



PATIENT PRESENTING CLINICAL SIGNS

Keira Payne

P PRESENTED AS A TRANSFER FOR HYPOGLYCEMIA, 1MTH AGO P BEGAN HAVING EPISODES OF DISORIENTATION, O GAVE HONEY AND P PERKED UP, P HAD THEN BEEN SEEN AND HAD BLOOD WORK THAT SHOWED ELEVATED LIVER ENZYMES ALONG WITH A LOW BG, SINCE THEN P HAS BEEN BATTLING LOW BLOOD GLUCOSES. P CONTINUES TO HAVE EPISODES OF CONFUSION, ATAXIA, AND RUNNING INTO WALLS.. HONEY HAS HELPED BUT O STATES P IS GETTING WORSE.. P HOSPITALIZED YESTERDAY, Abnormal PE/Chem/CBC/UA Results: BLOOD WORK SHOWS: HIGH WBC COUNT(BASOPHILS AND NEUTROPHILS), HIGH LIVER VALUES, HIGH BILE ACIDS. AND HIGH AMMONIA. BLOOD GLUCOSES HAVE NOT BEEN CONSISTENT DURING THE PAST 24HRS BG PRIOR TO CT WAS 30MG/DL.

SPECIES

Canine

BREED

Miniature Pinscher

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

SEX

A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

Female

COMPUTED TOMOGRAPHIC FINDINGS

AGE

Skull

6 Months

The tooth elements 106 & 206 are absent.

INTERPRETED BY

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

HOSPITAL NAME

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The right external ear canal contains a mild amount of non-contrast enhancing soft tissue material and the epithelial lining is irregular.

Animal Emergency
Hospital Volusia

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

REFERRING VET

Kari Lemanski

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

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Thorax

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The bony and surrounding soft tissue structures are within normal limits.

DATE

The thymus is seen in the cranial mediastinum.

8-18-21

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery



PATIENT as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

Keira Payne

The lung parenchyma presents the expected architecture and attenuation behavior.

SPECIES Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Canine

Abdomen

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

Miniature Pinscher

The volume of the right kidney is moderately reduced, and the margins of the right kidney are irregular. The right renal pelvis is mildly dilated, measuring approximately 5 mm in width. The right ureter is mildly distended in the distal segment, measuring 1.5 mm in diameter. The right vesicoureteral junction cannot be clearly visualized. The left kidney is normal in size and shape. The left ureter is normal in size and shaped, and the left vesicoureteral junction is approximately 6 mm cranial to the vesicourethral junction. After contrast administration a bilaterally symmetric and uniform nephrogram is noted. Contrast media can be appreciated in the urethra and the vagina.

SEX

Female

AGE

6 Months

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

INTERPRETED BY

Sebastian Schaub, DVM
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The hepatic volume is moderately increased, and the gastric axis is oriented cranially.

A mild amount of mineral attenuating gravity dependent material is visible in the gallbladder.

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Contrast enhancement of the portal vein is limited, and multiple streak artefacts are appreciated. The right gastric vein along the small curvature of the stomach is moderately dilated and an abnormal vessel is originating from the right gastric vein, level with the dorsal aspect of the fundus, coursing caudally and medial and draining to the caudal vena cava from the left. The abnormal vessel is measuring 6 mm in diameter. The intrahepatic branches of the portal vein cannot be appreciated.

REFERRING VET

Kari Lemanski

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

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- Single congenital extrahepatic portosystemic shunt, right gastric vein to caudal vena cava (right gastric shunt)
- Secondary microhepatica
- Right sided chronic nephropathy
- Right sided moderate pyelectasia and hydroureter
- Undefined level of the right vesicoureteral junction and contrast in the vagina and urethra
- Right sided otitis externa
- Absent triadan 106&206
- Mineralized biliary sludge without evidence of obstruction



PATIENT

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- Normal brain
- Normal thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

The CT study is consistent with a right gastric shunt. The shunting vessel is originating from the dilated right gastric vein – approximately in the proximal third of the fundus of the stomach – bending caudomedially and draining to the caudal vena cava. Surgical intervention for shunt closure- using a progressive slow closure technique (e.g., ameroid constrictor, cellophane band) is the therapy of choice. The finding explains the described clinical signs. Dietary and medical management – including gastric protection therapy – is indicated till functional shunt closure.

BREED

Miniature Pinscher

There is evidence of right sided chronic renal changes which can be secondary to chronic nephritis or congenital due to renal dysplasia. The right ureter is dilated in the distal segment and the level of the right vesicoureteral orifice is not seen. As there is contrast visible in the urethra and vagina ureteral ectopia is a potential here, although the dog might have urinated or has a lower sphincter tone secondary to general anesthesia. Check for history of urinary incontinence. Cystoscopy can be used as an advanced diagnostic test to rule in/out ureteral ectopia.

SEX

Female

AGE

6 Months

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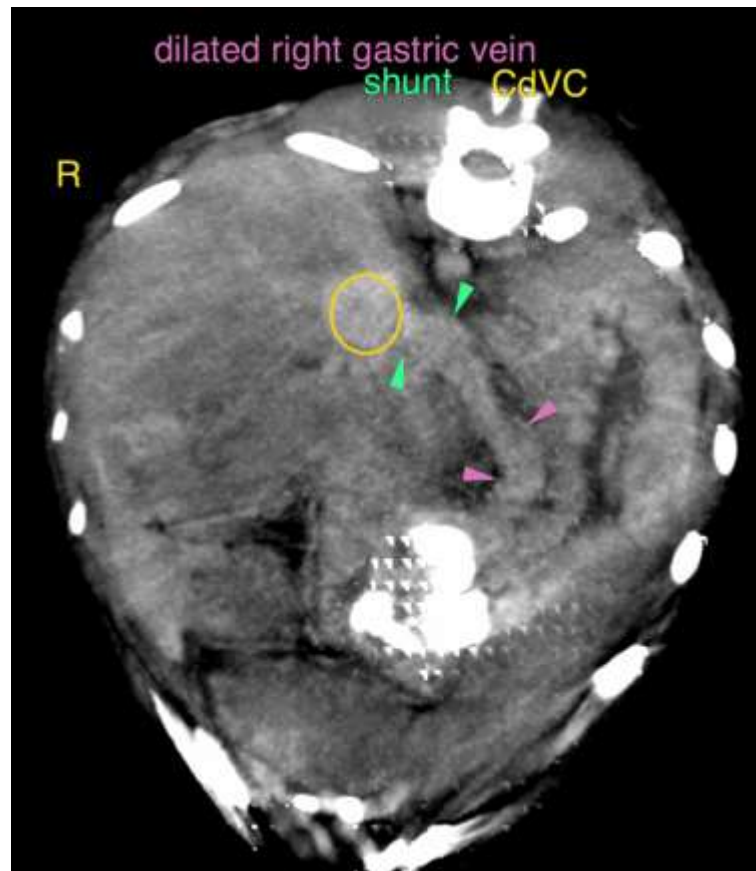
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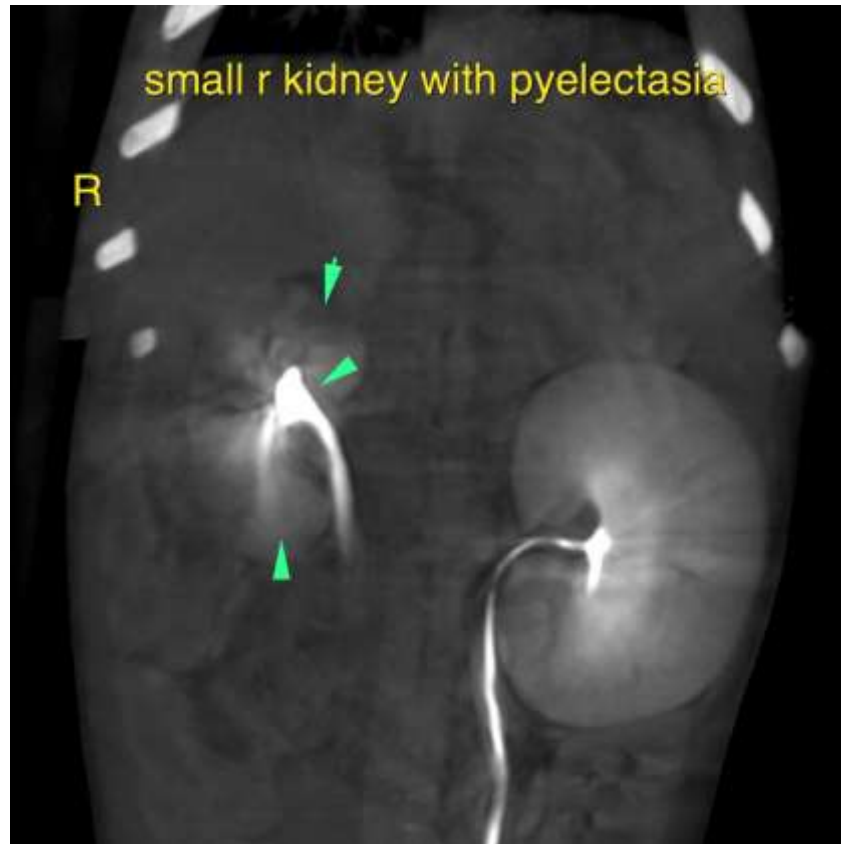
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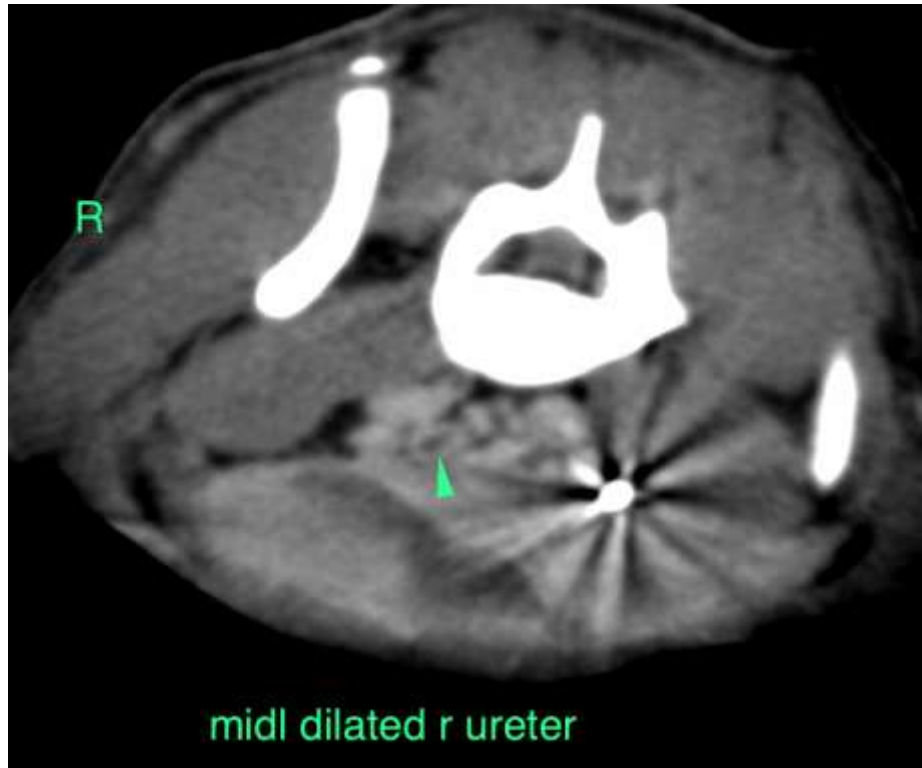
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com