

PATIENT PRESENTING CLINICAL SIGNS

Sallie Roberts History: Sallie is a 6yo FS Golden Retriever presenting as a direct transfer for hyperthermia and leukopenia.

SPECIES

Canine

BREED

Golden Retriever

SEX

Female Spayed

AGE

6 years

WEIGHT

29.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl MP ER

REFERRING VET

Dr. Kitzmiller

INVOICE

14223

DATE

8.25.23

Hyporexic for past 48 hours, lethargic for past 24 hours. Has vomited twice in the past 24 hours. Os took to pDVM today it was discovered that Sallie had temperature of 106 degrees. pDVM ran CBC, Chem, U/A and Os were told that chem was wnl, but that WBC were low and that they should transfer here for continued care. DVM gave Cerenia, Pepcid and SQF. Also diagnosed yeast infection AU today and treated with leave-in medication Os do not know the name of.

No unusual activities recently, no Hx of dietary indiscretion or diet changes. Still drinking, urinating, defecating normally. UTD on Vx, HW/flea prevention. Not normally on any medications.

Level of pain (0-4): 1-2 (malaise)

GEN: QAR, nervous, mild dehydration, BCS 5/9

INTEG: No areas of alopecia, no primary skin lesions, soft and ill-defined soft tissue swelling over L thorax (likely SQ fluids), normal coat.

EENT: Eyes clear OU, no ocular discharge OU. Ears currently being treated for yeast infection AU. No nasal discharge.

OP: MM pink/tacky, CRT <2 sec. Focal area of hyperemia above 105-107 (R side)

LN: Mandibular, prescapular, and popliteal lymph nodes WNL.

RESP: Normal rate and effort, eupneic. Lung sounds clear bilaterally, no crackles or wheezes.

CV: No heart murmur, normal heart rate and rhythm, pulses strong and synchronous.

ABD: Soft, non-painful abdomen. No obvious masses or organomegaly. No apparent fluid wave.

RECTAL: normal anatomy, empty colon, no blood or stool noted on glove.

GU: No discharge or irritation.

MS: Ambulatory x 4. No apparent lameness. Normal musculature.

NEURO: Appropriate mentation. No obvious CP deficits or ataxia.

Abnormal lab-work values: Lactate: 2.5. CBC: HCT 45.4% (N), MCH 26.3 (H), MCHC 38.5 (H), Retic 6.0 (L), Retic-HGB 20.4 (L), WBC 10.81k (N), NEU 9.52k (N), Lymph 0.87k (L), Eos 0.04k (L), PLT 41k (L), PCT 0.05 (L), rest WNL/ Manual differential: Seg 58% = 6.26k (N), Lymph 36% = 3.89k (N), Mono 6% = 0.65k (N), "generally leukopenic"; 75% echinocytes seen. Manual PLT estimate: 85,500, minimal clumping. Chem17: Phos 0.9 (L), K 3.4 (L), Cl 108 (L), rest WNL. UA (cysto): USG 1.040, pH 7.0, 500 protein, 50 glucose, 15 ketones, 250 blood, 1 bilirubin, 4 urobilinogen, 25 leukocytes, 2 WBC/hpf, 7 RBC/hpf, suspect cocci (manual review reveals 2+ cocci), no rods, no crystals

4Dx: Negative x 4

PT: 15 sec (11-17 sec)

PTT: 124 sec (72-102 sec)

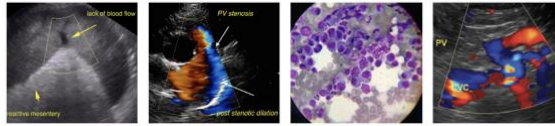
Slide agglutination: Negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, appear normal.

The left kidney is normal size (6.26 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen and mildly thickened with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.



PATIENT

Sallie Roberts

The right kidney is normal in size (6.99 cm in length) normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen and mildly thickened with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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Adrenal Glands

The left adrenal gland is normal in size (0.57 cm at cranial pole) (0.58 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

SEX

Female Spayed

The right adrenal gland is in normal size (0.80 cm at cranial pole) (0.58 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

AGE

6 years

Spleen

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature appears normal.

WEIGHT

29.2 kg

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. A small to moderate amount of aggregated, echogenic, gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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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 pyloric outflow tract is patent. The small intestinal lumen is segmentally fluid-distended (mild). The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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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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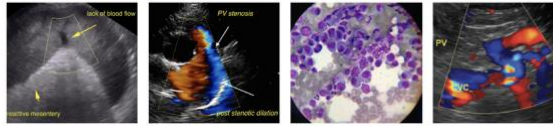
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ULTRASONOGRAPHIC FINDINGS

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- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.
- Mild small intestinal ileus without obvious evidence of a foreign body/obstruction



PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sallie Roberts

- Further recommended regarding the fever of unknown origin should be based on the echocardiogram report and urine culture and sensitivity results. Other diagnostics considerations could include:

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- A comprehensive tick panel (Send to NC State University Vector-borne Disease Lab).
- +/- arthrocentesis to assess for immune-mediated polyarthritis.

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- Given the recent onset of a cough this morning, repeat thoracic radiographs are recommended.

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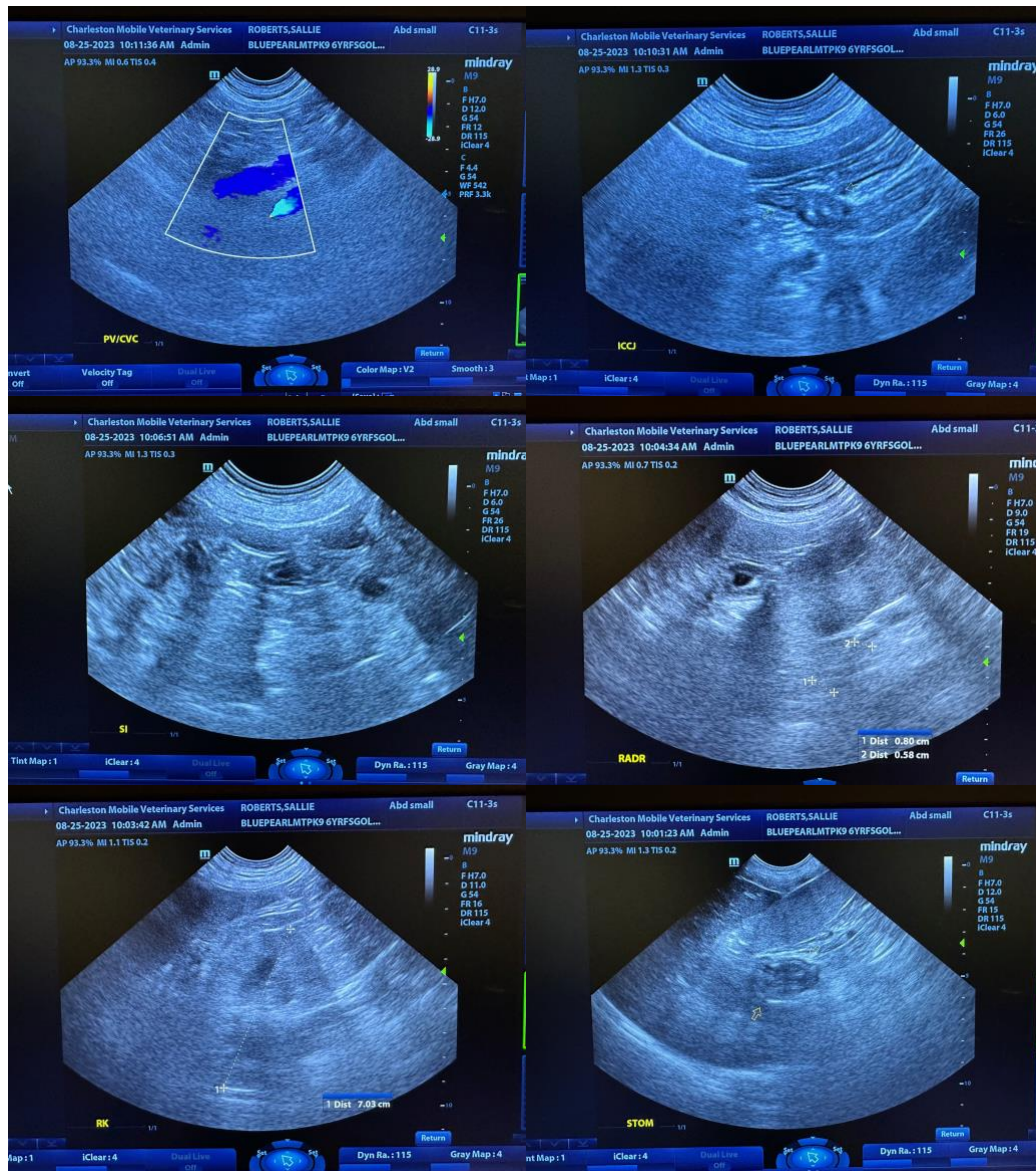
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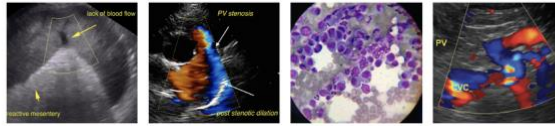
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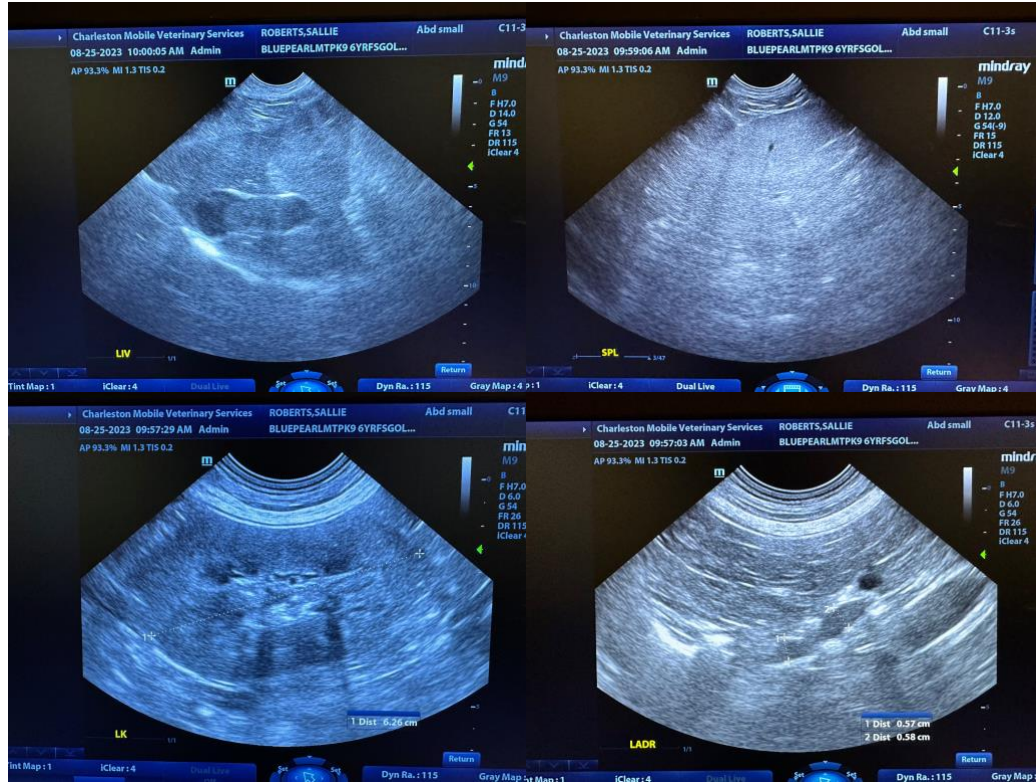
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com