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Simultaneous Congenital and Acquired Extrahepatic Portosystemic Shunts in a Cocker Spaniel

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Materials and methods: A 2-year-old, female, Cocker Spaniel dog was presented with a 4-day history of salivation, ataxia, dullness, and seizure after general surgery.

Results: The dog had a microcytic anemia, a mildly elevated liver enzyme, low blood urea nitrogen (BUN), and a severely elevated fasting and postprandial serum bile acids.Radiographic and ultrasonic findings included microhepatica, decreased serosal detail and ascites.Based on above results, the dog was tentatively diagnosed to the hepatic encephalopathy (HE) and was treated with conventional therapy such as fluid therapy, antibiotics and enema.After 48 hours, the dog was stable, had a good appetite, and had a normal gait.At exploratory laparotomy an intraoperative mesenteric portogram was perforemed under the C-arm and an abnormal vessels were identified.A large anomalous vessel was identified arising the portal vein, at the level of the junction of the right renal vein and the caudal vena cava (CVC). In addition, multiple collateral vessels were present coursing between the portal vein and the left renal venous branches of the CVC.But portal venous pressure wasn't measured.After surgery, the dog didn't recover and was euthanized.

Clinical relevance: This patient is unusual due to combination of congenital shunts and portal hypertension with acquired shunts.But we believe that the best explanation is a combination of congenital extrahepatic shunts and either idiopathic noncirrhotic portal hypertension or intrahepatic portal vein hypoplasia.

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