



PATIENT PRESENTING CLINICAL SIGNS

Cedric Jensen Previous urinary obstruction with struvite crystals. Cystotomy performed September 19 with bilateral cryptorchid neuter at the same time. Has been having marked seizures since.
 Abnormal PE/Chem/CBC/UA Results: Elevated bile acids - pre 31, post 64 - sept 22 MRI showed metabolic vs lack of oxygen

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE ABDOMEN

A pre- and post-contrast CT study of the abdomen in a bone and soft tissue reconstruction is provided for review.

BREED

Shihtzu

COMPUTED TOMOGRAPHIC FINDINGS

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

SEX

MN

Both kidneys present a mild to moderate 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. A small amount of mineral attenuating material is attached to the mucosal lining of the urinary bladder.

AGE

10 Months

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.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

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

HOSPITAL NAME

Animal Health Partners

The portal vein cranial to the splenic vein presents a moderately decreased diameter. Originating from the caudal segment of the left gastric, an anomalous short vascular loops is bending dorsally and medially, draining to into the caudal vena cava from the left, cranial to the left renal vein. The anomalous vascular loop presents with a short isthmus before entering the caudal vena cava, measuring 3.6 mm in diameter. The intrahepatic branches of the portal vein can be appreciated up to the 3rd order vessels.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

REFERRING VET

Dr. Alison Little

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.

INVOICE

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Single congenital extrahepatic portosystemic shunt, left gastric vein to caudal vena cava (left gastric shunt)
- Secondary mild microhepatica
- Secondary renomegaly
- Small amount of mineralized material attached to urinary bladder wall

DATE

9-29-22



PATIENT

Cedric Jensen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with a congenital single extrahepatic portosystemic shunt left gastric vein to caudal vena cava. Hepatic encephalopathy is a potential cause for the neurological clinical signs.

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Surgical intervention by a slow progressive closure technique (ameroid constrictor, cellophane banding) is the therapy of choice. Empirical treatment until surgery along with feeding of a hepatic diet is recommended.

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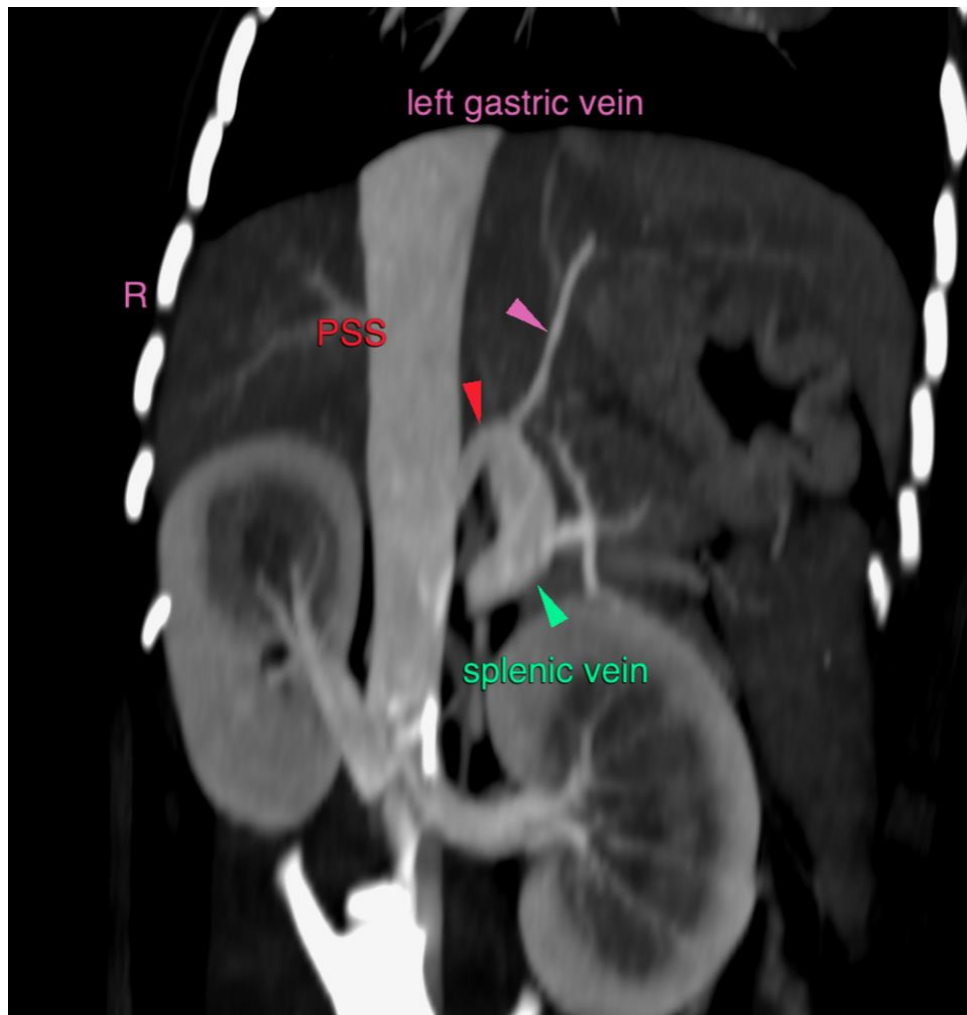
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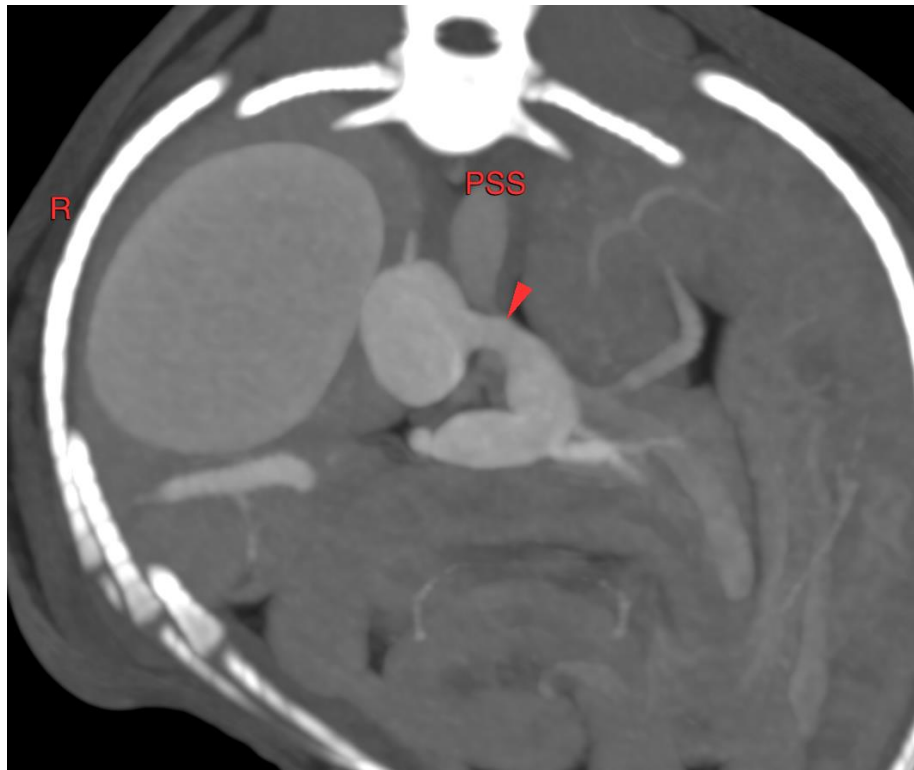
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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