



PATIENT

Gracie Rose Wertz

SPECIES

Canine

BREED

White Maltipoo

SEX

Spayed Female

AGE

15 Months

WEIGHT

6 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Danni Shemanski

HOSPITAL NAME

Western New York
Victor Vet Care

REFERRING VET

Dr. Bella DeGelorm
Victor Vet Care

INVOICE

12274

DATE

11/14/25

PRESENTING CLINICAL SIGNS

Several seizures since December 2024. Normal chemistry panel, abnormal bile acids. R/O PSS vs MVD for cause of seizures. CLINICAL SIGNS: Seizures began in the fall of 2024 and initially suspected to be related to flea/tick medication. Advantix was tried and caused a severe skin reaction (pruritus for 7-10 days). Seizures continued after discontinuation of ectoparasite prevention and occur approximately once per month; Owner describes grand mal (rigid, unable to stand, raises one leg), lasting about one minute. There is no consistent trigger, such as occurring after meals. She does have a post-ictal phase ~10-20min NO ptialism, NO disorientation, NO head pressing, NO lethargy, NO postprandial stupor and NO vomiting and NO PU/PD, Normal stools MEDICATIONS: Zonisamide lactulose

Abnormal PE/Chem/CBC/UA Results: Recent blood work showed elevated bile acids. Pre-prandial was 13.4, and post-prandial was 50. BUN, ALB, ALP, ALT normal. GLU mildly elevated at 125mg/dL; CBC WNL but no stress leukogram. Intestines: Appear mild prominent, which may suggest some underlying intestinal pathology. Ammonia levels and Protein C not performed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, urine mineral, calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of renomegaly or calculi. The left kidney measured 3.1 cm in length. The right kidney measured 3.1 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.30 cm width at the caudal pole.

No obvious pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal to adequate hepatic vascular volume. The portal vein was indistinctly visualized exhibiting subjective normal volume with an approximate 1:1 ratio compared to the aorta.



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

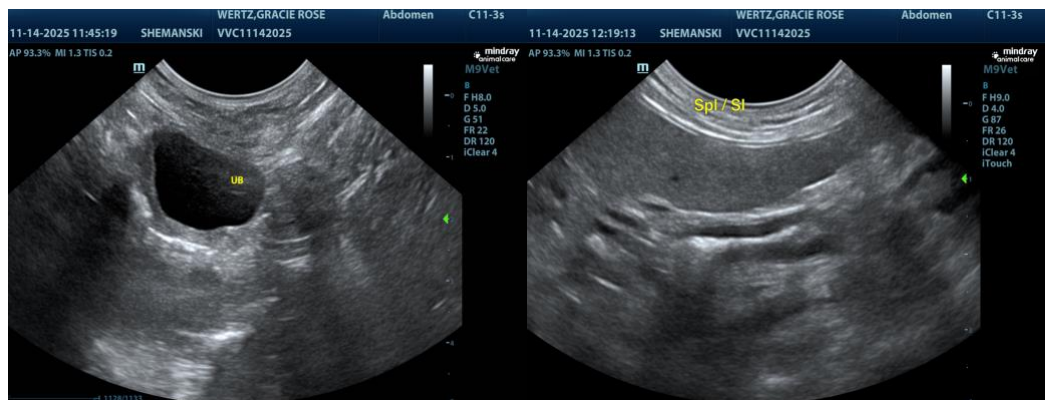
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable normal volume liver.
- Normal gallbladder.
- Normal kidneys and urinary bladder- no evidence of renal or urinary bladder mineral/calculi.
- Gastric ingesta- consistent with food echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive intrahepatic or extrahepatic macroscopic shunt was not visualized. No sonographic evidence of primary hepatic parenchymal disease in conjunction with normal hepatic enzyme levels. Possible portal hypoplasia/microvascular dysplasia is not excluded. If significant elevated post prandial bile acid level greater than 80, intra-cranial and abdominal gold standard CT with contrast is recommended. Hepatogastrointestinal support is recommended.





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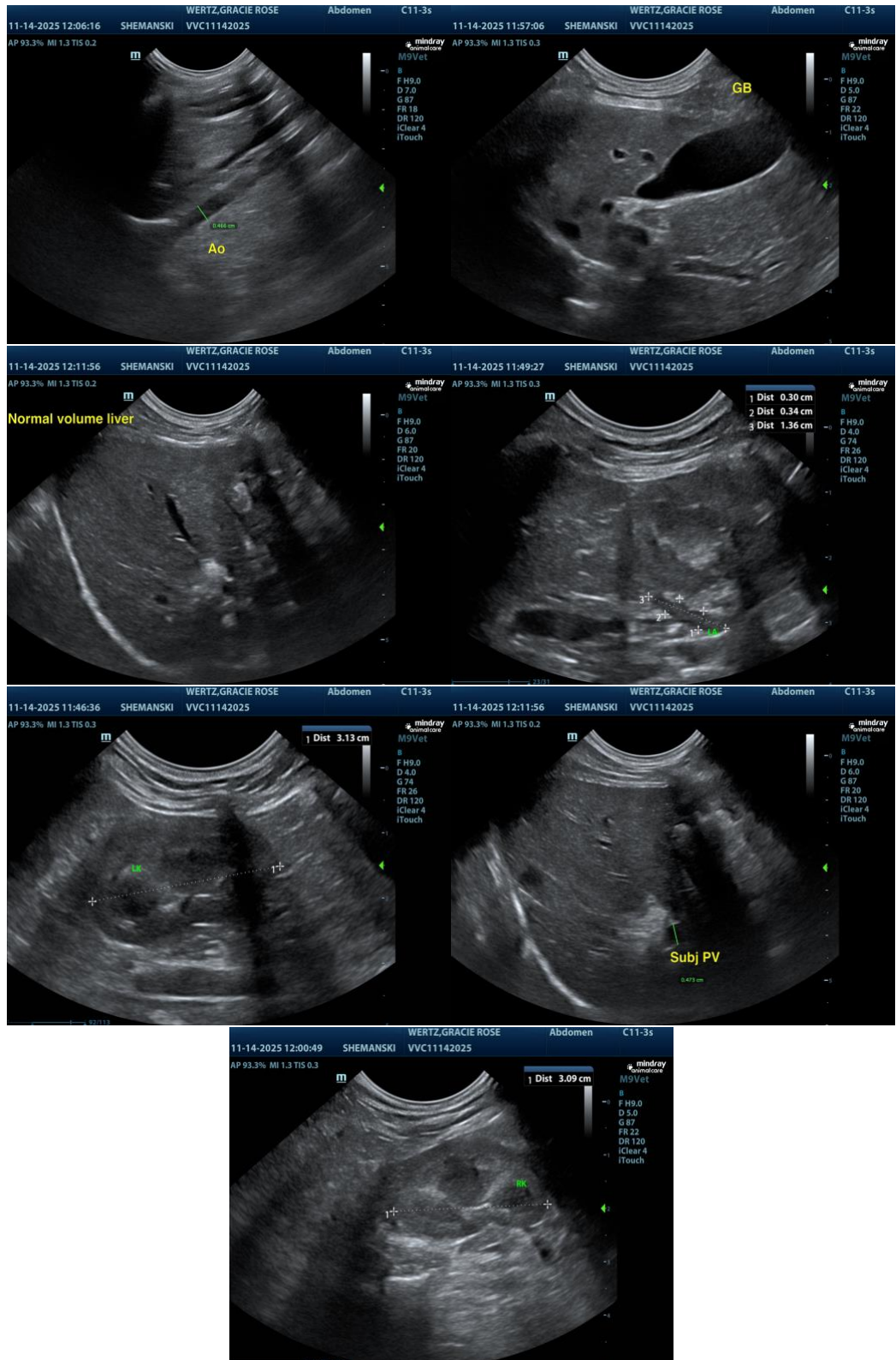
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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