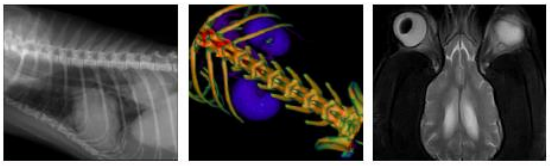

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Astor Stevens

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

2 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging CFL

REFERRING VET

Meaux

INVOICE

12767

DATE

8/26/21

PRESENTING CLINICAL SIGNS

History: Hx of urate uroliths, elevated bile acids. No evidence of liver shunt on abdominal ultrasound. Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. A separate left and right caudal vena cava of the prerenal segment is visble.

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, left >right. 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.

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

The hepatic volume is mildly decreased and the gastric axis is steep. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

The left gastric vein is moderately dilated, presenting a greater diameter than the portal vein at the same level. Originating from the left gastric vein, an anomalous vessel – measuring approximately 4.5 mm in diameter – is visible extending cranially beyond the stomach between the left liver lobes up to the level of the diaphragm. Level with the diaphragm the anomalous vessel drains to a dilated phrenic vein. The intrahepatic portal branches can be seen up to the third order vessels.

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, left gastric to phrenic vein (portophrenic shunt)
- Mild nephrolithiasis without evidence of obstruction

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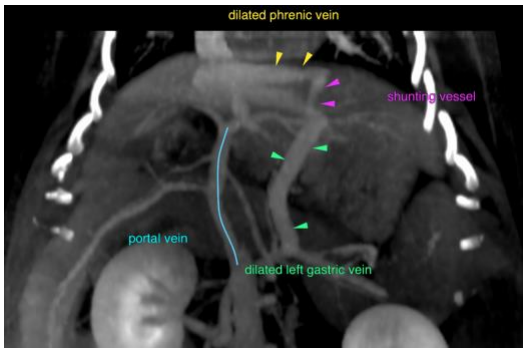
- Double caudal vena cava, prerenal segment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are compatible with a single congenital extrahepatic portosystemic shunt – porto-phrenic shunt originating from the left gastric vein. The intrahepatic portal vasculature is well-developed which can be a cause for the relative late onset of clinical signs.

Surgical/interventional closure technique of the shunting is the therapy of choice. An immediate closure of the shunting vessel may be possible after manual compression of the shunting vessel to check for development of signs for portal hypertension.

The nephrolithiasis is likely a sequela to the portosystemic shunt with ammonium-urate deposition.



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