



PATIENT PRESENTING CLINICAL SIGNS

Gracie Diehl

SPECIES

Canine

BREED

Golden Retriever

SEX

Female Spayed

AGE

1/15/2017

WEIGHT

Not Provided

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

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HOSPITAL NAME

Central VH Summerville

REFERRING VET

Dr Ott

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22359

DATE

12-29-25

Presented today for acute onset of decreased appetite. Recumbency. No vomiting or diarrhea. Is unable to get up. Tachycardic on presentation. Tacky mucus membranes. Tense abdomen. CBC shows a hematocrit of 33%. WBC count 27,000 with a neutrophilia. Platelets 33,000. Chemistry panel shows an albumin of 2.6. ALP 311. ALT 124. Tbili 0.8. BUN 74. Creatinine 2.1. Globulin 4.3. Sodium and potassium are normal. Calcium normal. Patient is febrile with a temperature of 103.8°.

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 mostly 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 left kidney is normal in size (6.71 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate 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 (7.24 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.56 cm at cranial pole) (0.63 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 (0.92 cm at cranial pole) (0.52 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 (1.99 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 prominent-in-size, with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and slightly mottled in appearance. A 3.1 x 2.9 cm hyperechoic-to-heterogenous mass is observed on the left side at the caudal aspect. In addition, a hyperechoic-to-heterogenous, expansile mass (3.7 x 3.6 cm) is observed on the right side. Hepatic vasculature and intrahepatic 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 of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly fluid-distended. The gastric wall and pylorus are normal in thickness with a



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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 colonic wall is 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 largely isoechoic 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.

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Lymph Nodes

A prominent medial iliac lymph node is visualized (measuring 2.9 x 0.84 cm).

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Free Abdomen

There is no obvious evidence of free fluid.

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Other

A brief evaluation of the heart reveals no obvious evidence of pericardial or pleural effusion. No right atrial or right auricular masses are seen. The mitral valve is thickened and irregular, with a club-like appearance.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Two hepatic masses. Differentials include neoplasia (i.e., adenomas, adenocarcinomas, round cell tumors) vs benign lesions (i.e., regenerative nodules, inflammatory foci). The diffuse hepatic parenchymal changes are nonspecific and could be consistent with inflammatory disease (i.e., chronic hepatitis, cholangiohepatitis), hepatotoxicosis (i.e., copper), fibrosis, parenchymal remodeling, infiltrative neoplasia, and/or other hepatopathy.

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- Irregular mitral valve. Considerations include endocarditis, degenerative valve disease, other.

Secondary Findings

- Bilateral nonspecific age-related renal changes, more pronounced in the right kidney
- 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 medial iliac lymph node is likely reactive, with a lower possibility of infiltrative neoplasia.
- Mild gastric fluid-retention, likely secondary to functional ileus, as there is no evidence of a mechanical outflow tract obstruction

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*The hepatic lesions are not likely the primary cause for the patient's severe clinical signs and recumbency. There is concern that mitral valve endocarditis may be the culprit.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs and echocardiogram are recommended for further evaluation.
- Other considerations include the following:



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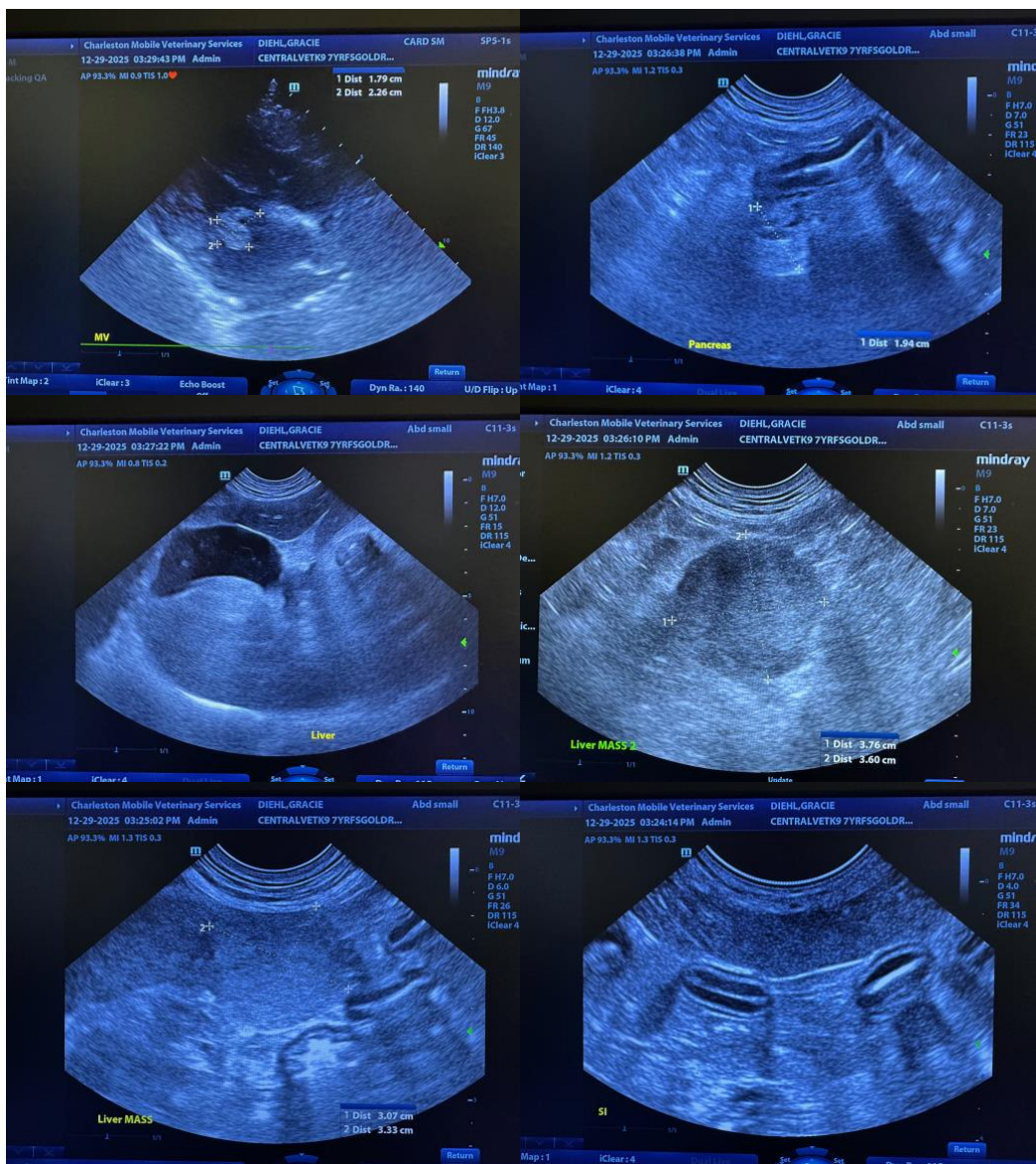
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1. CBC with clinical pathology review and reticulocyte count
2. Urinalysis
3. 3-view thoracic radiographs
4. Baseline blood pressure
5. A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab is recommended. <https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease>).





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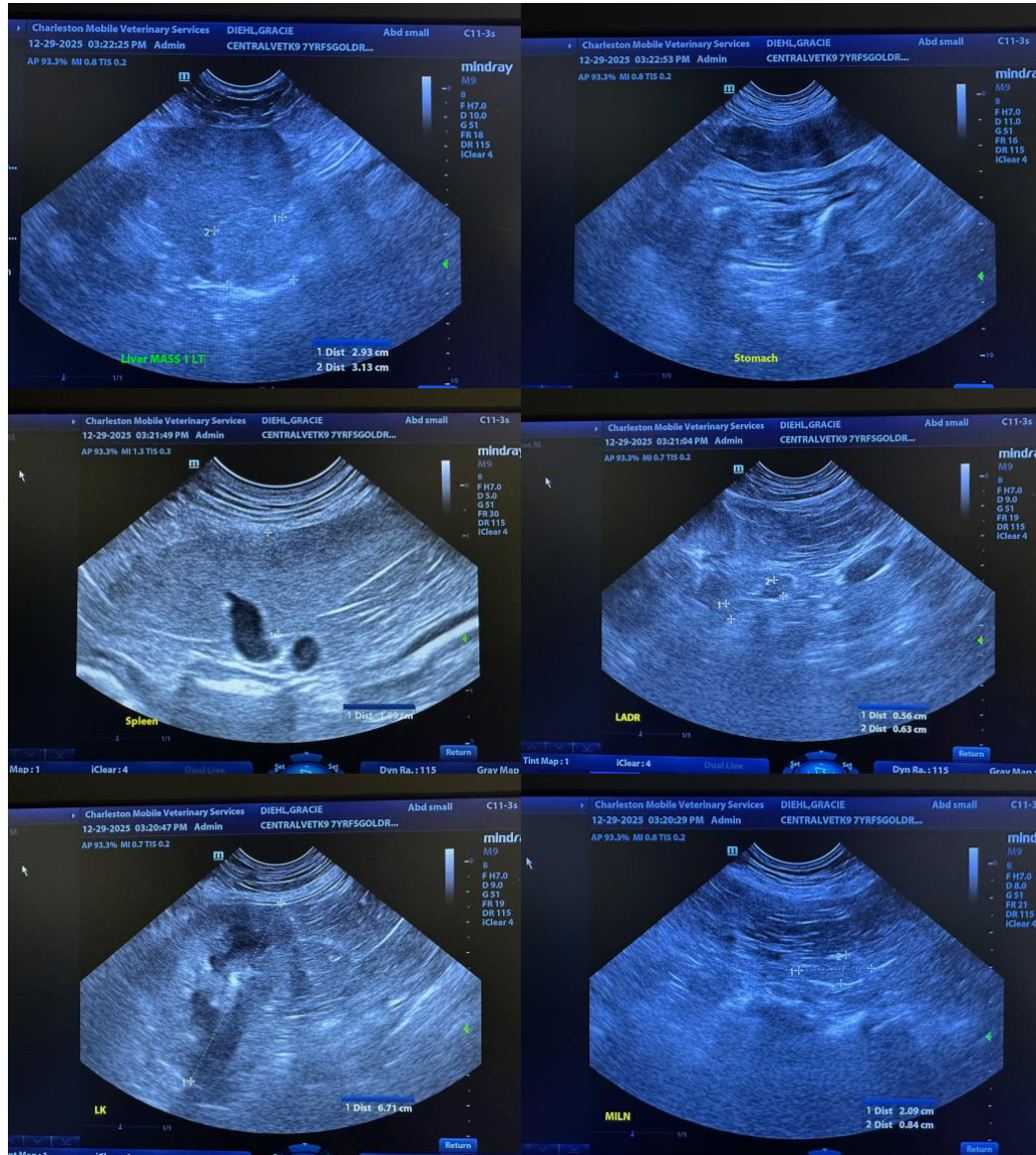
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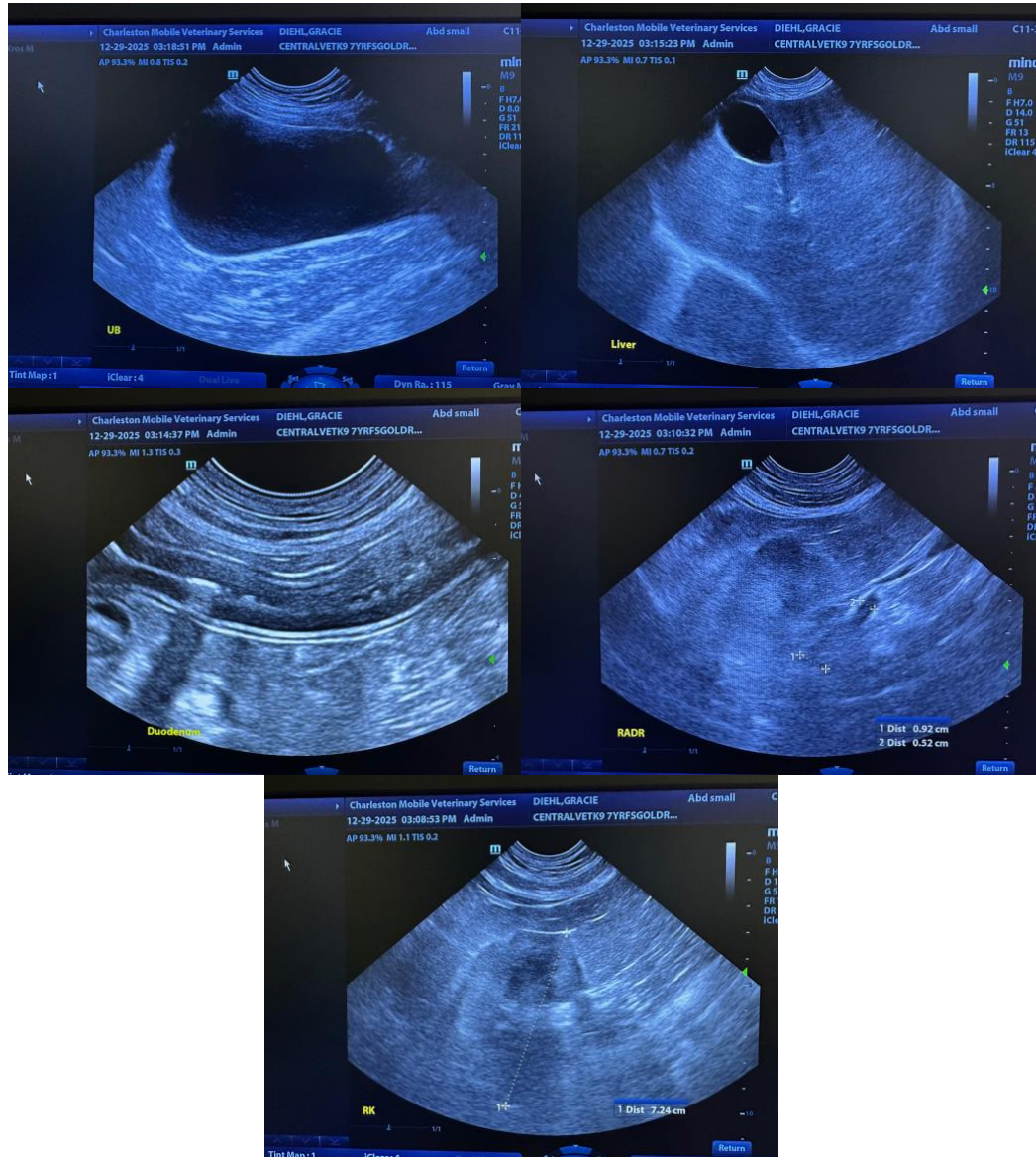
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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