

**PATIENT**

Bo Grimes

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Male, neutered

**AGE**

8 Yrs.

**WEIGHT**

72.6 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Goodman

**HOSPITAL NAME**

Evendale-Blue Ash Pet  
Hospital

**REFERRING VET**

Dr. Gogluizza

**INVOICE**

13835

**DATE**

8/16/22

**PRESENTING CLINICAL SIGNS**

History: Presented 7/14/22 for annual wellness with no concerns. Noted that he has lost 13lbs since last year that was unplanned. Goes to boarding and appetite can be off when he's there or food discrepancies at home. Lab work showed mildly dilute urine, recheck USG showed adequate concentration. Since visit has had weight check and continuing to lose weight, had some inappetence and lethargy. Presented today and patient is still not quite himself and has lost another pound. Weight history: 7/23/2020 - 98.6lbs 7/26/2021 - 86.8lbs 7/14/2022 - 73.8lbs 8/9/2022 - 73.2lbs 8/16/2022 - 72.6lbs

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The cystourethral junction and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.05 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 (6.47 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.

The right kidney is normal size (6.51 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.

*Adrenal Glands*

The left adrenal gland is normal in size (0.59 cm at the cranial pole)(0.80 cm at the caudal pole); normal shape; homogeneous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

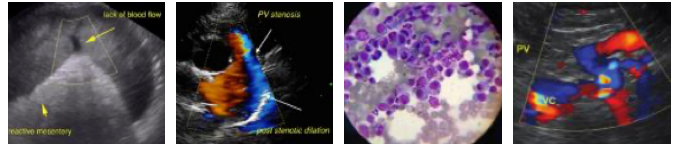
The right adrenal gland is normal size (1.72 cm at cranial pole) (0.65 cm at caudal pole) (2.74 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is normal in size (2.28 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.

*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 gall bladder lumen is moderately



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

**Gastrointestinal**

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The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with gas and chyme (mild). 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 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**

**WEIGHT**

72.6 lbs.

- Unremarkable abdomen. An obvious cause for the patient's weight loss is not identified in this study. Considerations include maldigestion/malabsorption, occult neoplasia, neurologic or orthopedic disease, underlying metabolic issue, other.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING  
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- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- Consider a fecal evaluation for ova and Giardia and a malabsorption panel including serum cobalamin, folate, TLI and PLI.
- Thorough orthopedic and neurologic evaluations are recommended. It should be noted that weight loss is occasionally the sole clinical sign in dogs with brain tumors.
- Consider a resting cortisol to screen for atypical hypoadrenocorticism.
- Depending on the results of the above diagnostics, GI biopsies (i.e., endoscopic or surgical) may be warranted.

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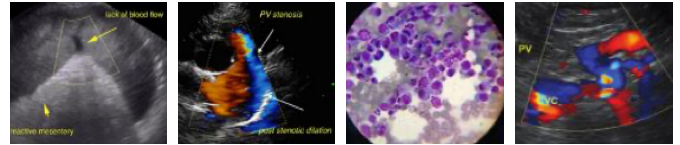
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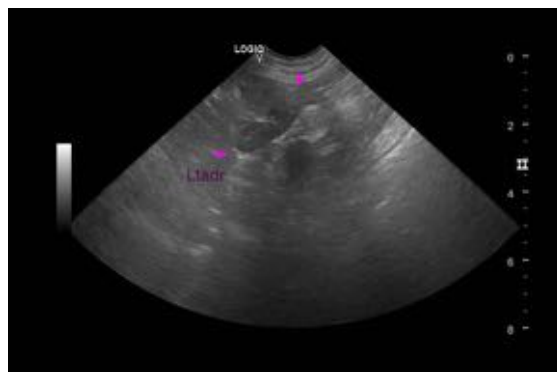
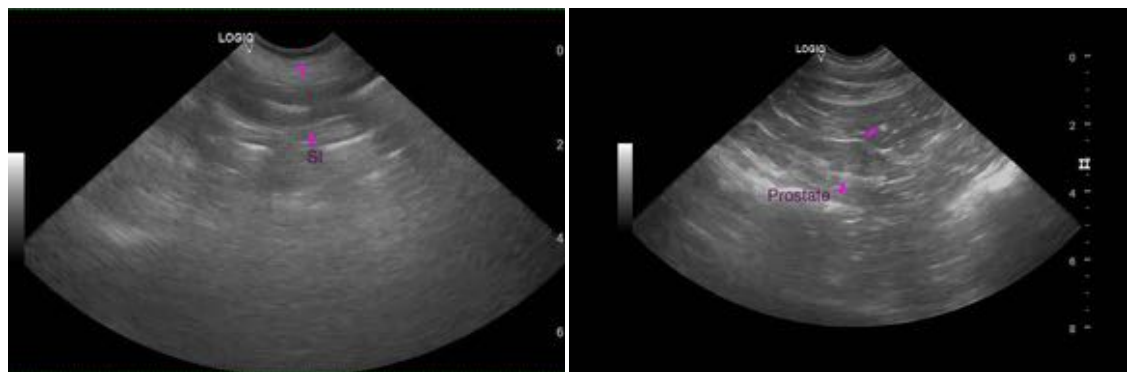
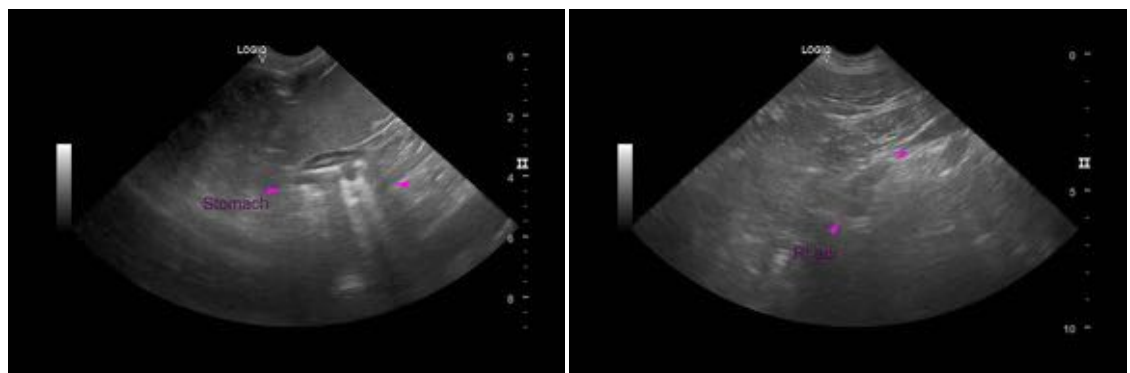
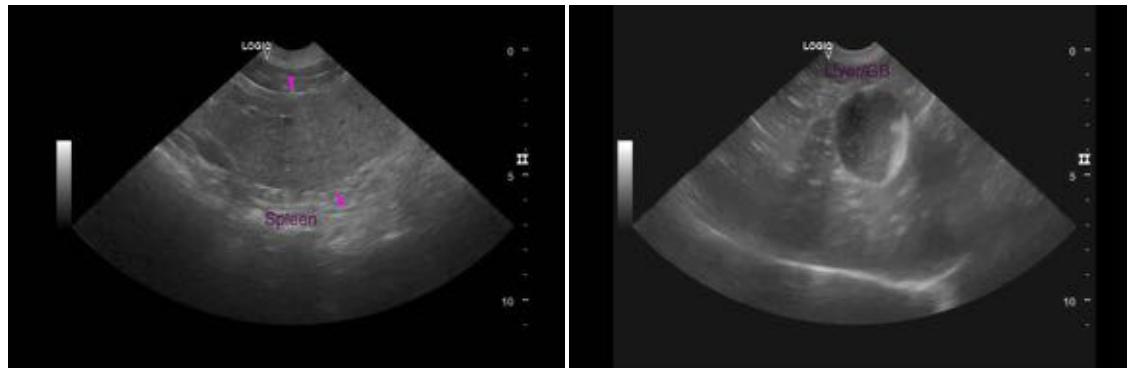
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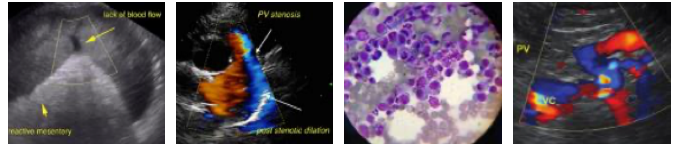
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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