



**PATIENT**

Pancho Haynes

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Neutered Male

**AGE**

5 years

**WEIGHT**

48 lbs

**INTERPRETED BY**

Andrea Nicastro,  
DVM, Diplomate  
ACVIM (Small Animal  
Internal Medicine)

**IMAGING  
PERFORMED BY**

Dr. G. Ferrer, DVM

**HOSPITAL NAME**

Paseos Vet Ctr

**REFERRING VET**

Dr. Gabriel Ferrer

**INVOICE**

10806

**DATE**

4/27/22

**PRESENTING CLINICAL SIGNS**

History: Presented for evaluation of seizures. Pt has a history of having one seizure in August of 2021. Two days ago pt had several clusters of seizures and end up at the Emergency Clinic and BW was done and started loading dose with Keppra IV and the oral gabapentin. The EC was worried about possible PSS as they wanted to evaluate for ammonia levels. Pt is currently on Gabapentin 200 mg BID. Pt has not had any more seizures since the cluster.

Abnormal PE/Chem/CBC/UA Results: PE: No major abnormalities noticed except for dental disease and overweight. Neurological exam was WNL. BW: CBC: WNL Chemistry: 368 (110-320 mg/dL) 4DX: all neg Thoracic rads: unremarkable TT4: 4.4 (0-4) U/A: USG: 1.045, Protein 1+RBCs: 57/ul, Blood 3+, Cocci 1+ Pending; Bile acids and ammonia level.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.97 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (6.42 cm in length); normal shape and architecture with 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 hydronephrosis.

The right kidney presented normal size (6.16 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.38 cm at cranial pole) (0.49 cm at caudal pole) (2.50 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.06 cm at cranial pole) (0.45 cm at caudal pole) (2.72 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (1.82 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.

**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. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

#### ***Gastrointestinal***

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

#### ***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.

#### ***Free Abdomen***

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

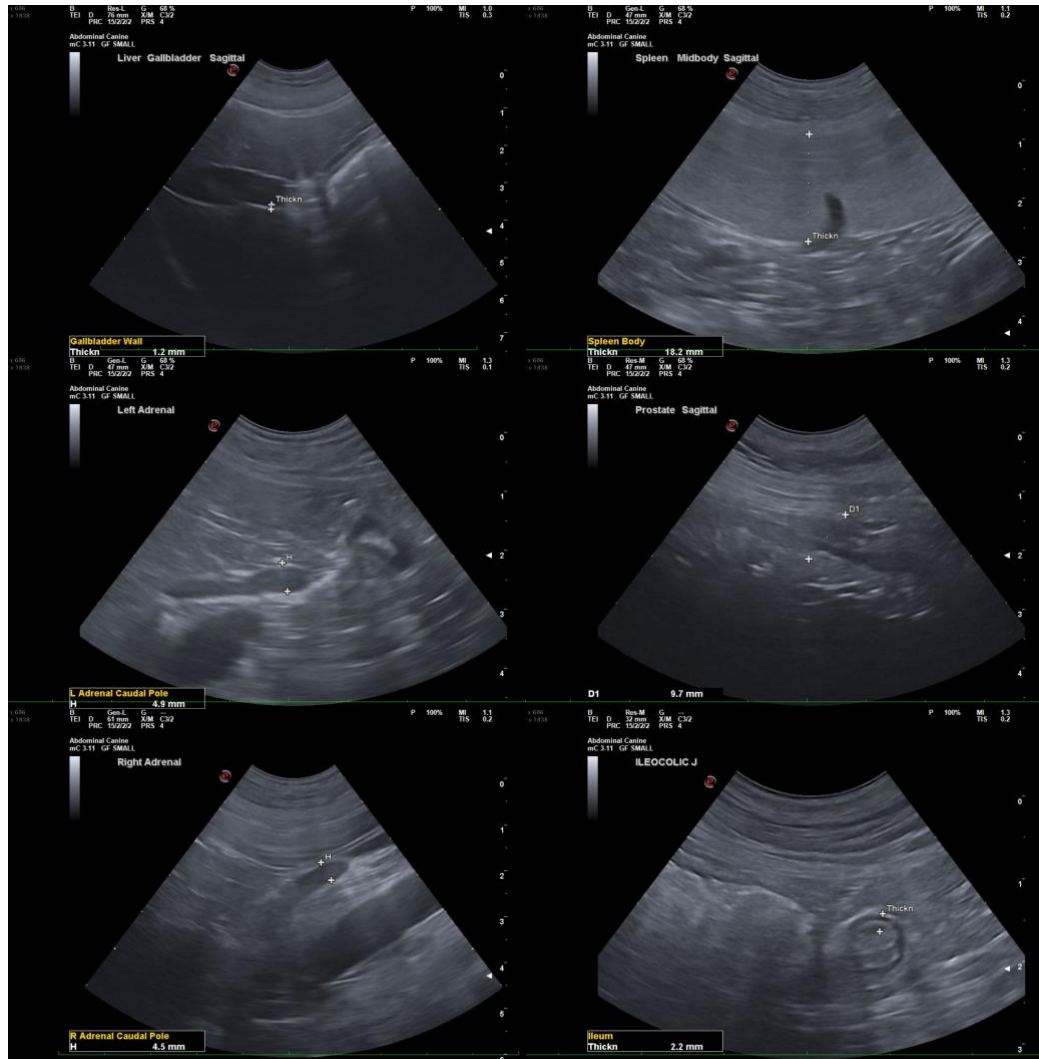
### **ULTRASONOGRAPHIC FINDINGS**

#### **Primary Findings**

- Unremarkable abdomen. Given the normal hepatic size, a congenital portosystemic shunt is considered less likely. However, correlation with the patient's serum bile acids and blood ammonia level is recommended.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the patient's serum bile acids and blood ammonia levels are elevated, consider a contrast abdominal CT scan to further evaluate for a portosystemic shunt +/- a surgical liver biopsy. If values are normal, consider a consultation with a board-certified neurologist.



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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