



**PATIENT**

Gifford King

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered Male

**AGE**

8 years, 2 mos

**WEIGHT**

42.4 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Brian Barnes

**HOSPITAL NAME**

Westview VH

**REFERRING VET**

Dr. Brian Barnes

**INVOICE**

10692

**DATE**

4/6/22

**PRESENTING CLINICAL SIGNS**

History: Presented on the weekend after a few days' history of lethargy, anorexia, had vomited. Does have a history of vomiting a few times each week since about 1 yr age. Dull, depressed altered mentation, febrile conjunctivitis, UTI, unable to stand or move Has improved with IVF and antibiotics

Abnormal PE/Chem/CBC/UA Results: CBC rbc 5.32 (N 5.65-8.87), hct 0.365 (N 0.373-0.617) Hg 128 (N 11-205), increased retics WBC 19.02 (N 5.05-16.76), increased neuts, Mono plts Low ??  
CHEM: Chem: WNL, Snap cPI Normal U/A, Free catch, dark yellow, sl cloudy, USG 1.020, pH 7, Pro 30, Glu/ Ket/ Leu Negative, Bld 250, Bili 1, Uro nor wbc 3/hpf, rbc 43/hpf, suspect cocci, non-squamous epi cells 1-2 hpf, non-hyaline casts present (suspect) x-ray report: 1. Unremarkable geriatric thorax. 2. Unremarkable abdomen. DX Open, consider infection, meningitis, neuro, Grade 2-3 Cardiac murmur, PMI left hemithorax

**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 prostate is not visualized in its entirety due to its pelvic location. In the visualized portion, it is subjectively normal in size, with a normal shape and homogenous parenchyma. The prostatic urethra is not overtly dilated.

The left kidney is normal size (7.54 cm in length); with an irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A cortical infarct is present at the caudolateral aspect. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal size (9.15 cm in length); normal shape and architecture with 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.

**Adrenal Glands**

The left adrenal gland is normal size (0.47 cm at cranial pole) (0.59 cm at caudal pole) (2.47 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 (0.84 cm at cranial pole) (0.68 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.



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**Spleen**

The spleen is normal in size (1.86 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.

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**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma isoechoic relative to the spleen and homogenous in appearance. No focal lesions are observed.

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Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly 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. No obstructive or overt infiltrative disease is noted.

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**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.

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**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Left renal cortical infarction.
- A benign, diffuse hepatopathy is suspected, particularly in light of the patient's normal liver values.

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\*\*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include occult pyelonephritis, bacterial endocarditis, other infectious disease (i.e., tick-borne, meningitis, immune-mediate polyarthritis, other).

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- If the cardiac ultrasound is inconclusive, consider the following:

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1. Neurologic examination +/- referral to a board-certified neurologist
2. Further testing for infectious diseases (i.e., tick-borne)
3. Urine culture and sensitivity, preferably on a pre-antibiotic sample



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4. cPLI to further evaluate for low-grade pancreatitis
5. +/- joint CFS Taps

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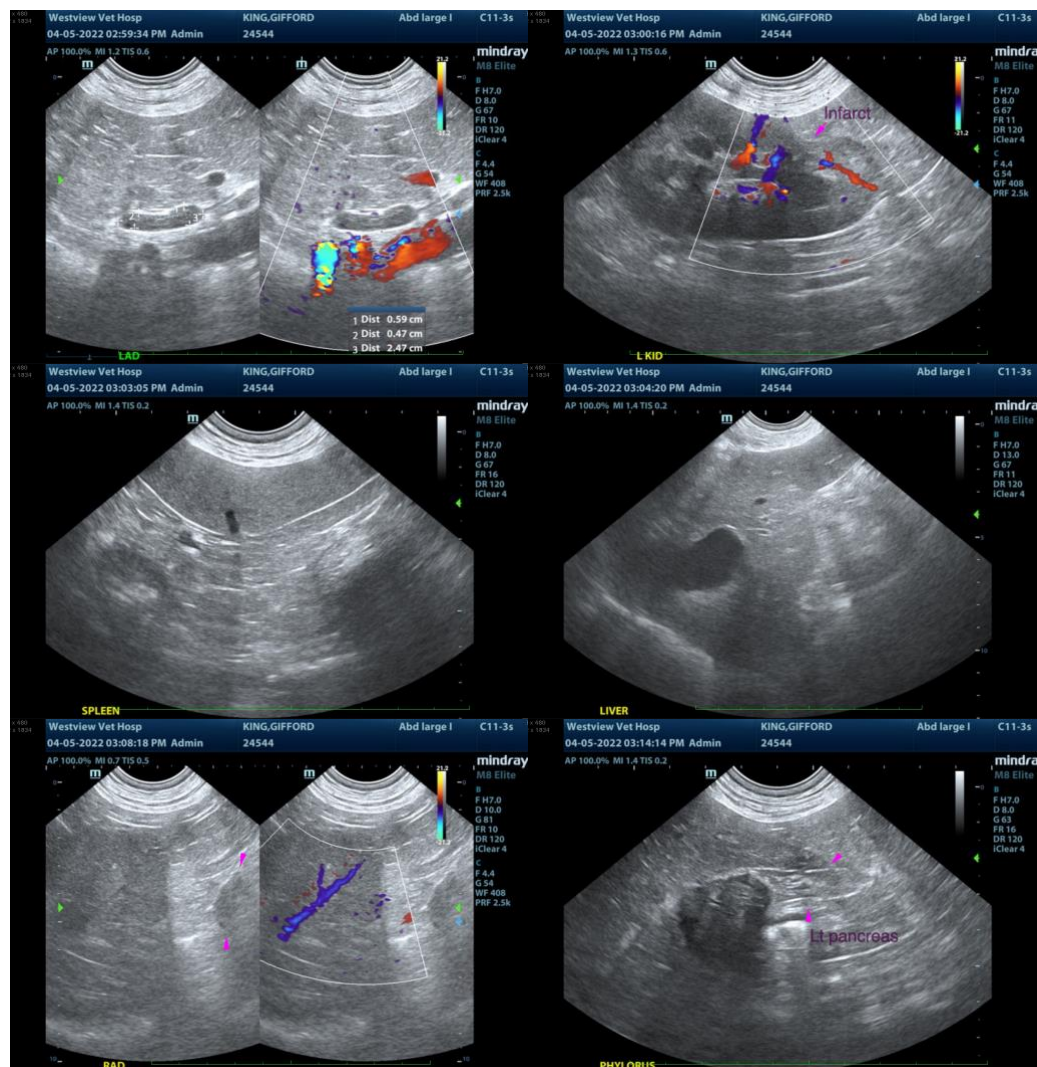
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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