



**PATIENT**

Molly Brown

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Female Spayed

**AGE**

7 years 1 day

**WEIGHT**

34.9 kg

**INTERPRETED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

BluePearl MP ER

**REFERRING VET**

Dr Danielle Fraser

**INVOICE**

22413

**DATE**

1-19-26

**PRESENTING CLINICAL SIGNS**

Presented for collapse. Pericardial effusion seen on FAST scan.

**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. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (7.13 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (6.89 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 hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.46 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.

The right adrenal gland is normal in size (0.93 cm at cranial pole) (0.67 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.

**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.

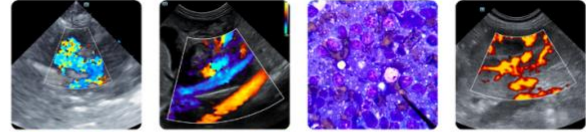
**Liver**

The liver is prominent-in-size with smooth peripheral contours. The parenchyma is hypoechoic relative to the spleen, and homogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is diffusely thickened (up to 0.77 cm) and hypoechoic, with a "double-walled" effect. 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 not distended. 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 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 ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.



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**Pancreas**

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

**Free Abdomen**

Two-to-three prominent hypoechoic lymph nodes are visualized (one measuring 2.11 x 0.69 cm). Surrounding mesentery is mildly hyperechoic. A small-to-moderate amount of free fluid is present within the abdominal cavity.

**Other**

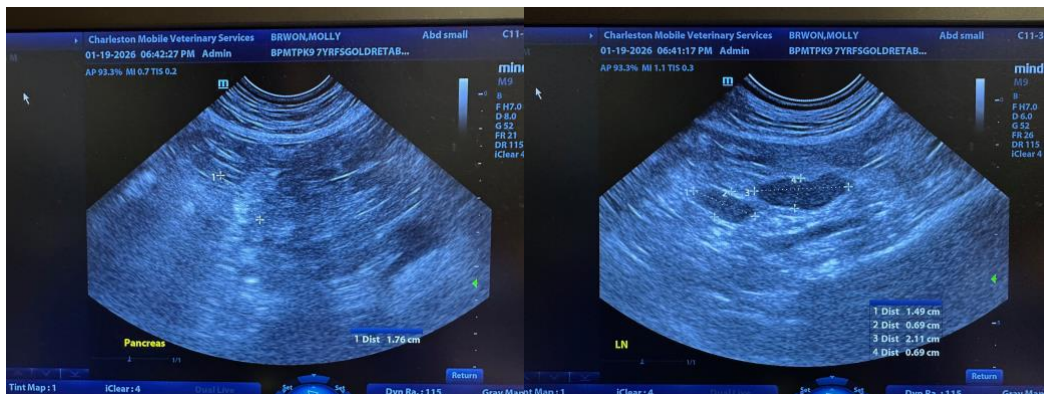
The caudal vena cava is subjectively dilated.

**ULTRASONOGRAPHIC FINDINGS**

- The gallbladder wall changes, dilated caudal vena cava, ascites, and the hepatic congestion are likely secondary to cardiac tamponade resulting from pericardial effusion.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The prominent mesenteric lymph nodes could be consistent with lymphoid hyperplasia, lymphadenitis, or less likely, emerging neoplasia (i.e., lymphoma).

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further recommendations should be based on the echocardiogram report.





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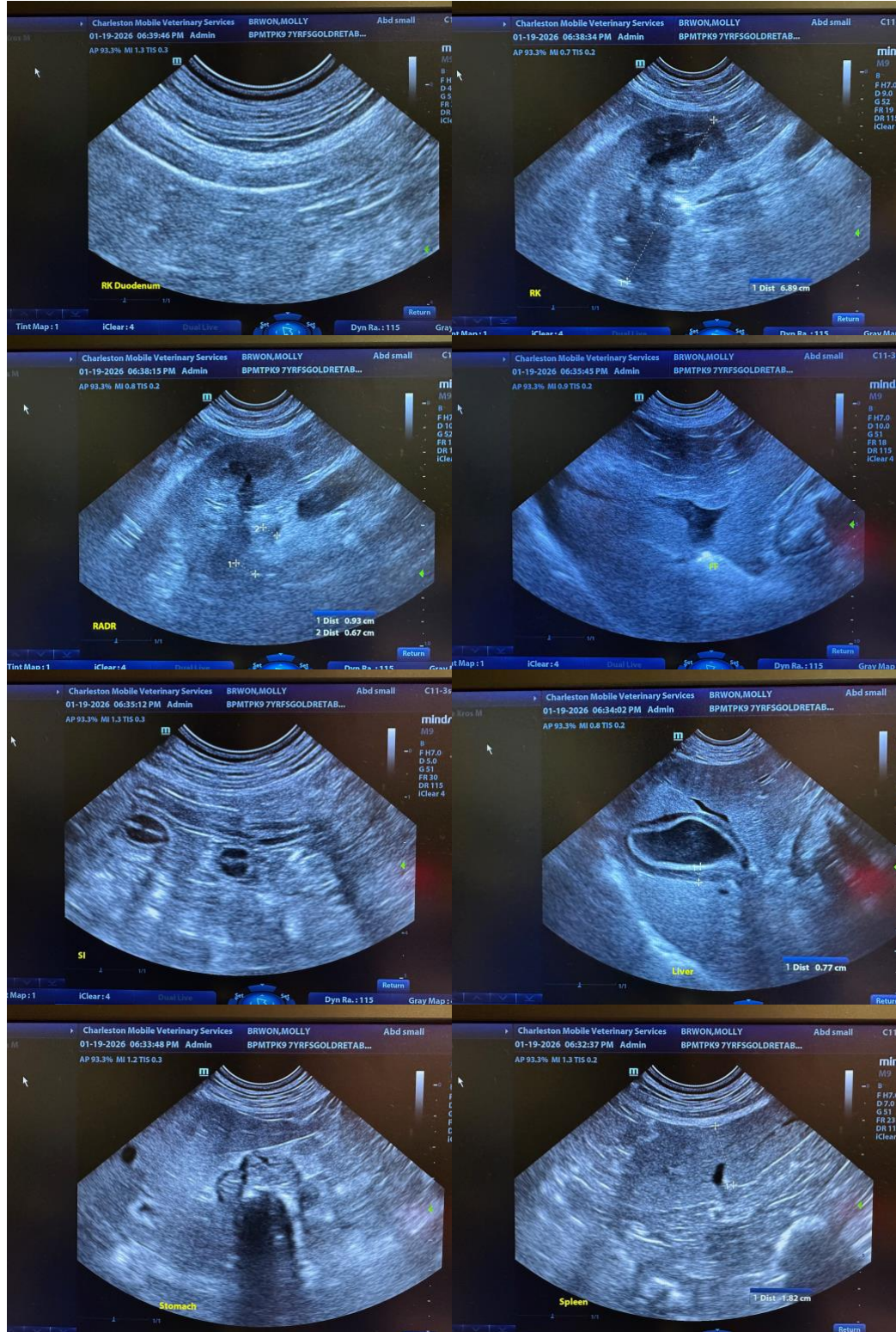
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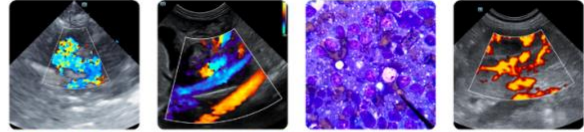
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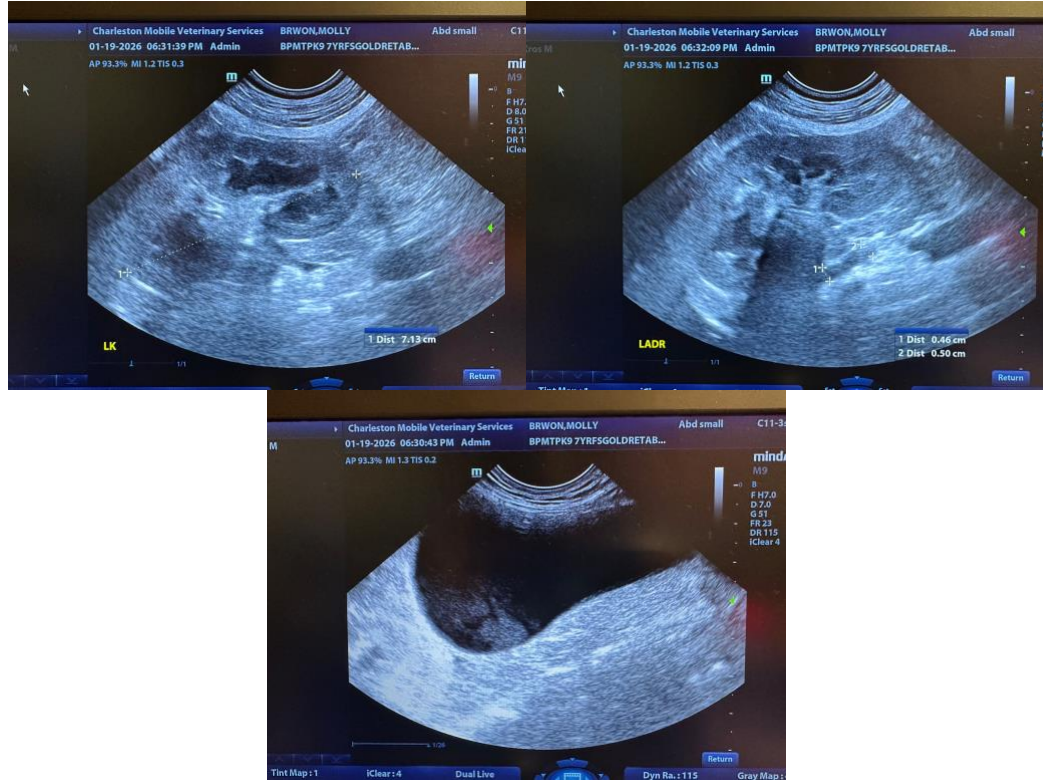
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Nicastrò, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
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