



PATIENT

Mario Hargadon

SPECIES

Canine

BREED

Golden retriever

SEX

Male, neutered

AGE

12 Yrs.

WEIGHT

80.6 lbs..

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Lynette Reyes

HOSPITAL NAME

Chain of Lakes AC

REFERRING VET

Dr. Chesanek

INVOICE

14295

DATE

12/5/22

PRESENTING CLINICAL SIGNS

History: Pet presented for decreased appetite for the past month. Appetite did not improve despite Entyce and Cerenia. Radiographs were taken today and liver appears mildly enlarged, rest came back nsf including chest radiographs
Abnormal PE/Chem/CBC/UA Results: WNL 03/11/22

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 mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is subjectively normal size; normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.25 cm) in the transverse plane. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (8.85 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Moderate to severe pyelectasia is present (1.09 cm in the longitudinal plane). There is no evidence of nephroliths. The right proximal ureter is dilated (0.67 cm in diameter). The mesentery surrounding the kidney, particularly in the region of the hilus is hyperechoic.

Adrenal Glands

The left adrenal gland is normal size (0.62 cm at cranial pole) (0.61 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 region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (xxx cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is minimally distended with ingesta and soft shadowing material. 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. No obstructive disease is noted.

SPECIES

Canine

Pancreas

See *Other*.

BREED

Golden retriever

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

SEX

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Other

Just caudal to the stomach, a 4.61 cm ill-defined hyperechoic to heterogeneous area is visualized.

AGE

12 Yrs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral, chronic renal changes. The right pyelectasia/hydronephrosis with concurrent retroperitonitis may be secondary to ureteral obstruction (i.e., stricture, stone, tumor), infection, other.

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Secondary Findings:

- The hepatic parenchymal changes are non-specific and may be secondary to benign age-related changes (i.e., remodeling, regenerative nodular hyperplasia and/or vacuolar hepatopathy). However, a more significant hepatopathy (i.e., inflammatory disease, hepatotoxicosis (i.e., copper, other) may be present). Correlation with the patient's liver values is recommended.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The ill-defined hyperechoic area caudal to the stomach may represent normal colonic contents, pancreatic inflammation, inflamed mesentery, neoplasia, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended along with a urine culture and sensitivity.
- Also consider an abdominal CT scan to further evaluate the right kidney/ureteral pathology.

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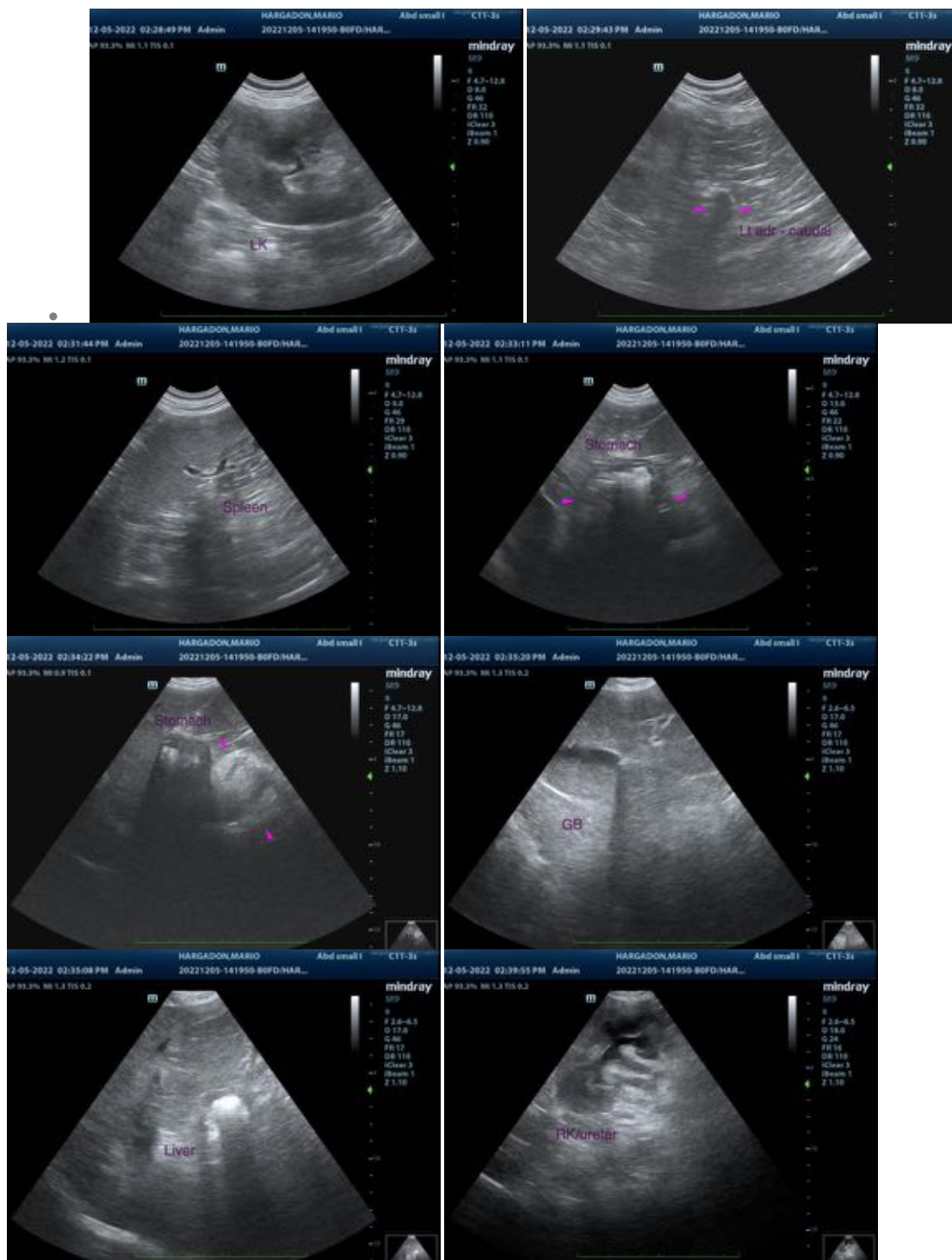
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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