may represent hydronephrosis secondary to obstruction and concurrent retroperitoneal effusion. Superimposition is considered less likely. Bile acid pre-sample Feed a fatty meal (A/D recovery) - patient vomited twice following Bile post sample (2 hours later) > 274mg/dL Bile acids suggestive of liver dysfunction and possible shunt. Recommend CT

**BREED** Maltese Mix

**SEX** MI

**AGE** 16 Weeks

**INTERPRETED BY** Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

**HOSPITAL NAME** Animal Emergency Hospital Volusia

**REFERRING VET** Dr. Carver

**COMPUTED TOMOGRAPHY OF THE ABDOMEN**

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

**INVOICE 59791 COMPUTED TOMOGRAPHIC FINDINGS**

A small volume of free peritoneal gas is appreciated. The ventral abdominal wall presents evidence of preceding celiotomy via the midline.

**DATE** 8-17-23 Both kidneys present within normal limits for size, shape and organ architecture. A small 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. Contrast media is appreciated in the urinary bladder in the plain CT series with a convex shaped filling defect - history of



**PATIENT** preceding CT scan and cystotomy.

Simon Stauber 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.

**SPECIES**

Canine

Originating from The right gastric vein is significantly dilated and can be appreciated along the minor curvature of the stomach. Level with the orifice of the gastroduodenal vein in the caudal vena cava, a ring like vascular loop is seen, formed by between the pancreaticoduodenal and right gastric vein. 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 4.4 mm in diameter. The portal vein cranial to the orifice of the gastroduodenal vein presents an abrupt, significant decreased diameter (<1.4 mm). The intrahepatic branches of the portal vein are thin and can only appreciated up to the first order vessels.

**BREED**

Maltese Mix

**SEX**

MI

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.

**AGE**

16 Weeks

The bony and surrounding soft tissue structures reveal no abnormalities.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

- Single congenital extrahepatic portosystemic shunt, right gastric vein to caudal vena cava (right gastric shunt)
- Bilateral mild nephrolithiasis without signs of mechanical obstruction
- Left sided mild nephrocalcinosis
- Preceding celiotomy with secondary pneumoperitoneum

**HOSPITAL NAME**

Animal Emergency  
Hospital Volusia

**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).

**REFERRING VET**

Dr. Carver

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.

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**REFERRING VET**

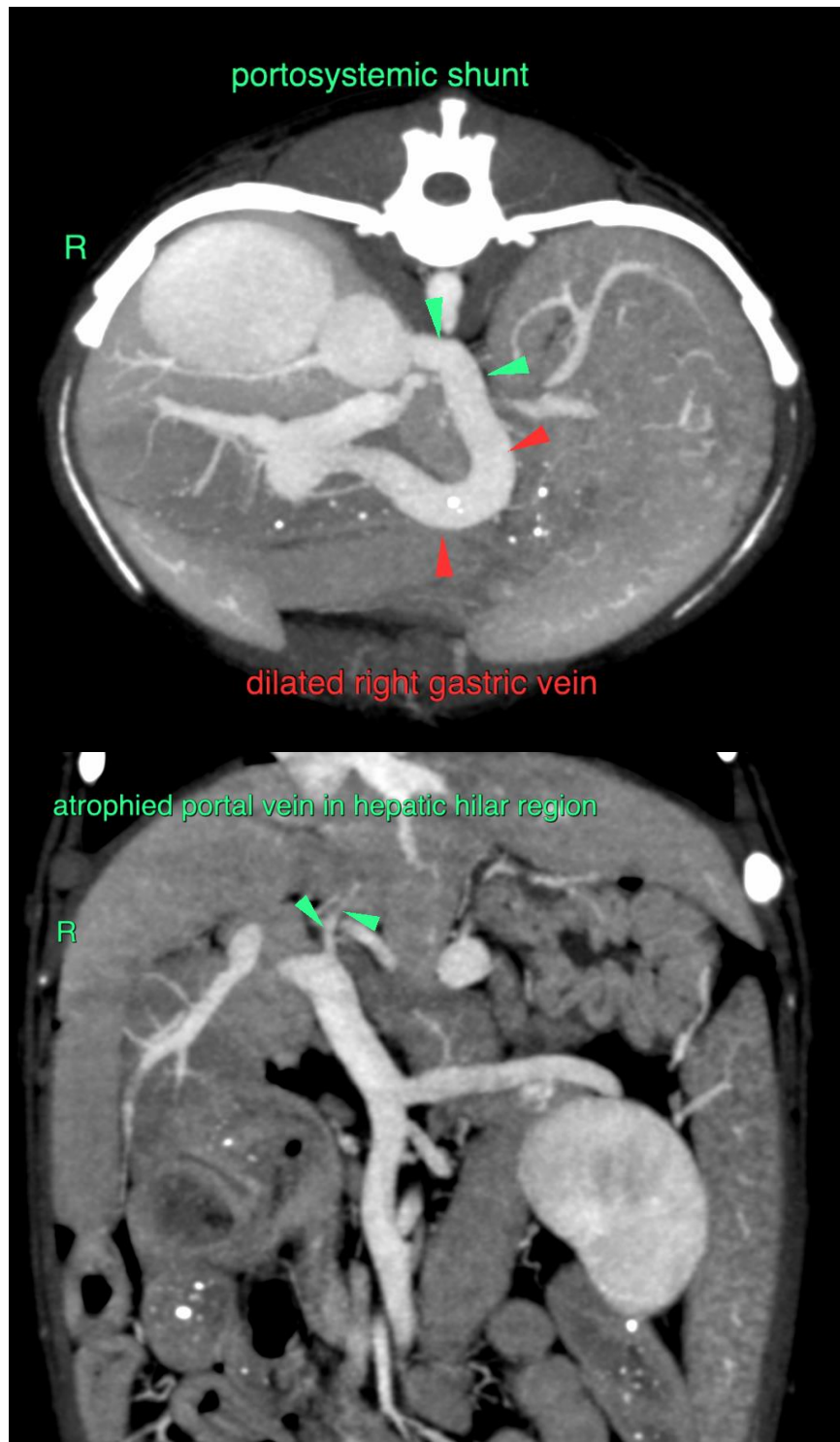
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**PATIENT**

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**SPECIES**

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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.

**BREED**

Maltese Mix

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)

**SEX**

MI

**AGE**

16 Weeks

**INTERPRETED BY**

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Dr. med. vet. DipECVDI

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