



PATIENT

Cooper Bower

SPECIES

Canine

BREED

Golden Retriever

SEX

Male, neutered

AGE

4 Yrs. 8 months

WEIGHT

39.6 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Daggett

INVOICE

14407

DATE

1/3/23

PRESENTING CLINICAL SIGNS

History: Cooper presented to the MVS Emergency Service on Jan 03, 2023, at 10:40am, for evaluation of transfer for fever and inappetence. Saturday morning (12/24), Cooper refused to eat his breakfast, vomited several times, and developed a fever of 103 degrees. He had visited a farm over the weekend (24th-25th) and owner believes it's possible that he could've gotten into something. Cooper was evaluated at his pcDVM on Thursday (12/29). They ran a CBC & Chem panel, administered SQ fluid & Vitamin B12, and recommended giving Omeprazole 20mg PO q12hr at home. Cooper did not improve overnight and presented at pcDVM again on Friday (12/30). They took abdominal radiographs, ran a 4DX & repeat CBC, administered SQ fluids & a Carprofen injection, and sent owner home with Doxycycline and Amoxicillin. At home, Cooper did not improve. His owner was able to administer his medications by force-feeding Cooper. He presented again to his pcDVM this morning. They ran a CBC & Chem panel and recommended hospitalization at a 24-hour facility. Cooper has not had diarrhea and is urinating normally. He was diagnosed with Giardia at 3 months and 11 months of age. Current medications: Omeprazole 20mg PO q12hr - last dose at 6pm last night, vomited afterwards Amoxicillin 500mg PO q12hr - last dose at 6pm last night, vomited afterwards Doxycycline 200mg PO q12hr - last dose at 6pm last night, vomited afterwards
Abnormal PE/Chem/CBC/UA Results: Temperature: 104.2 °F

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately 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 (1.06 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (7.78 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 hydroureter.

The right kidney is normal size (7.73 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 hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.57 cm at cranial pole) (0.67 cm at caudal pole); 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 (0.89 cm at cranial pole) (0.59 cm at caudal pole); 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



PATIENT

Cooper Bower

The spleen is normal in size (2.29 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.

SPECIES

Canine

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/not seen.

BREED

Golden Retriever

Gastrointestinal

SEX

Male, neutered

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 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. The lumen of the descending colon contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

AGE

4 Yrs. 8 months

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.

WEIGHT

39.6 kg.

Free Abdomen

INTERPRETED BY

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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The medial iliac lymph nodes are visualized (left 2.75 x 0.96; right 2.40 x 0.80 cm). The nodes are normal in shape and echogenicity. In addition, 1-2 prominent mesenteric lymph nodes are visualized, the largest measuring 3.95 cm in length.

IMAGING PERFORMED BY

Tom McNeill

ULTRASONOGRAPHIC FINDINGS

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

HOSPITAL NAME

SVS Imaging CT

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include infection, inflammatory disease, autoimmune disease, occult neoplasia, other.

REFERRING VET

Dr. Daggett

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the persistent fever and other clinical signs, consider the following:

INVOICE

14407

1. Three-view thoracic radiographs to assess for occult aspiration pneumonia and occult neoplasia.
2. Urine culture and sensitivity, preferably on a pre-antibiotic sample

DATE

1/3/23



PATIENT

Cooper Bower

SPECIES

Canine

BREED

Golden Retriever

SEX

Male, neutered

AGE

4 Yrs. 8 months

WEIGHT

39.6 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Daggett

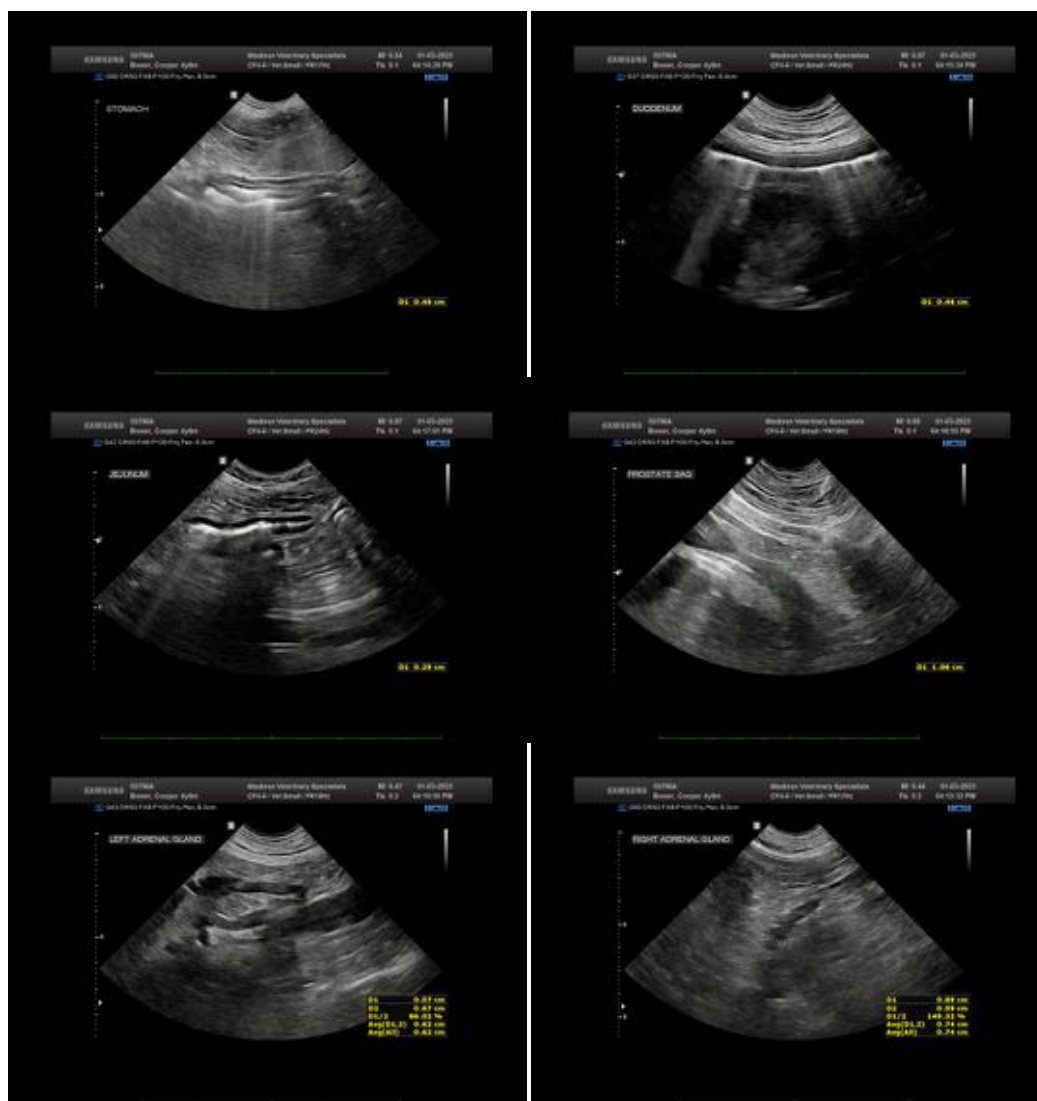
INVOICE

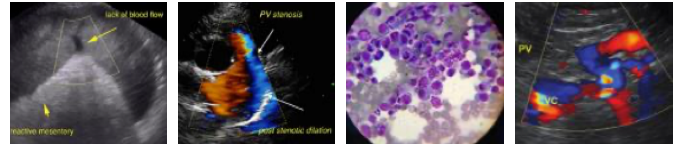
14407

DATE

1/3/23

- Echocardiogram to assess for valvular endocarditis
- Comprehensive tick panel (send to NC State University Vector Borne Disease Lab)
- Thorough orthopedic and neurologic examinations
- +/- arthrocentesis with submission of joint fluid for cytology and culture
- +/- CSF tap to assess for meningitis





PATIENT

Cooper Bower

SPECIES

Canine

BREED

Golden Retriever

SEX

Male, neutered

AGE

4 Yrs. 8 months

WEIGHT

39.6 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Daggett

INVOICE

14407

DATE

1/3/23



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