



PATIENT PRESENTING CLINICAL SIGNS

Murnie McGarghan

History: P presented last week for two episodes of collapse/altered mentation and diarrhea. O reported one time p did fall over and the other time p was very unsteady, and o was able to get to her before she fell over. No hx of cardiovascular disease. P put on prescription weight loss diet 2 months ago (Purina OM) and has OA - o give carprofen PRN. On exam TPR wnl. AFAST neg but did notice hepatic nodules. Planned for bw, x-rays, and AUS today.

SPECIES

Canine

BREED

Yellow Lab

Abnormal PE/Chem/CBC/UA Results: PE: obesity, multifocal OA, harsh BV lung sounds, no murmur or arrhythmia, 3/4 periodontal disease CBC - wnl Chem - ALT 125 (H), ALP 423 (H), all else wnl TT4 - 1.3 ug/dL Fecal - NOS Three view chest x-rays: 1) No current evidence of metastatic pulmonary disease. 2) Clinically insignificant 2.1 cm diameter pneumatocele (bulla or bleb) likely involving the craniodorsal

SEX

Female Spayed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

9 years 9 mos

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 and the proximal urethra, visible to a depth of 2.5 cm, are normal.

WEIGHT

107 lbs

The left kidney is normal in size (7.60 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney is normal in size (7.32 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

Miranda Fritz

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is borderline enlarged (0.85 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

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Spleen

The spleen is normal in size (2.58 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.04 x 0.56 cm irregular, hypoechoic nodule is observed at the mid- to caudal aspect. Splenic vasculature is normal.

REFERRING VET

Miranda Fritz

Liver

The liver is subjectively enlarged, with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled, with several, small, ill-defined hypoechoic nodules. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

INVOICE

22873

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

DATE

4-16-26

Gastrointestinal

The gastric 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 is normal in thickness with a



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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

Primary Findings

- The diffuse hepatic parenchymal changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely. The hepatic nodules trend toward the benign (i.e., regenerative nodules) with a lower possibility of emerging neoplasia, inflammatory lesions, other.
- Gallbladder debris, non-mucocele

Secondary Findings

- The splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or similar). However, an emerging tumor cannot be completely excluded.
- Mild left adrenomegaly at the caudal pole

**An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include neuromuscular disease, cardiovascular disease, orthopedic disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Orthopedic and neurologic examinations are recommended (if not already performed).
- A baseline blood pressure measurement is recommended to assess for systemic hypertension.
- Consider pre- and postprandial serum bile acids to evaluate hepatic function.
- Consider a cardiac work-up (including echocardiogram and ECG).
- Depending on the results of the above diagnostics, consultation with a board-certified neurologist +/- brain MRI and CSF tap may be indicated.



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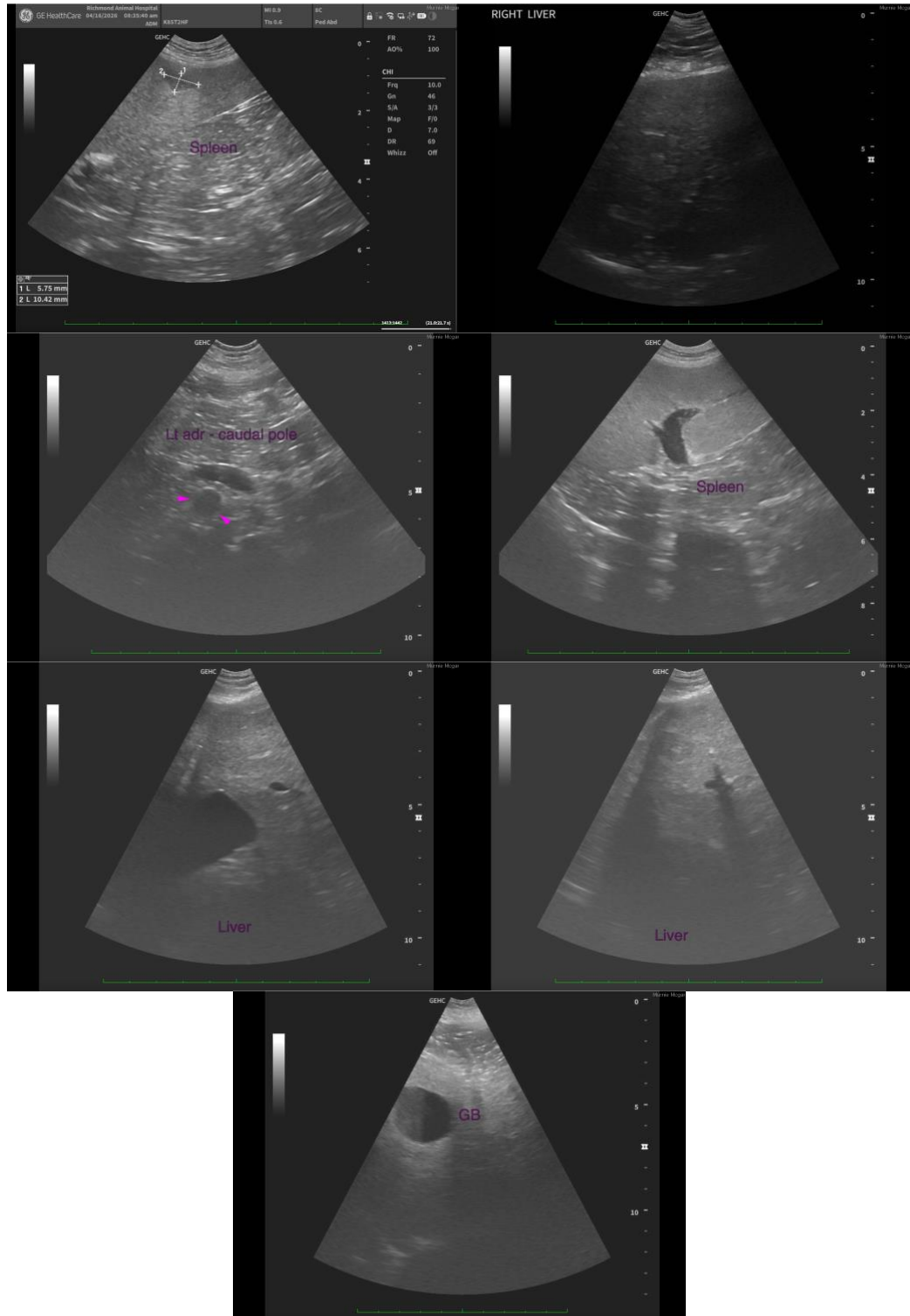
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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