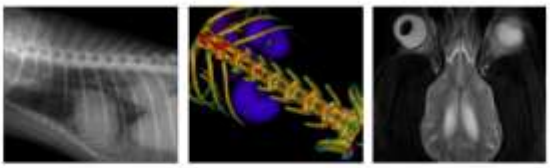


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Oliver Smith

SPECIES

Canine

BREED

Yorkie

SEX

MN

AGE

5

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Northeast Veterinary Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

47042

DATE

8-19-21

PRESENTING CLINICAL SIGNS

Presented for chronic intermittent vomiting/regurgitation and a history of urate bladder stones, low protein c, and elevated(>300) pre and pist bile acids
Abnormal PE/Chem/CBC/UA Results: Elevated alt/alp

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

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

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

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

Abdomen

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

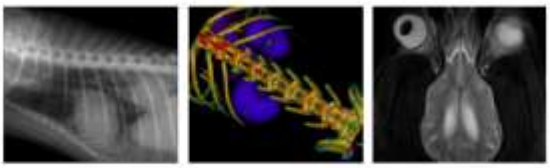
Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. A very mild amount of gravity dependent, sedimented unstructured material is seen on the dorsal urinary bladder wall.

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.

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

The right is moderately dilated and can be appreciated along the smaller curvature of the



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Oliver Smith

SPECIES

Canine

BREED

Yorkie

SEX

MN

AGE

5

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Northeast Veterinary Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

47042

DATE

8-19-21

stomach. The right gastric vein is forming an anastomosis level with the proximal third of the gastric fundus with an anomalous vessel originating from the splenic vein draining the cranial extremity of the spleen. An abnormal vessel is originating from the level of the anastomosis coursing medially and mildly dorsally draining to the caudal vena cava from the left, cranial to the left renal vein, the diameter level with the caudal vena cava of the abnormal vessel is 4.4 mm.

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.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

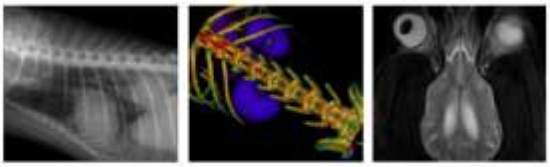
- Congenital single extrahepatic portosystemic shunt, right gastric vein to caudal vena cava
- Arcade formation between the splenic vein of the cranial extremity of the spleen and right gastric vein
- Very mild bladder sand – likely ammonium urate
- Structural normal thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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; an arcade with to the splenic vein is visible. Surgical intervention for shunt closure- using a progressive slow closure technique (e.g. ameroid constrictor, cellophane band) is the therapy of choice. Dietary and medical management – including gastric protection therapy – is indicated till functional shunt closure.

SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com

1-800-838-4268 info@sonopath.com

PATIENT

Oliver Smith

SPECIES

Canine

BREED

Yorkie

SEX

MN

AGE

5

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

REFERRING VET

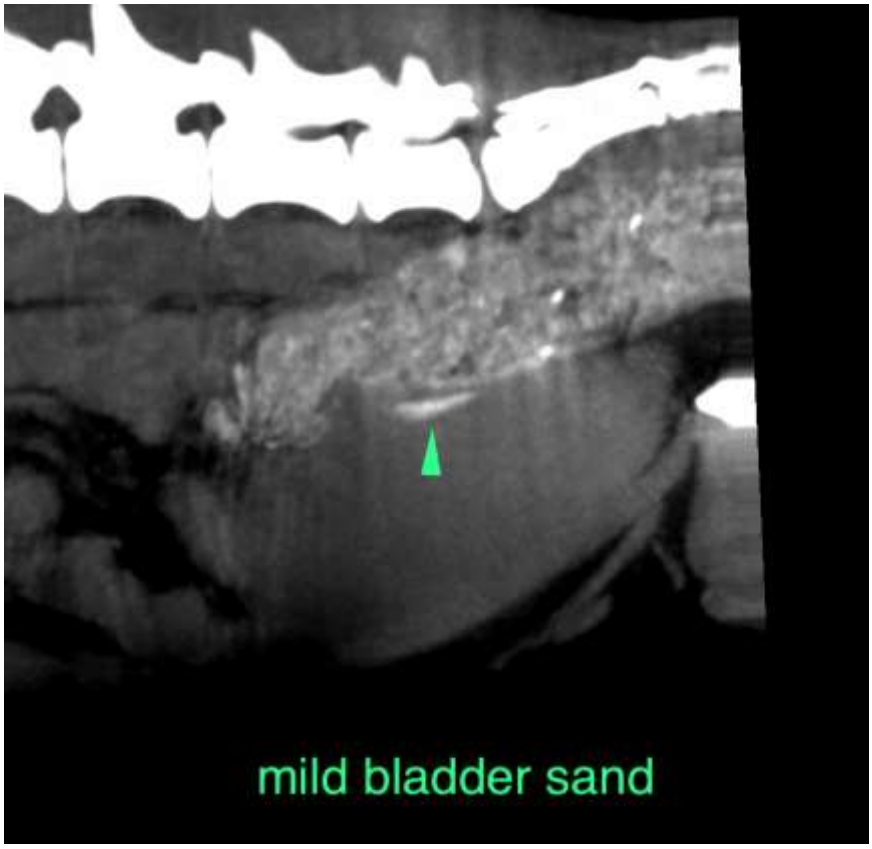
Dr. Runde

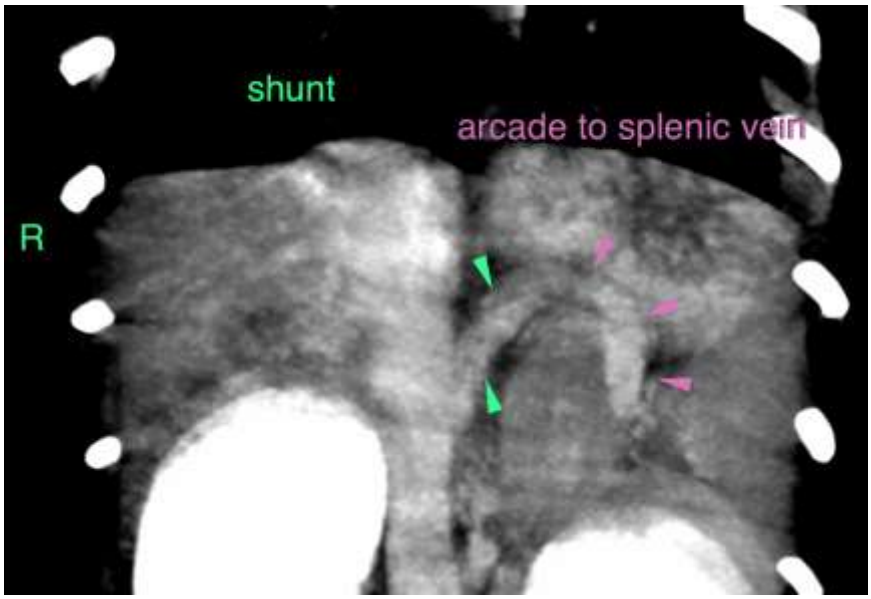
INVOICE

47042

DATE

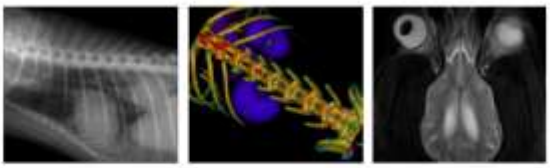
8-19-21





SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Oliver Smith

SPECIES

Canine

BREED

Yorkie

SEX

MN

AGE

5

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Northeast Veterinary Referral Hospital

REFERRING VET

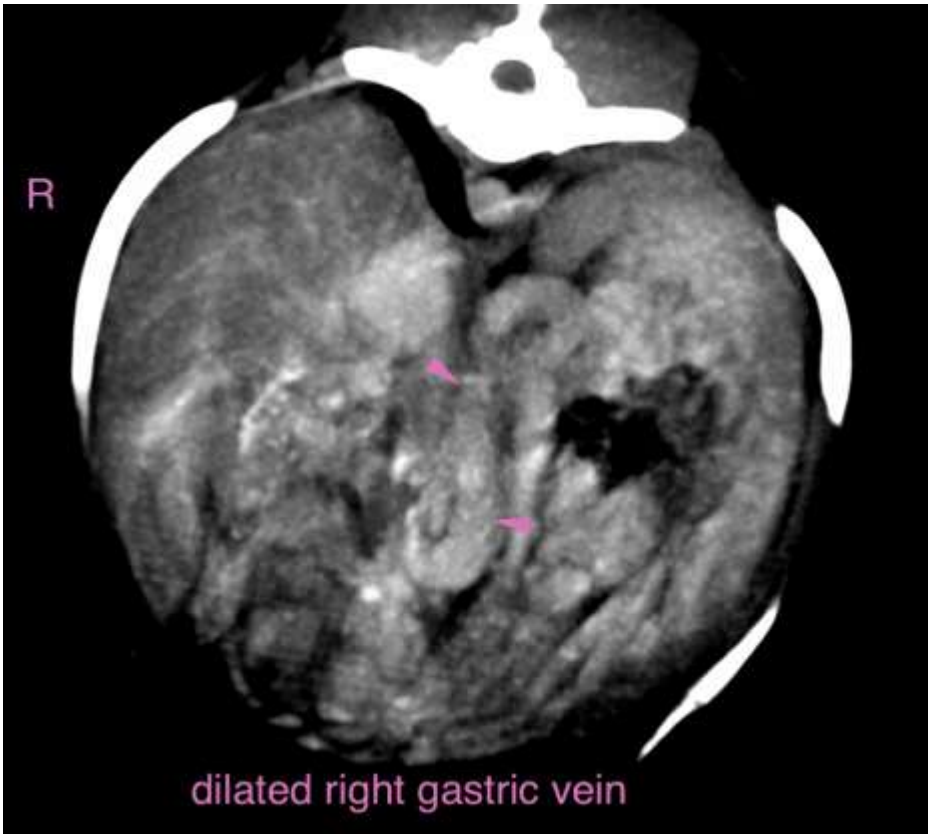
Dr. Runde

INVOICE

47042

DATE

8-19-21



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