



PATIENT

Sadie Suls

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

4/4/14

WEIGHT

50 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Andrea Nicastro,
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ACVIM (Small Animal
Internal Medicine)

HOSPITAL NAME

Blue Pearl Mt Pleasant
ER

REFERRING VET

Dr. Shannon Graham

INVOICE

10675

DATE

4/5/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:

Sadie is an 8 years old FS Golden that presents for vomiting and anorexia. Saturday P vomited twice and would not eat. Sunday she was NI in food again, vomited and was lethargic. Today she a few pieces of then vomited, had one episode of diarrhea and has been panting today. P's actual owner (Howard, physician) is traveling, so P is staying with their daughter this past month. Roommate of the daughter brought P in today. No meds, No med hx

Abnormal labwork values

CBC- mildly increased WBC. Chem- GGT 12

Serial 3 view abdomen- no obstruction but progressive decreased serosal detail

AFAST- moderate peritoneal effusion

Abdominal Effusion: pcv/ts 1%/3.6 g/dL; a few RBC and neutrophils

Bp & lactate- wnl. BG today has been between 82-92 mg/dL

Current Medications. IVF, cerenia, protonix

Radiographic Findings: Three View Abdomen Keystone (6 AM)

Slightly more pronounced diminished abdominal serosal detail consistent with effusion and or peritonitis/pancreatitis.

No obstructive intestinal pattern or radiopaque foreign body.

Fluid and gas throughout the gastrointestinal tract. Consider gastroenteritis/colitis of inflammatory, infectious, toxic origin, recent dietary indiscretion, pancreatitis as some differentials for this appearance.

Unremarkable remainder of abdomen.

Depending upon current clinical status, ultrasonography could be done if further assessment is desired.

Lumbosacral spondylosis.

Rads also taken 4/4/22 evening.

Fine Needle Aspirates: Client approved Sedation and FNA Consent

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 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 left kidney presented normal size (6.01 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (7.12 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.61 cm at caudal pole) (2.38 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are



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Sadie Suls unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

SPECIES

Canine The right adrenal gland is borderline enlarged (1.03 cm at cranial pole) (0.80 cm at caudal pole) (2.70 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.

BREED

Golden Retriever **Spleen**
The spleen is normal in size (1.95 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.

SEX

Spayed Female **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.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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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. The colonic lumen is diffusely dilated and fluid-distended. There is no obvious evidence of an obstructive pattern.

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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. Several severely enlarged (up to 8cm), irregular to heterogenous lymph nodes are observed throughout the abdomen. Surrounding mesentery is hyperechoic.

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Free Abdomen

A small to moderate amount of anechoic free fluid is present. The abdominal lymph nodes are normal/not visible.

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**Fine-needle aspirates of the enlarged abdominal lymph nodes were obtained at the end of the scan without incident.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Severe abdominal lymphadenopathy with regional peritonitis. Top differentials include infiltrative neoplasia (i.e., round cell tumor), versus pyogranulomatous lymphadenitis versus other.



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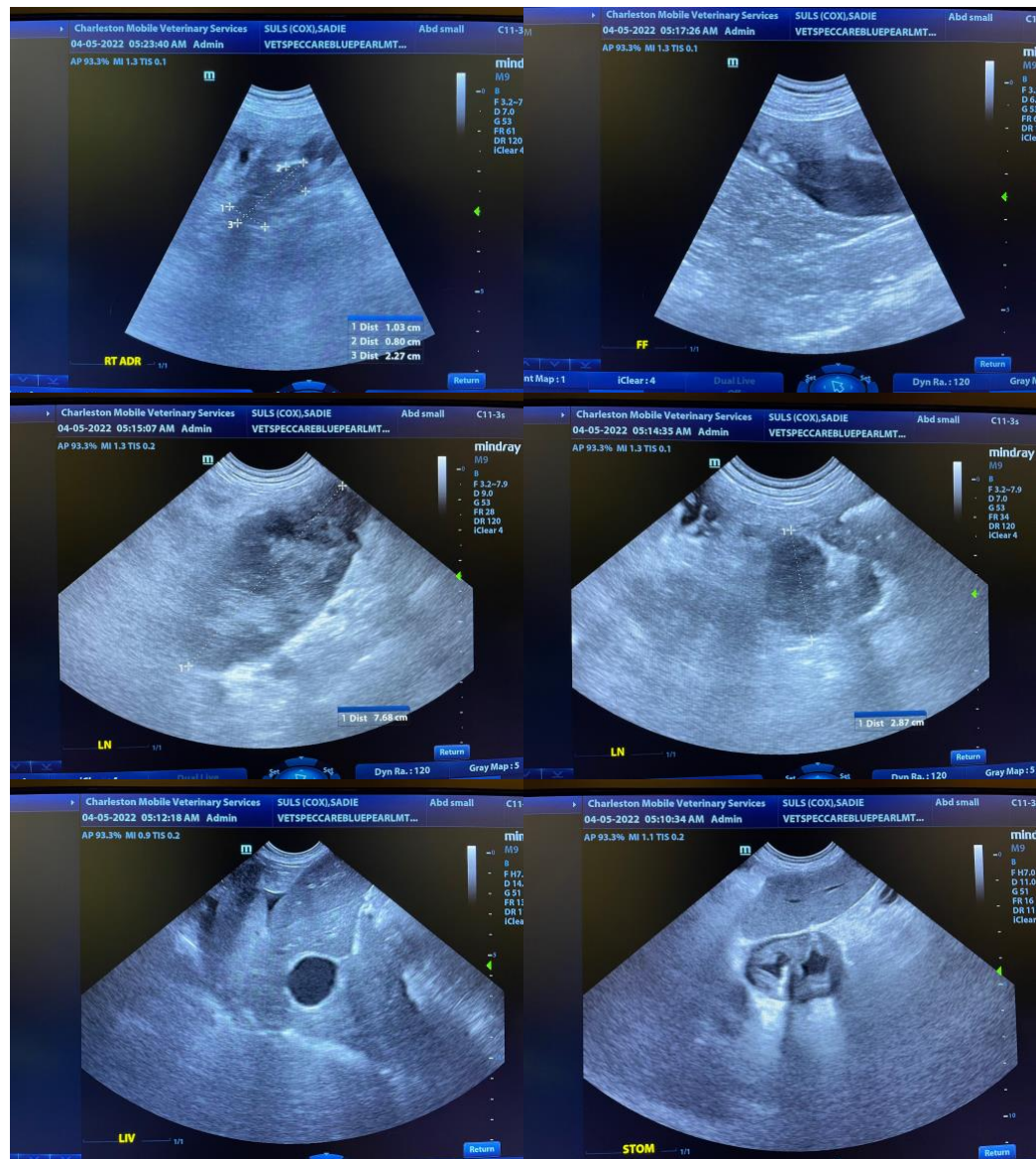
4/5/22

Secondary Findings

- Fluid-distended colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases. Depending on the results of the lymph node cytology, consultation with a board-certified oncologist may be warranted.





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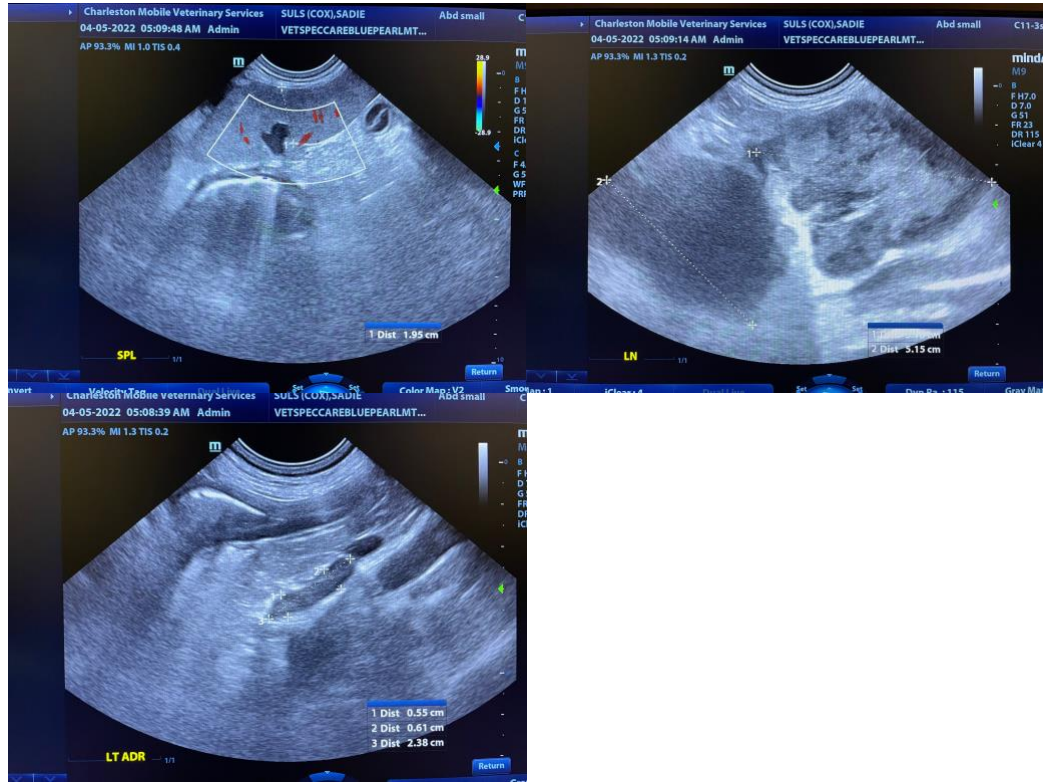
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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