



PATIENT PRESENTING CLINICAL SIGNS

Chanel Rescue
SPECIES
 Canine
BREED
 Golden Retriever

Severe neurologic signs (non-responsive & comatose after a nail trim at groomer-was normal when O picked up, but drooling a lot and on her side once in car possibly trembling and non-responsive) at exam at emergency veterinary clinic had abnormal NH3 values. No known toxins/ drug ingestion suspected at that time. Has been an unthrifty "quiet" puppy and small in stature. Neuro exam that day: laterally recumbent, absent menace OU, unable to stand/walk, absent CPs both forelimbs and delayed both hind, intact withdrawal x 4. Ddx: suspect portosystemic shunt. August 31 =normal physical exam.
 Abnormal PE/Chem/CBC/UA Results: NH3 severely elevated 390 (0-99) on Aug 15th at initial emergency exam. Also Total Protein, Albumin, Cholesterol, BUN & Creatinine decreased, ALT & Alk Phos elevated on bloodwork. Bile Acids also elevated at initial exam.

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

SEX COMPUTED TOMOGRAPHIC FINDINGS

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

AGE
 15 Weeks
 Both kidneys present an increased volume and are within normal limits for shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

HOSPITAL NAME
 Casselton Vet Service
 The hepatic volume is mild to moderately decreased, the gastric axis is oriented cranially. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

The portal vein presents a normal order of its tributary veins. The left intrahepatic branch of the portal vein presents a short anomalous connection to a dilated left hepatic vein; the anomalous short vascular loop is measuring approximately 8.5 mm in diameter.

REFERRING VET
 Laurie Huckle
 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
 53864
 The bony and surrounding soft tissue structures reveal no abnormalities, the growth plates are age related open.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- DATE**
 8-31-22
- Single congenital intrahepatic left divisional portosystemic shunt
 - Secondary renomegaly
 - Secondary microhepatica



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BREED

Golden Retriever

SEX

Female

AGE

15 Weeks

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Casselton Vet Service

REFERRING VET

Laurie Huckle

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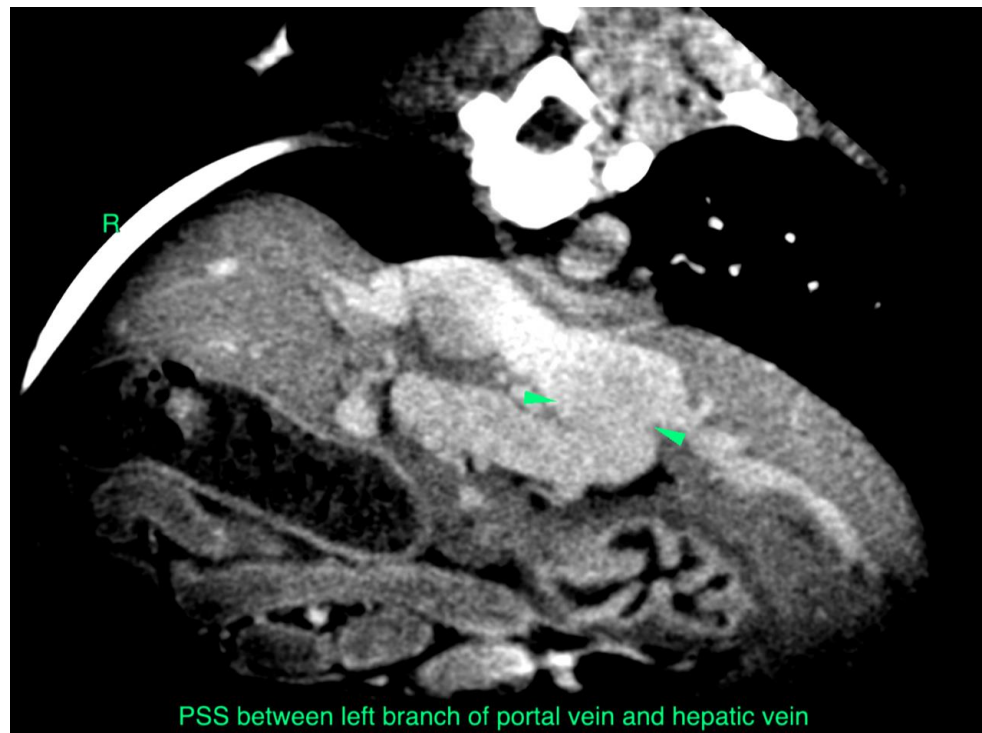
DATE

8-31-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with a congenital left divisional single intrahepatic portosystemic shunt connecting the left branch of the portal vein to a secondary dilated left hepatic vein. Hepatic encephalopathy is a plausible cause for the neurological clinical signs.

Either an intervention or surgical by a slow progressive closure technique (amerooid constrictor, coil embolization) is the therapy of choice. Empirical treatment until surgery along with feeding of a hepatic diet is recommended.



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.

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