



PATIENT PRESENTING CLINICAL SIGNS

Juniper Ramirez History of seizure two weeks ago. Pre Meal Bile Acids 23.0 < 13 umol/L HIGH Post-Meal Bile Acids 29.2 < 25 umol/L HIGH Ammonia test normal.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are mostly anechoic. No cystic calculi are observed.

Poodle

The left kidney is normal in size (7.06 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

SEX

Female

The right kidney is subjectively normal-in-size with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

7 mos

Adrenal Glands

WEIGHT

The left adrenal gland is normal in size (0.64 cm at cranial pole) (0.52 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

42.2 lbs

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

INTERPRETED BY

Andrea Nicastro, DVM,
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Spleen

The spleen is normal in size (1.65 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

IMAGING PERFORMED BY

Dr. Nader Shafik

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

HOSPITAL NAME

Kew Gardens AH

The gallbladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

REFERRING VET

Dr. Nader Shafik

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

DATE

3-25-26

Lymph Nodes

At least one prominent mesenteric lymph node is visualized (measuring 2.13 x 1.13 cm). A prominent lymph node is also observed at the aortic trifurcation (measuring 1.05 x 0.41 cm).



PATIENT

Juniper Ramirez

Free Abdomen

There is no obvious evidence of free fluid.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.

BREED

Poodle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the normal blood ammonia level and minimal elevation in serum bile acids, a congenital portosystemic shunt is considered an unlikely cause of the patient's seizures and other etiologies should be sought. Consider repeating serum bile acids in 4-6 weeks to assess for persistent elevation.

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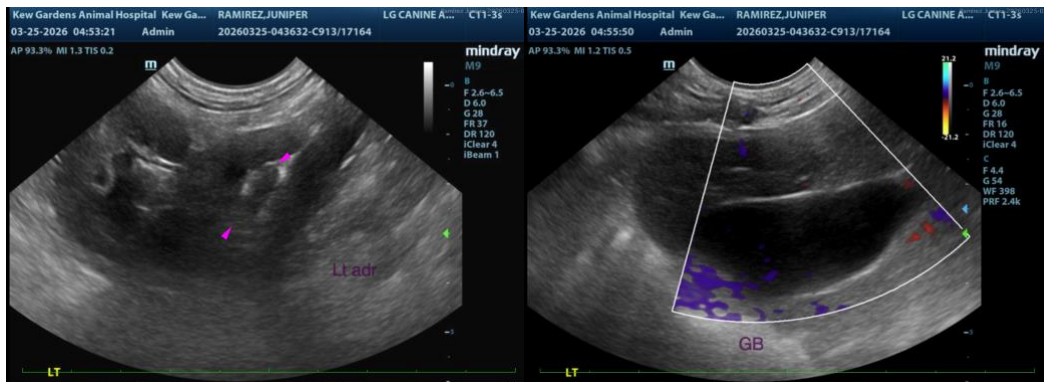
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SPECIES

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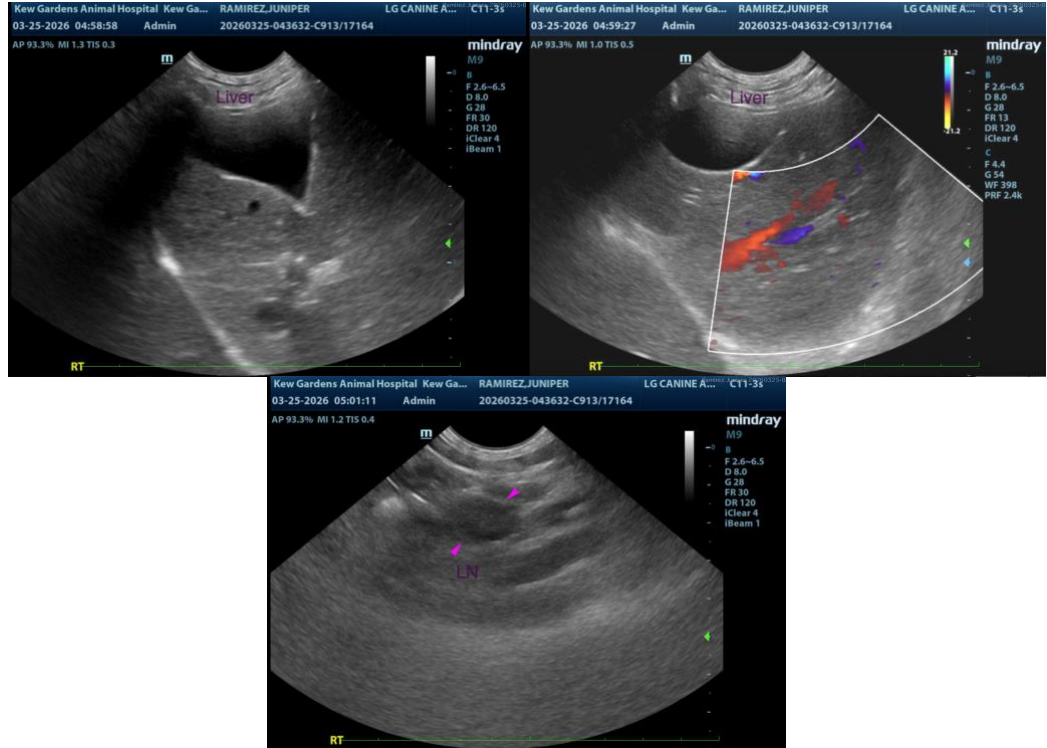
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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