



## PATIENT

Murray Cavender

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Neutered Male

## AGE

13.6 years

## WEIGHT

81 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

## HOSPITAL NAME

Truckee Meados VH

## REFERRING VET

Dr. Rachel Kuester

## INVOICE

10383

## DATE

2/15/22

## PRESENTING CLINICAL SIGNS

History: Doxycycline 100mg 2 T PO BID Cough tabs k/d Omega 3 supplement Current Problem List: Degenerative kidney disease - values improved / normal last check Hx of DJD/OA Recent onset of possible seizure activity / vestibular events / vascular events Mildly elevated GLOB on recent labs

Presenting Complaint: Px presenting for abdominal ultrasound for staging. Px recently developed some possible seizure / vestibular / vascular events. Hx of IRIS stage 2 CKD, recent labs show normal renal values at this time but a very mildly elevated globulin. O potentially pursuing consult with neurologist and MRI, but we are looking for any extra-cranial causes of the events and the elevated globulins and also assessing kidneys. Pertinent Diagnostic Results: 2/7/21 Renal Profile GLOB 3.8 CREA 1.1 BUN 9 PHOS 3.8 K 5.1 SDMA 12.5 10/31/21 CREA 1.5 Renal values look great, slight elevated GLOB DDx: polyclonal or monoclonal gammopathy, neoplasia, idiopathic, dehydration (less likely normal TP and ALB) UPC 0.2 2/4/21 - Blood pressure evaluation - normotensive

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly 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 (1.41 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 (7.13 cm in length); normal shape and architecture with 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 size (6.66 cm in length); normal shape and architecture with 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.

### Adrenal Glands

The left adrenal gland is normal size (0.73 cm at cranial pole) (0.76 cm at caudal pole) (2.77 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 (1.03 cm at cranial pole) (0.57 cm at caudal pole) (2.63 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.

### Spleen

The spleen is normal in size (2.62 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



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### 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.

### 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 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 or overt infiltrative disease is noted.

### 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.

### Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few mesenteric lymph nodes are visible, the largest measuring 1.59 cm in length.

### Other

A brief echocardiogram reveals no evidence of pericardial effusion.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Non-specific age-related renal changes
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The abdomen is otherwise unremarkable. There is no obvious evidence of neoplasia in the abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consultation with a board-certified neurologist is recommended to further investigate the neurologic signs.



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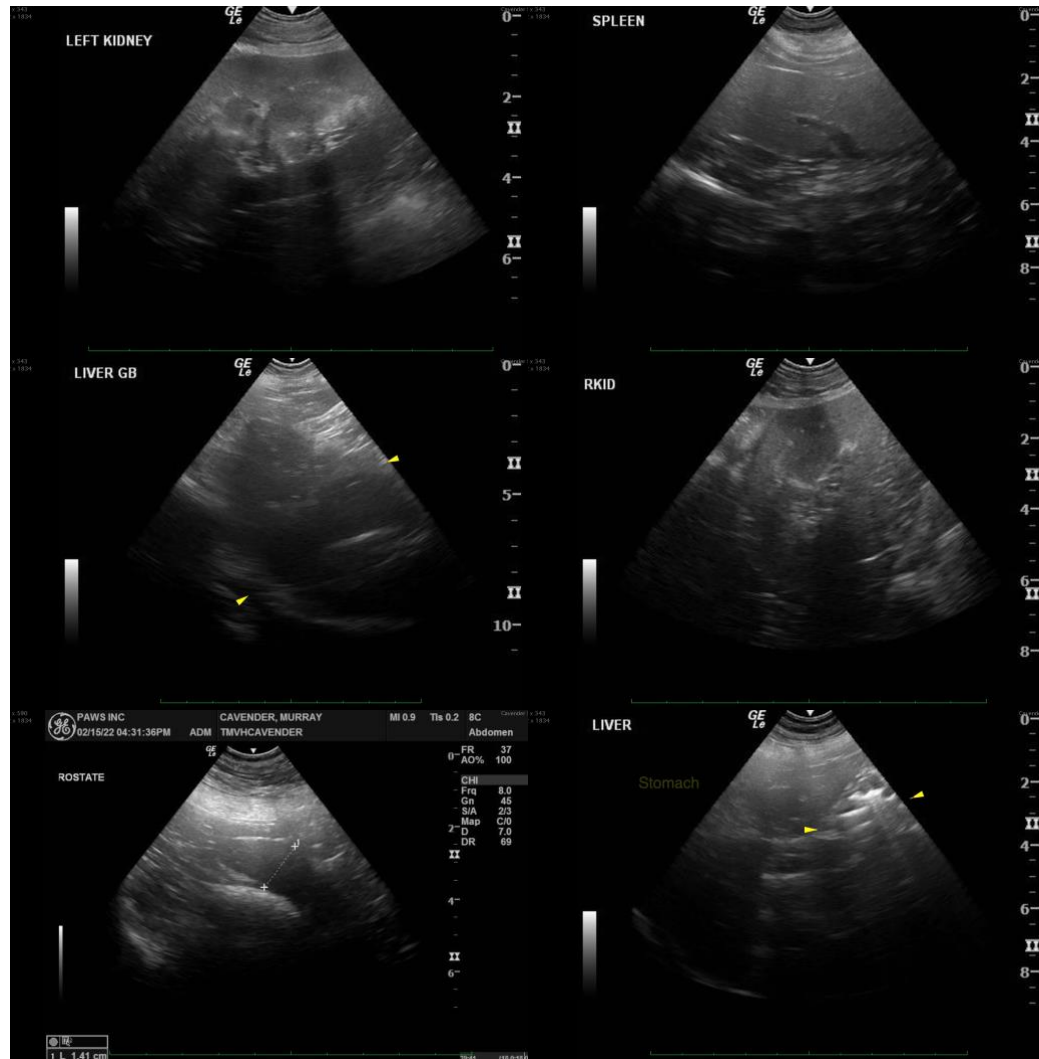
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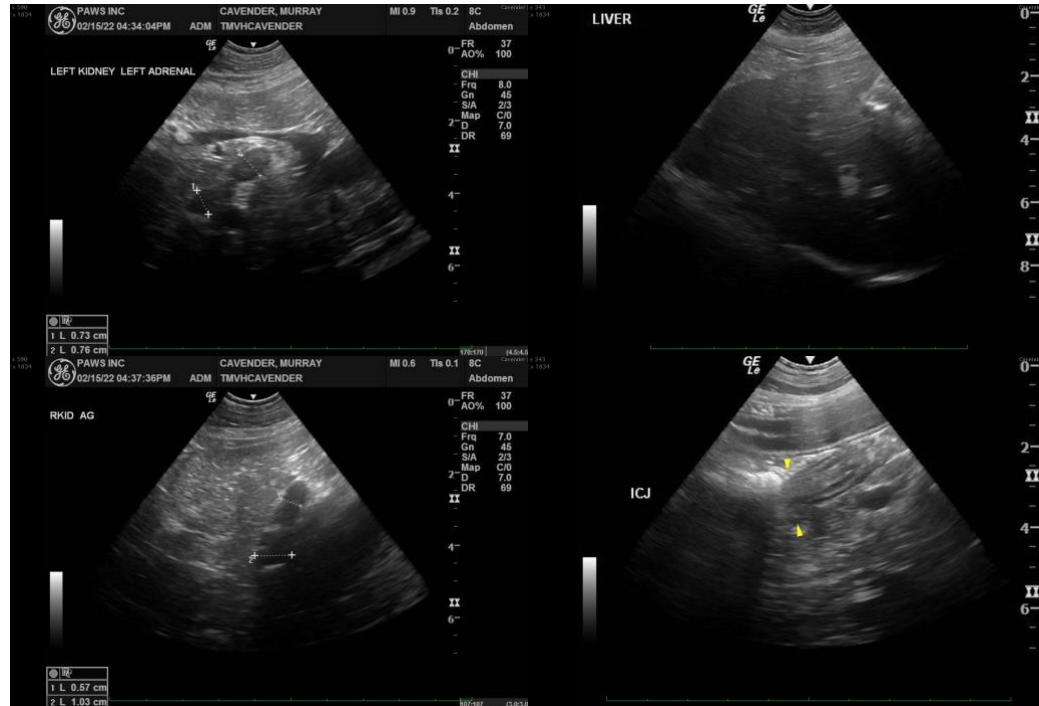
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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