Shunt types:
- Shunts used to treat hydrocephalus (malfunction can be life threatening):
  - Ventriculo-peritoneal (VP)
  - Ventriculo-artrial (VA)
  - Ventriculo-pleural (VPI)
- Neonatal devices to treat intraventricular hemorrhage (patient may need evaluation if less than 2yo for the development of hydrocephalus):
  - Ventriculo-subgaleal (VSG)
  - Ventricular reservoir / access device (VAD)
- Cranial shunts not used to treat hydrocephalus (malfunction is not life threatening and can be treated on an outpatient basis):
  - Subdural-peritoneal (SDP)
  - Cysto-peritoneal (CP)
- Spinal shunts (malfunction is not life threatening and can be treated on an outpatient basis):
  - Lumbo-peritoneal (LP)
  - Syringo-pleural (SP)
  - Syringo-subarachnoid (SSA)

Timing of previous imaging in relationship to prior malfunction is critical to identify. If most recent prior imaging was obtained immediately prior to a malfunction, new imaging may not show “enlargement” of ventricles comparatively because the current imaging also represents a shunt malfunction. Consult Neurosurgery.

Slit or dysmorphic ventricles may not change in size when exposed to increased intra-cranial pressure. If the CT or MRI radiology report states slit or dysmorphic ventricles and shunt malfunction is suspected based on the patients signs and symptoms, consult Neurosurgery.