

PATIENT DATA

OWNER NAME	L----	ANIMAL NAME	B---
BREED	PARSON TERRIER	NEUTERED	YES
BIRTH DATE		AGE	4 y
GENDER	F		
IDENTIFICATION		EXAM DATE	12 MAR 2018
ACCESSION NUMBER			
OPERATOR			
EXAM DESCRIPTION	ABDOMINAL		
PERFORMING PHYSICIAN	GEMMA O DONOGHUE	REPORT DATE	12 MAR 2018

ABDOMINAL CANINE**OBSERVATIONS**

Abdominal remarks	<p>The liver revealed significant microhepatica with parenchymal changes of minor mixed echogenic nodules. The gallbladder and common bile duct were unremarkable. The vena cava was enlarged measuring 1.4cm. A large extrahepatic portosystemic shunt was identified. The contour of the shunt was most consistent with a gastrocaval shunt. The shunt appears to initiate in the left gastric vein with a tortuous contour. The shunt courses ventrocaudally and then dorsally entering into the vena cava. The shunt measured 8mm in width. The residual portal vein measured 3.5mm.</p> <p>Some tortuous smaller vessels are also present, which likely represents secondary shunting as well as the primary shunting owing to parenchymal disease of liver. The spleen was a normal size with multiple ill-defined hypoechoic intraparenchymal nodules.</p> <p>Both kidneys were swollen, irregular in contour with mixed, echogenic cortical changes with pyelectasia. The adrenal glands were normal. The bladder was normal, no uroliths or sediment were identified.</p> <p>The gastrointestinal tract was normal. The pancreas revealed heterogeneous parenchymal changes with mild duct dilation. There was no evidence of active inflammation.</p>
Conclusions	<p>Extrahepatic PSS consistent with gastrocaval shunt. Concerning diffuse parenchymal disease and likely minor secondary shunting. There is potential for secondary portal hypertension when attenuation of the shunt occurs.</p> <p>Hypertrophied kidneys - secondary to PSS.</p> <p>Minor pancreatic remodelling.</p> <p>Undefined splenic nodules.</p> <p>Surgical consultation is recommended.</p> <p>Medical management includes</p> <ul style="list-style-type: none"> - hepatic diet with added high quality dairy/egg/soy based protein fed little and often. - oral lactulose to target 2/3 soft stools per day. - GI protectant if anorexic. - +/- SAME, ursodeoxycholic acid.
SIGNATURE	Gemma O'Donoghue MVB, MRCVS, BSAVA CERT SAM, PGC ESPVS CERT CARDIOLOGY, ANZCVS FELINE MEDICINE, PGC ESPVS CERT DI.

ATTACHED IMAGES



