



**PATIENT PRESENTING CLINICAL SIGNS**

Max Miller Clinical Exam Findings: Lethargy and anorexia since Tuesday night. Negative fecal and vaccinated 5 days ago (DHPP, Lepto, Lyme).

**SPECIES**

Canine

1. fever
2. lethargy
3. nausea (mild hypersalivation)
4. anorexia

**BREED**

Golden Retriever

All other PE findings wnl

**SEX**

Intact Male

Abnormal lab-work values:

Yesterday: Parvovirus SNAP test Negative; CBC: RBC 3.64 (L), HCT 22.5 (L), HGB 8.4 (L), RETIC 1.1 (L), WBC 1.54 (L), NEU 0.00 (L), PLT 84K (L), MONO 0.14 (L); PCV/TS: 26%/5.4; manual platelet count: 147K

**AGE**

3/19/22

Today: CBC: RBC 3.24 (L), HCT 19.6 (L), HGB 7.5 (L), RETIC 1.0 (L), WBC 2.28 (L), NEU 0.02 (L), PLT 31K (L), EOS 0.00 (L); manual platelet count 82.5K; PCV: 23%/6.0; Fecal Float: Hooks and rounds  
Current Medications: Cerania, Unasyn, IVF

**WEIGHT**

9.3 kg

Radiographic Findings 06/28:

Bone physis are still open according to the age of the patient.

The stomach is moderately distended with gas and granular soft-tissue material. A small amount of mineralized sediment is noted within the pylorus.

The small bowel is diffusely mildly and homogeneously distended with fluid and soft-tissue material. The colon contains normal fecal material. There are no abnormalities at the level of the liver, spleen, kidneys, and urinary bladder. The peritoneal detail is adequate.

The caudal portion of the thorax included in the study appears unremarkable.

**INTERPRETED BY**

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

06/29: The stomach is smaller than in the previous study suggesting progression of the gastrointestinal content.

Assessment:

Progressive GI emptying. Gastric contents suggest dietary indiscretion. However, no visible obstruction is noted.

There are no radiological findings that could explain the reported clinical signs.

**IMAGING PERFORMED BY**

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**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.

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**REFERRING VET**

Dr. Shannon Graham

The prostate is normal in size (0.77 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

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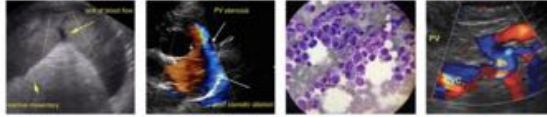
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The **left kidney** is normal size (5.62 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**DATE**

6.29.22

The **right kidney** is normal size (6.39 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary



**PATIENT** distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Max Miller

**Adrenal Glands**

**SPECIES** The **left adrenal gland** is normal size (0.36 cm at cranial pole) (0.31 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.

Canine

**BREED**

The **right adrenal gland** is normal size (0.89 cm at cranial pole) (0.63 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.

Golden Retriever

**SEX**

**Spleen**

The **spleen** is normal in size (1.28 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.

Intact Male

**AGE**

**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. The portal vein to caudal vena cava ratio is approximately 1: 1.

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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/not seen.

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**Gastrointestinal**

The **gastric lumen** is mildly to moderately distended with ingesta and some irregular shadowing material. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

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**Pancreas**

The right limb is visible/prominent, with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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**Free Abdomen**

Trace free fluid is observed. A few prominent mesenteric **lymph nodes** are visualized, the largest measuring 2.62 cm in length. A prominent sublumbar lymph node measuring 2.08 cm in length is also seen.

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**Other**

**INVOICE**

A brief echocardiogram reveals no obvious evidence of chamber enlargement or pleural/pericardial effusion. No masses are seen.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.
  - The trace ascites may be secondary to increased vascular permeability or can be normal for variant for a patient of this age.
  - The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
  - The shadowing material within the gastric lumen could be consistent with foreign material and/or normal ingesta. The material appears nonobstructive at this time.
- \*An obvious cause for the patient's clinical signs and neutropenia is not identified in this study. Considerations include vaccine reaction, other autoimmune disease, infection, bone marrow disease, neoplasia (unlikely), other.

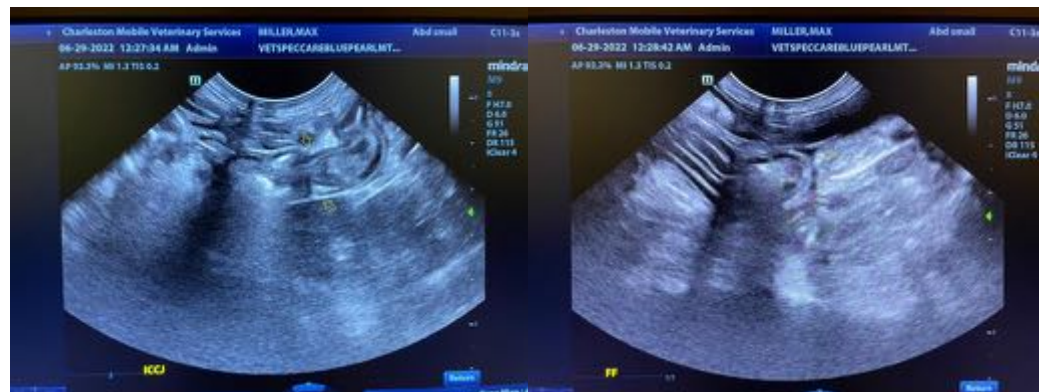
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Consider the addition of a fluoroquinolone to the treatment plan, as long as the client understands the risks of using this type of antibiotic in a young, large-breed patient.

Additional radiographic views of the thorax are recommended to assess for occult pneumonia.

Consider a urine culture and sensitivity, preferably on a pre-antibiotic sample, to assess for an occult urinary tract infection.

If the patient's clinical signs do not improve within the next 24-48 hours of supportive care, further work-up for fever of unknown origin (i.e., full echocardiogram, bone marrow aspirate, arthrocentesis, additional infectious disease testing +/- CSF tap) may be warranted.





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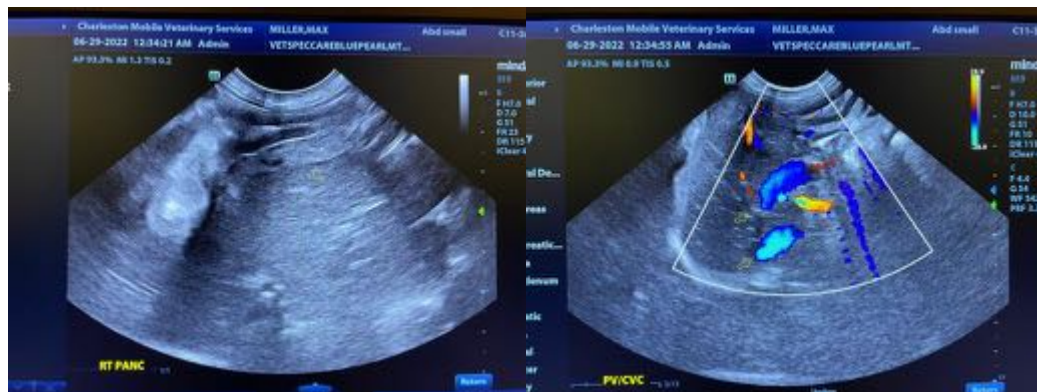
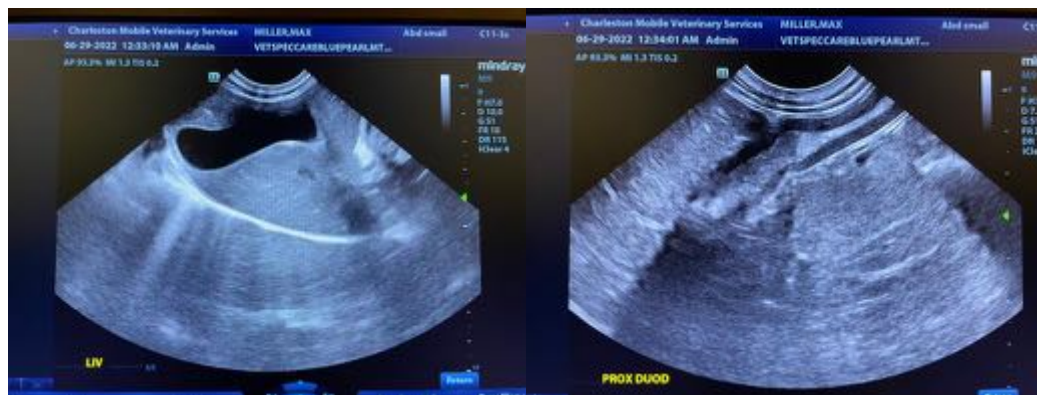
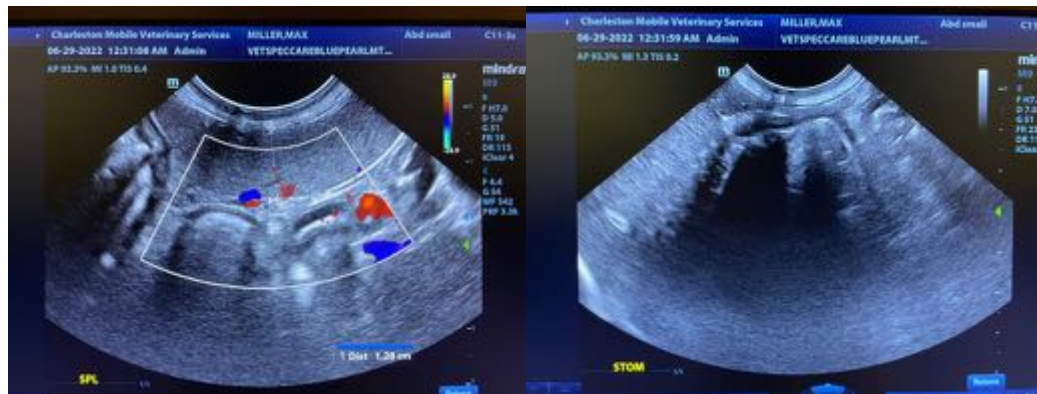
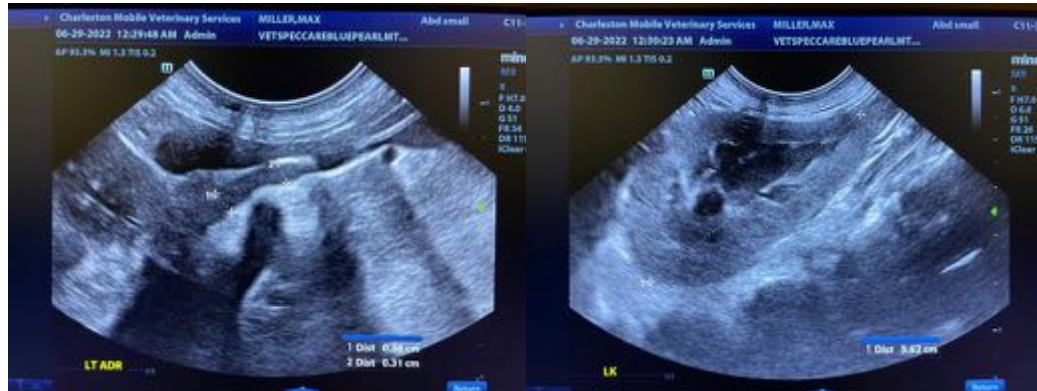
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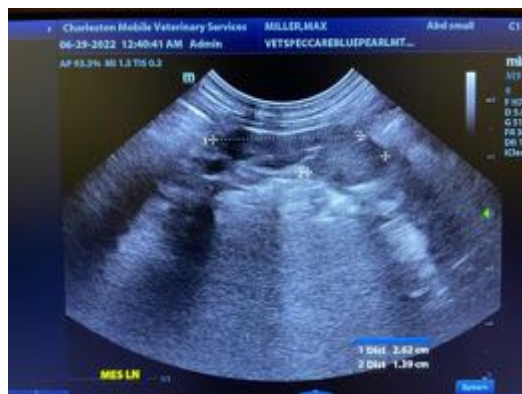
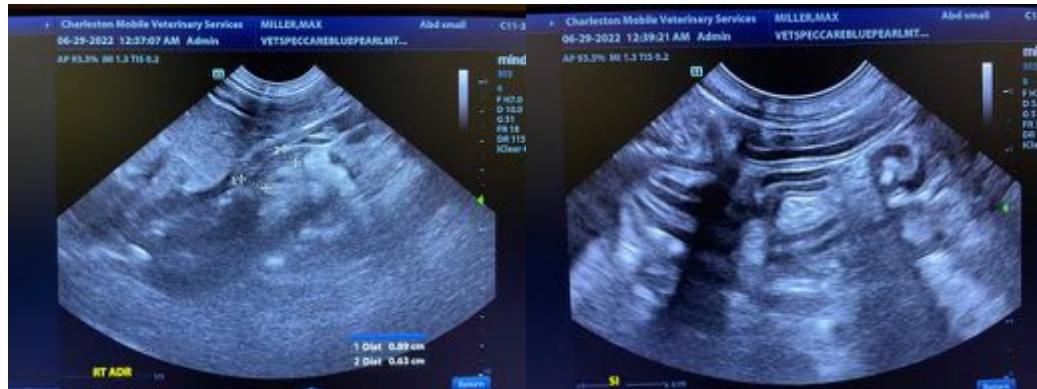
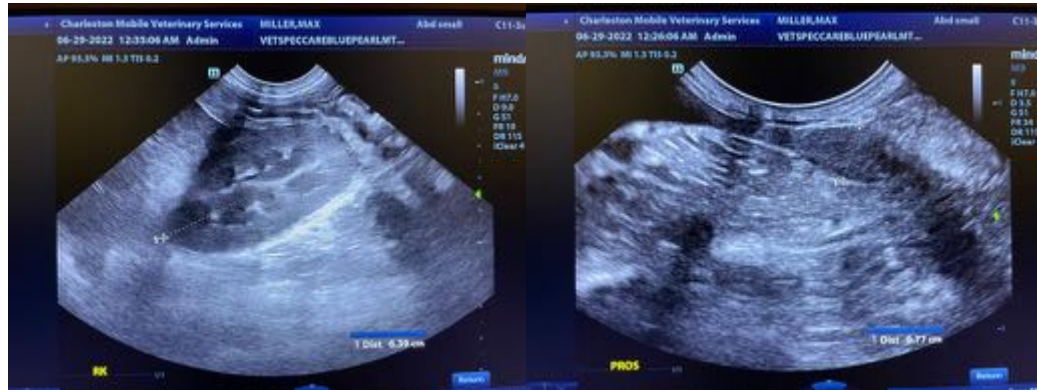
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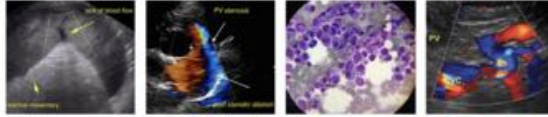
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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