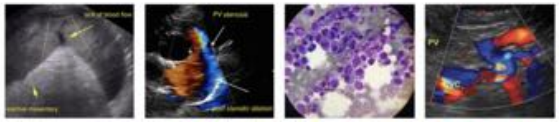


PATIENT

Bailey Tiberian

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

11.26.2012

WEIGHT

87 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Park West VA

REFERRING VET

Jen Brogie

INVOICE

11767

DATE

10.3.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Patient presented for vomiting, followed by weakness/collapse. Was seen last week for hyporexia and diagnosed with back pain. Treated with pain meds (Rimadyl/Gabapentin/Methocarbamol) and improved. Was feeling very good per O. Meds d/c this weekend. tFAST - moderate pericardial effusion aFAST - scant abdominal effusion

Abnormal lab-work values: CBC/chem unremarkable (HCT 40%) Pericardial effusion PCV 40%, TS 6.2

Current Medication: None

Radiographic Findings: Three view thoracic rads - globoid cardiac silhouette Three view abdominal rads - poor serosal detail cranial abdomen, possible summation, possible sublumbar lymphadenopathy

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 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 2-3 cm, are normal.

The **left kidney** is normal size (7.69 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Moderate pyelectasia is present (0.61 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (8.20 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Moderate pyelectasia is present (0.45 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.57 cm at cranial pole) (0.59 cm at caudal pole) (2.41 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 (0.87 cm at cranial pole) (0.76 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.

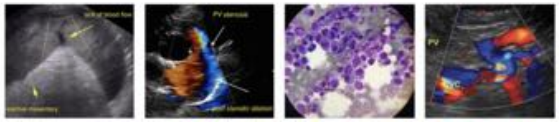
Spleen

The **spleen** is normal in size (1.54 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.16 cm ill-defined hypoechoic is observed at the lateral aspect. Splenic vasculature is normal.

Liver

The **liver** is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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.



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Gastrointestinal

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The lumen of the descending colon is mildly fluid-distended. There is no evidence of an obstructive pattern.

Pancreas

The base/right limb is visible/prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is mildly hyperechoic.

Free Abdomen

The mesentery in the midabdominal is mildly hyperechoic. A small to moderate amount of anechoic free fluid is present. The abdominal **lymph nodes** are normal/not visible.

Other

Pleural effusion is observed (patient underwent a pericardiocentesis prior to this study).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic nodule trend toward the benign (i.e., focus of lymphoid hyperplasia, extramedullary hematopoiesis, or similar) with a lower possibility of an emerging tumor.
- The pancreatic changes are suggestive of mild pancreatitis.
- The ascites is likely secondary to cardiac tamponade.
- The pleural effusion may be secondary primary cardiac tamponade or leakage from the pericardiocentesis site, other.

Secondary Findings

- Minor, age-related renal changes
- The hepatic parenchymal changes are nonspecific and may be secondary to passive congestion, age-related remodeling, regenerative nodular hyperplasia, other. Correlation with the patient's liver values is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a brief recheck cardiac ultrasound in 12-24 hours to assess for recurrence of the pericardial effusion.

Further recommendations should be based on the echocardiogram report.

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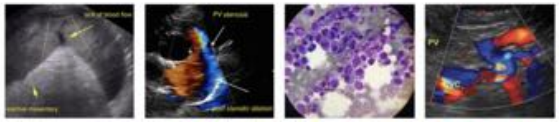

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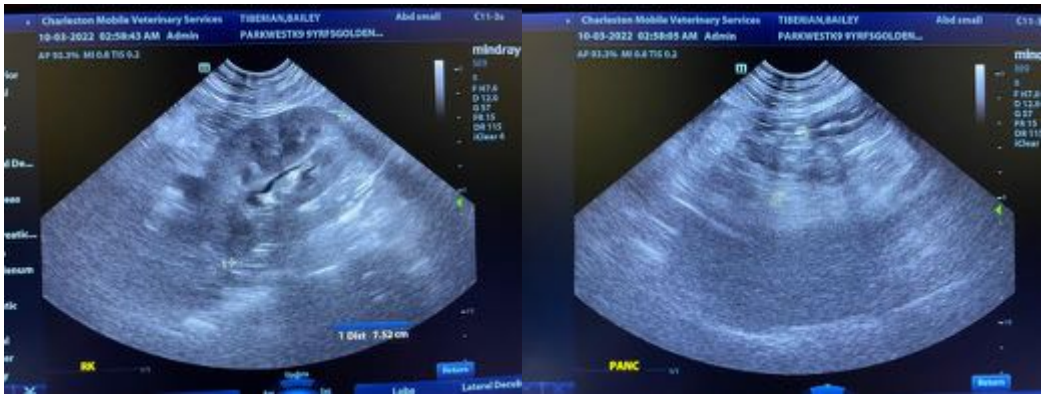

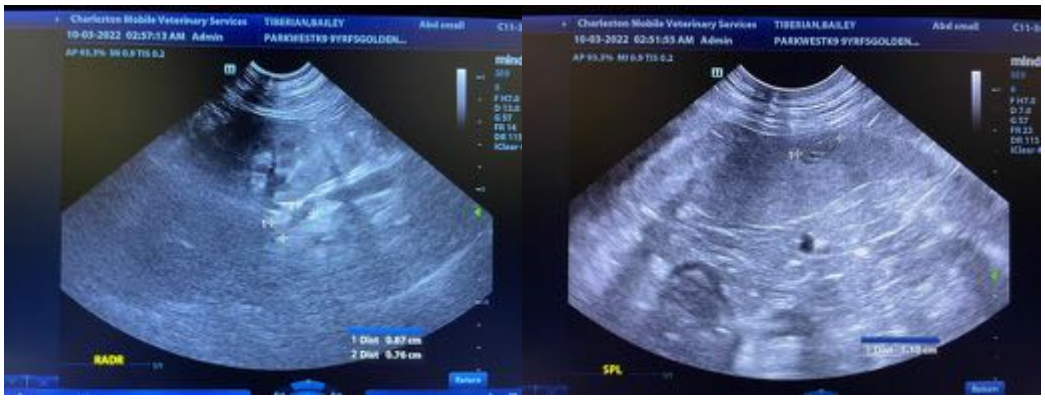

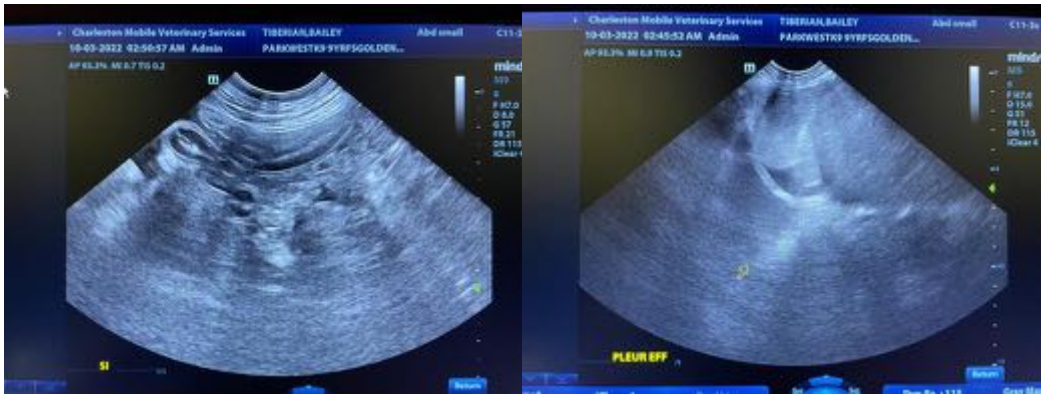

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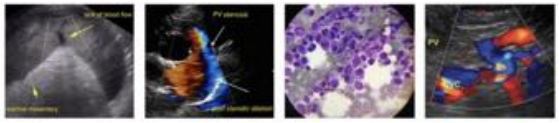

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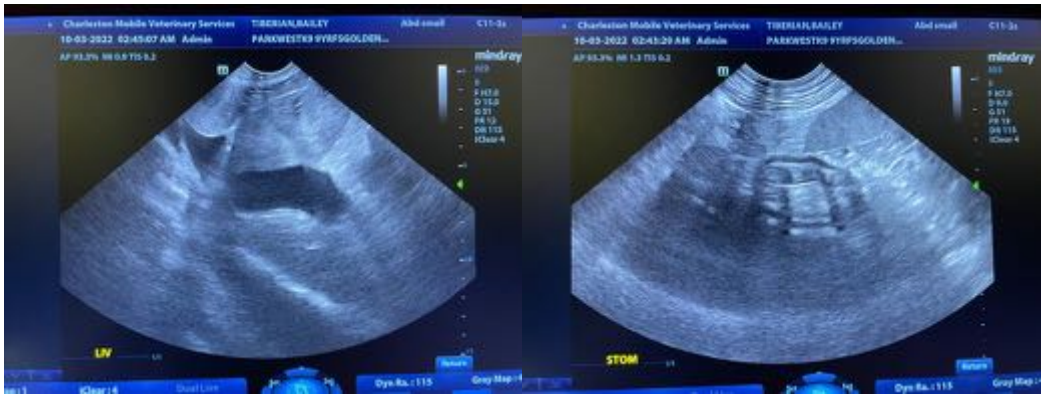

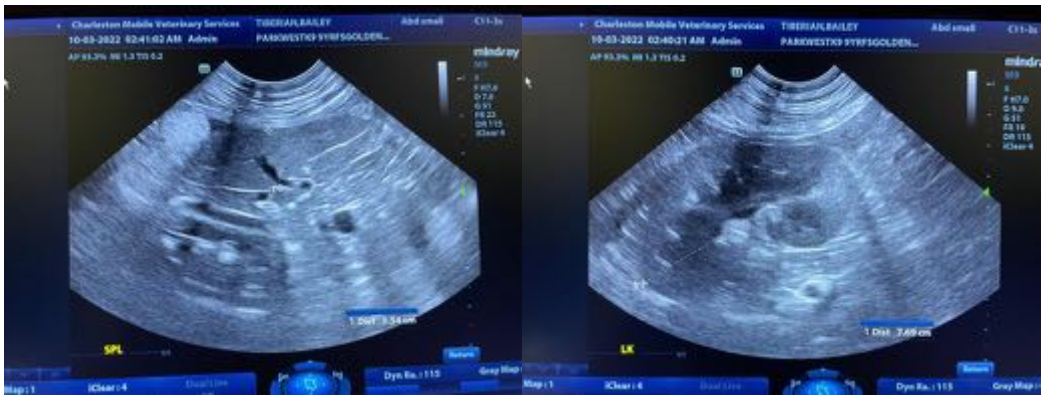

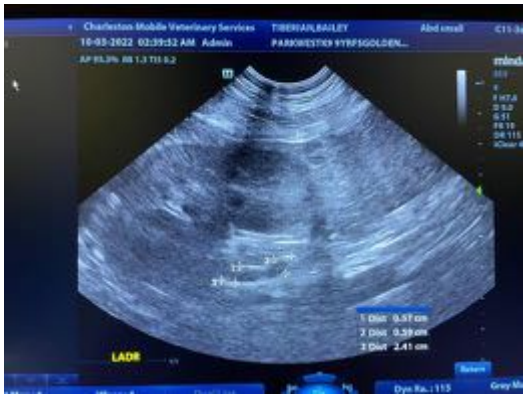

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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