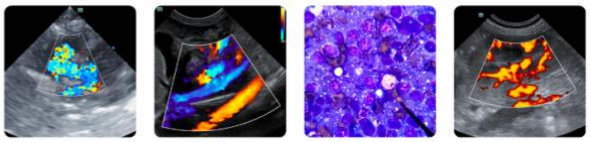


PATIENT

Alli Daub

SPECIES

Canine

BREED

Golden Retriever

SEX

Female Spayed

AGE

9

WEIGHT

33.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Shally Gastelu

INVOICE

22354

DATE

12-29-25

PRESENTING CLINICAL SIGNS

History: presenting for acute vomiting (hematemesis), anorexia Hx: Hospitalized 1.5 months ago for presumptive hepatitis. Summary of dx: 1. AUS: nonspecific liver changes, prominent spleen with subtle mottled appearance, prominent abdominal lymph nodes 2. Lepto negative 3. Bile acids WNL 4. Elevated ALT, GGT P was seen by rDVM on 12/26 - Bloodwork was WNL. PE: NS OU Mucous membranes pink/tacky, CRT <2s, moderate tartar/gingival erythema EPOC* drawn with a vacutainer: pH 7.491 (H), iCa 1.78, Creat 1.58, Gluc 126, HCT 52% CBC: WBC 16.84K (H), Neut 13.23K (H), Mono 2.08K (H), HCT 53.5% Chem/CPL: Ca 14.7 (H), TP 8.8 (H), Glob 4.9 (H), CPL WNL UA: USG 1.016

Abnormal PE/Chem/CBC/UA Results: Rads: Poorly marginated mild increase in soft tissue opacity around the bifurcation. Despite not clearly visible this is concerning for tracheobronchial lymphadenomegaly (e.g. reactive versus metastatic). Mild increase in lung opacity in the caudodorsal thorax on the lat views, not clearly visible on VD, suspected to be just on the left side of the spine:consider focal alveolar infiltrate (e.g. lobar pneumonia, hemorrhage, infarct, etc) versus poorly marginated pulmonary lesion (e.g. granuloma, neoplasia Diffuse bronchial lung pattern: consider infectious vs non CT would be rec. Rather empty GIT, empty colon: unspecific findings. Diff to consider include gastritis/gastroenteritis with dh Radiolucent FB or pyloric outflow obstruction/proximal sm int. obstr. cannot be ruled out

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 is 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 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 (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 minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

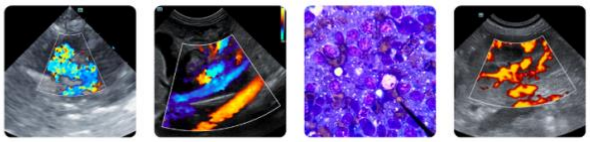
Adrenal Glands

The left adrenal gland is normal in size (0.53 cm at cranial pole) (0.74 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 (1.35 cm at cranial pole) (0.66 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 prominent-in-size (2.40 cm in width at the level of the hilus) with smooth peripheral contours. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.



PATIENT

Alli Daub

SPECIES

Canine

BREED

Golden Retriever

SEX

Female Spayed

AGE

9

WEIGHT

33.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Shally Gastelu

INVOICE

22354

DATE

12-29-25

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.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic, gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The 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 colonic wall is normal. There is no evidence of an obstructive pattern.

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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, fibrosis, other hepatopathy, or some combination thereof.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Minor bilateral nonspecific age-related renal changes

*An obvious cause for the patient's hypercalcemia is not definitively identified in this study. Considerations include occult neoplasia, primary hyperparathyroidism, infectious disease (i.e., fungal), hypoadrenocorticism, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A rectal examination is recommended to evaluate for anal gland tumors
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Depending on the results of the above diagnostics, a PTH/PTHrP/ionized calcium panel may be indicated.

PATIENT

Alli Daub

SPECIES

Canine

BREED

Golden Retriever

SEX

Female Spayed

AGE

9

WEIGHT

33.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Shally Gastelu

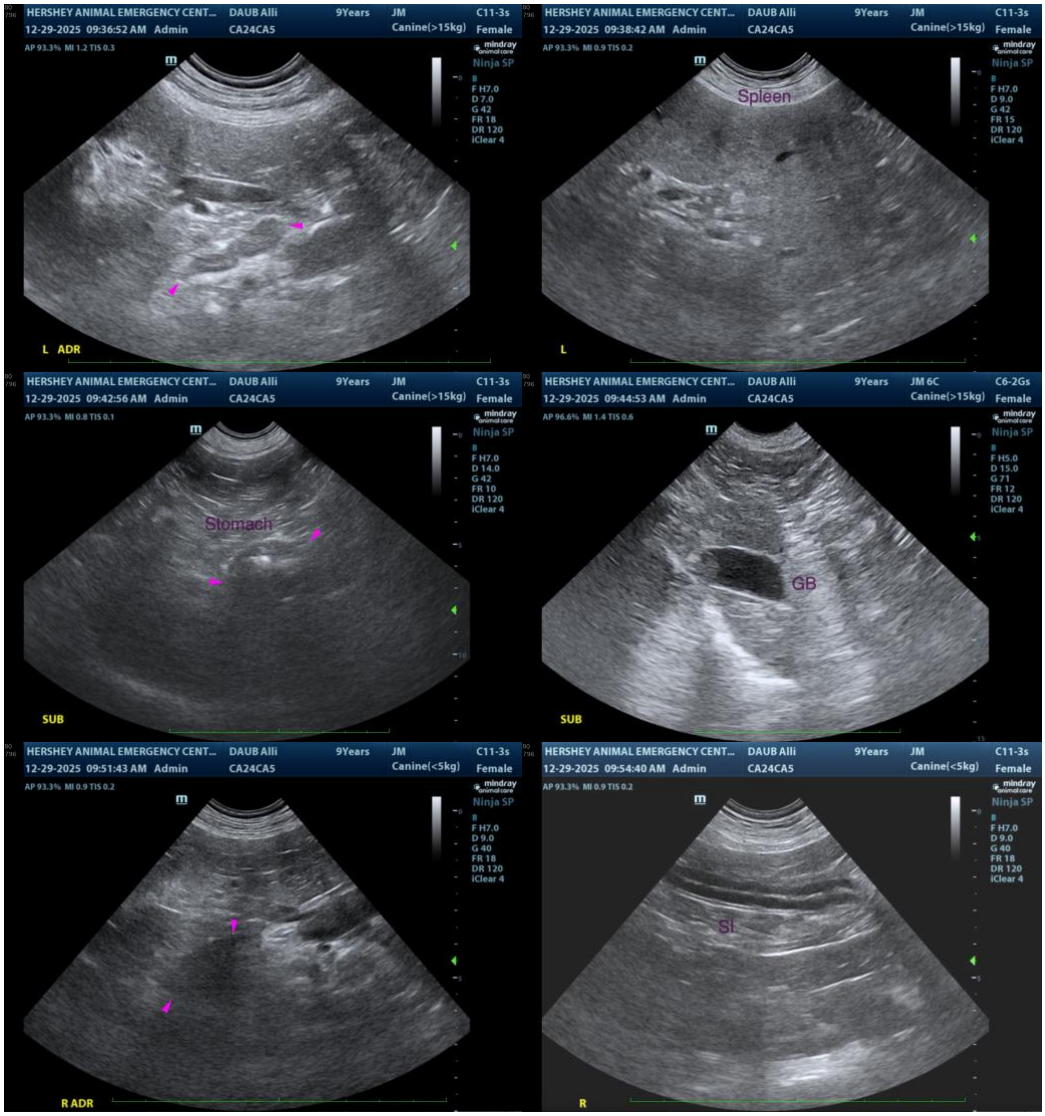
INVOICE

22354

DATE

12-29-25

- If the above diagnostics are inconclusive, a bone marrow aspirate may be warranted to assess for infiltrative neoplasia.



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