Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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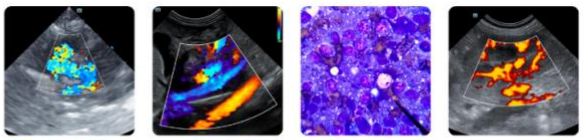

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Bodie Harklau

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

Jan 12, 2016

WEIGHT

Not Provided

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

BluePearl Summerville ER

REFERRING VET

Dr Natalie Wasiak

INVOICE

22382

DATE

1-15-2026

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:
Attitude: BAR, barking
Hydration: Adequate
BCS: 5/9
Pain: 0/4
MM/CRT: Pink/moist, 2s

EENT: Moderate dental calculus and gingivitis, no foreign objects or mass appreciated, no nasal or ocular discharge, right sided epistaxis noted after physical exam
PLNS: All peripheral LNs normal in size, soft, symmetric, and non-painful
CV: Very difficult to auscultate heart, regular rhythm (HR 100), femoral pulses strong and synchronous
RESP: Increased respiratory effort, bronchovesicular sounds increased in all lung fields
ABD: Soft, non-painful; cranial organomegaly, no palpable fluid wave
UG: Normal external genitalia
M/S: Normal ambulation, no evidence of lameness or muscle wasting
INTEG: Full hair coat; no alopecia, scale, erythema; no evidence of ectoparasites
NEURO: Normal mentation, normal CNs, no ataxia, normal CPs and withdrawal x4, no spinal or cervical pain noted
RECTAL: No palpable masses, anal glands mildly full, formed stool present

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.93 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (8.10 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (8.80 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.55 cm at cranial pole) (0.62 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.

The right adrenal gland is normal in size (0.72 cm at cranial pole) (0.50 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.

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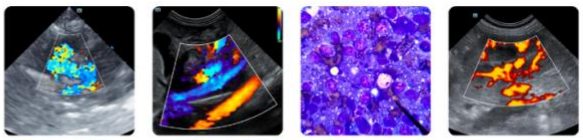

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Spleen

The spleen is normal in size (1.45 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 enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder is moderately distended. The wall is variably thickened (up to 0.39 cm), irregular, and hyperechoic-to-mineralized. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly to moderately-distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme (mild). 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.

Pancreas

The left limb and base are diffusely prominent-in-size, with slightly irregular peripheral contours. The parenchyma is heterogenous in appearance. The pancreatic duct is not overtly dilated. There is no obvious evidence of peripancreatic inflammation or effusion.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are most consistent with pancreatic parenchymal remodeling, +/- fibrosis. A prior episode of pancreatitis, resolving pancreatitis, or low-grade chronic pancreatitis are also possible. Pancreatic neoplasia is consideration, but it is lower on the differential list.

Secondary Findings

- The presence of ingesta in the gastric lumen despite fasting is suggestive of delayed gastric emptying.
- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy. However, correlation with the patient's liver values is recommended.
- Gallbladder wall changes are suggestive of cholecystitis. Mineralization of the gallbladder wall can, in rare instance, be associated with biliary carcinoma.

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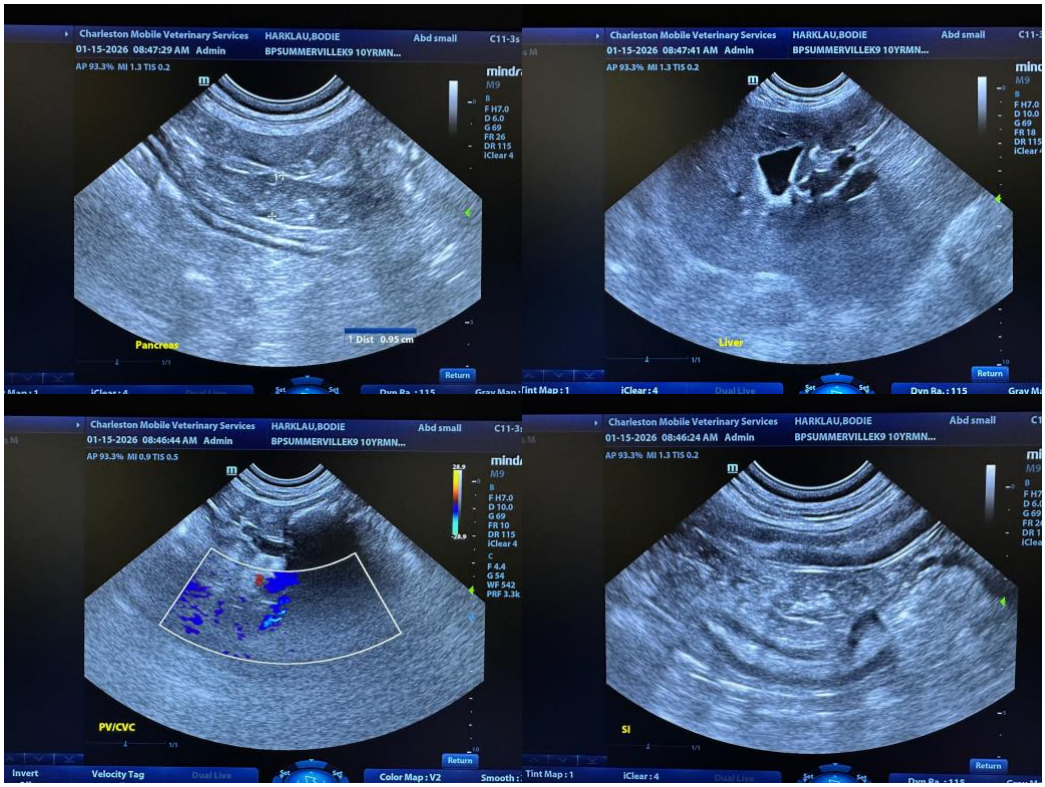
- Mild bilateral nonspecific age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A minimum database (including a CBC, chemistry panel, urinalysis, and T4) is recommended to assess overall metabolic function, if not already performed. Depending on the results, further work-up may be indicated. Further work-up should also be based on echocardiogram report.



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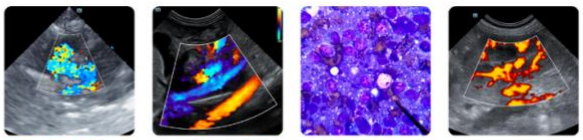

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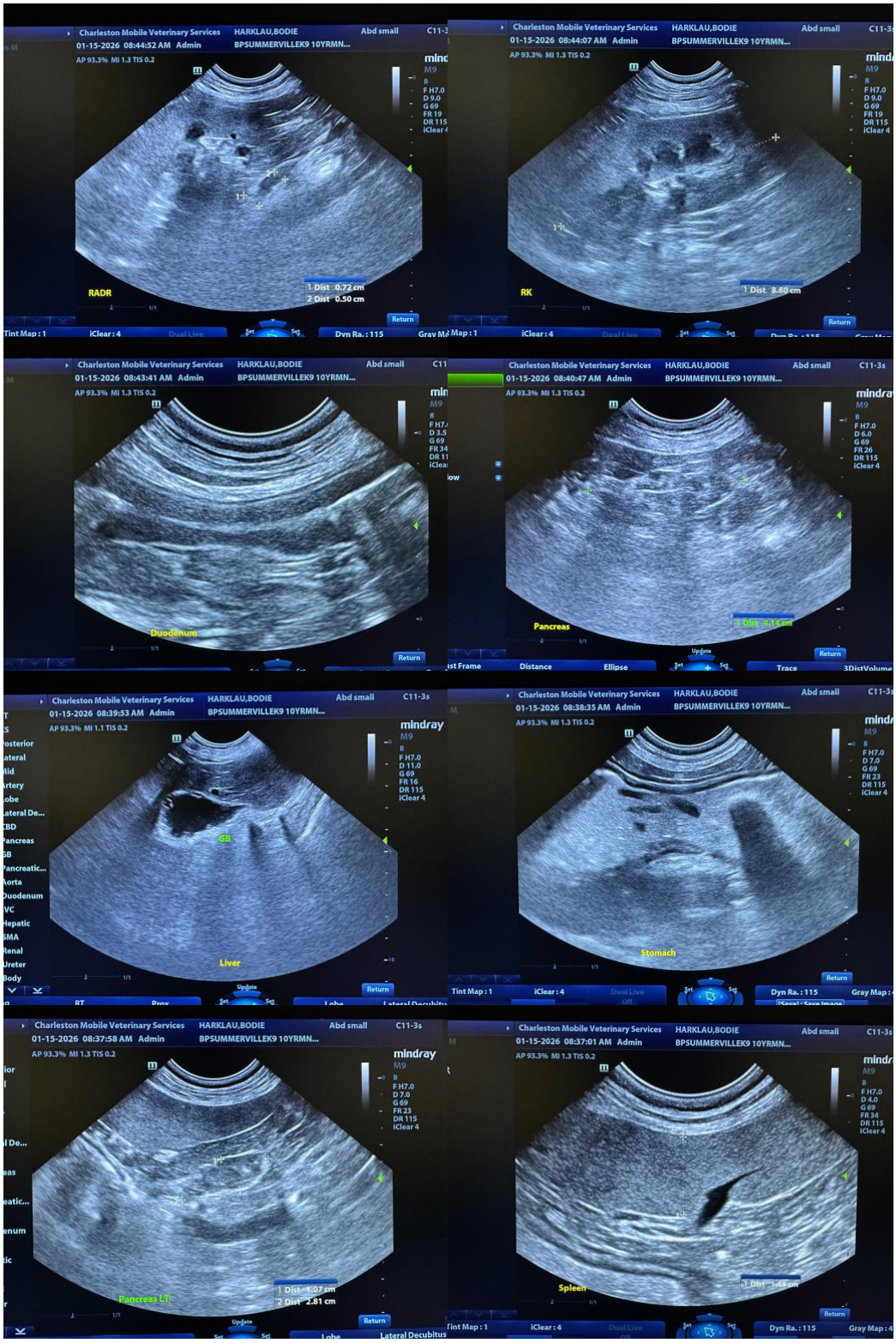

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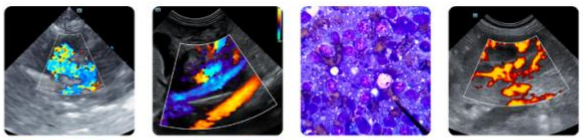

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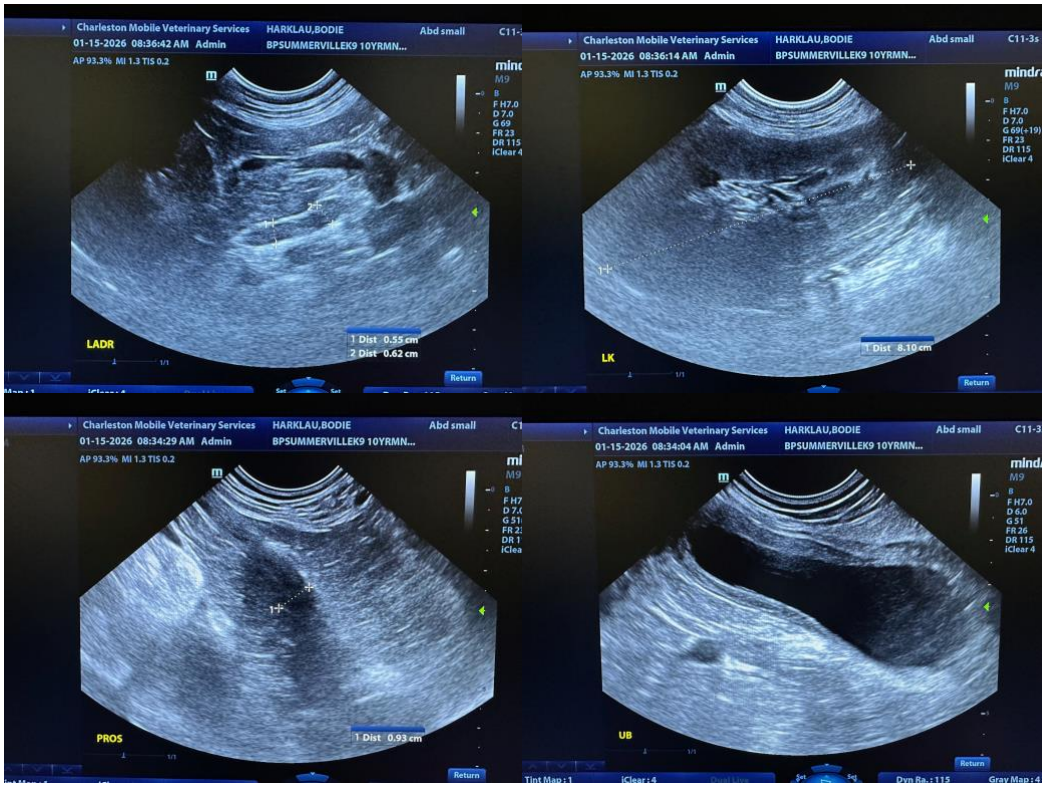

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com