

PATIENT

Sully Petree

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact Male

AGE

7.14.22

WEIGHT

13 lbs

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

Park West VA

REFERRING VET

Mercedes Carota

INVOICE

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DATE

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PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Started vomiting on Tuesday, lethargic. Nothing dog could have gotten into/food/foreign material etc. BAR in hospital, TPR/PE WNL. Cerenia SQ administered, ate i/d can well here. -Did not vomit yesterday, but was lethargic and only ate i/d -Today vomited in the AM, would not eat. BAR here, TPR WNL. Received first DHLPP 10 days ago

Abnormal lab-work values: BUN 76 creat 6.5 K 7.8 HCT 31%

Current Medications: Cerenia, Unasyn, famotidine, IV fluids

Radiographic Findings: Radiographs of abdomen for possible FB: "Small volume of heterogeneous small intestinal material- normal ingesta, foreign material are both considered. No evidence of associated mechanical ileus."

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is 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 normal in size (0.84 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 (5.56 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. The cortex is mildly hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (6.17 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 (0.38 cm at cranial pole) (0.33 cm at caudal pole) (1.69 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 (0.54 cm at cranial pole) (0.49 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.

Spleen

The **spleen** is normal in size (0.93 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



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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 **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid-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 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 lumen of the descending colon contains shadowing fecal material. There is no evidence of an obstructive pattern.

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Pancreas

The left limb is visible and is normal in size with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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Free Abdomen

A small amount of anechoic free fluid is present. A few prominent mesenteric **lymph nodes** are visualized, the largest measuring 0.58 cm in length.

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Other

A **brief echocardiogram** reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hyperechoic renal cortices, in conjunction with the patient's clinical history, are most consistent with acute renal failure. Top differentials include infection (i.e., Leptospirosis, pyelonephritis) and toxicity.
- The free fluid may be secondary to increased hydrostatic pressure, low oncotic pressure, or increased vascular permeability.

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Secondary Findings

- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.
- The pancreatic changes in the left limb are likely a normal variant for this patient. However, mild pancreatitis cannot be excluded.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended.

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A urine culture and sensitivity should also be considered. If proteinuria is present in the absence of infection, a UPC should be performed.

A baseline blood pressure measurement should also be considered.



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While awaiting test results, IV fluid diuresis, along with symptomatic care is recommended. Initiation of antibiotics (i.e., amoxicillin-clavulanic acid) is also recommended while awaiting Leptospirosis and urine culture and sensitivity results. Serial monitoring (i.e., daily) of the patient's renal values and electrolytes is recommended to assess the progression of disease.

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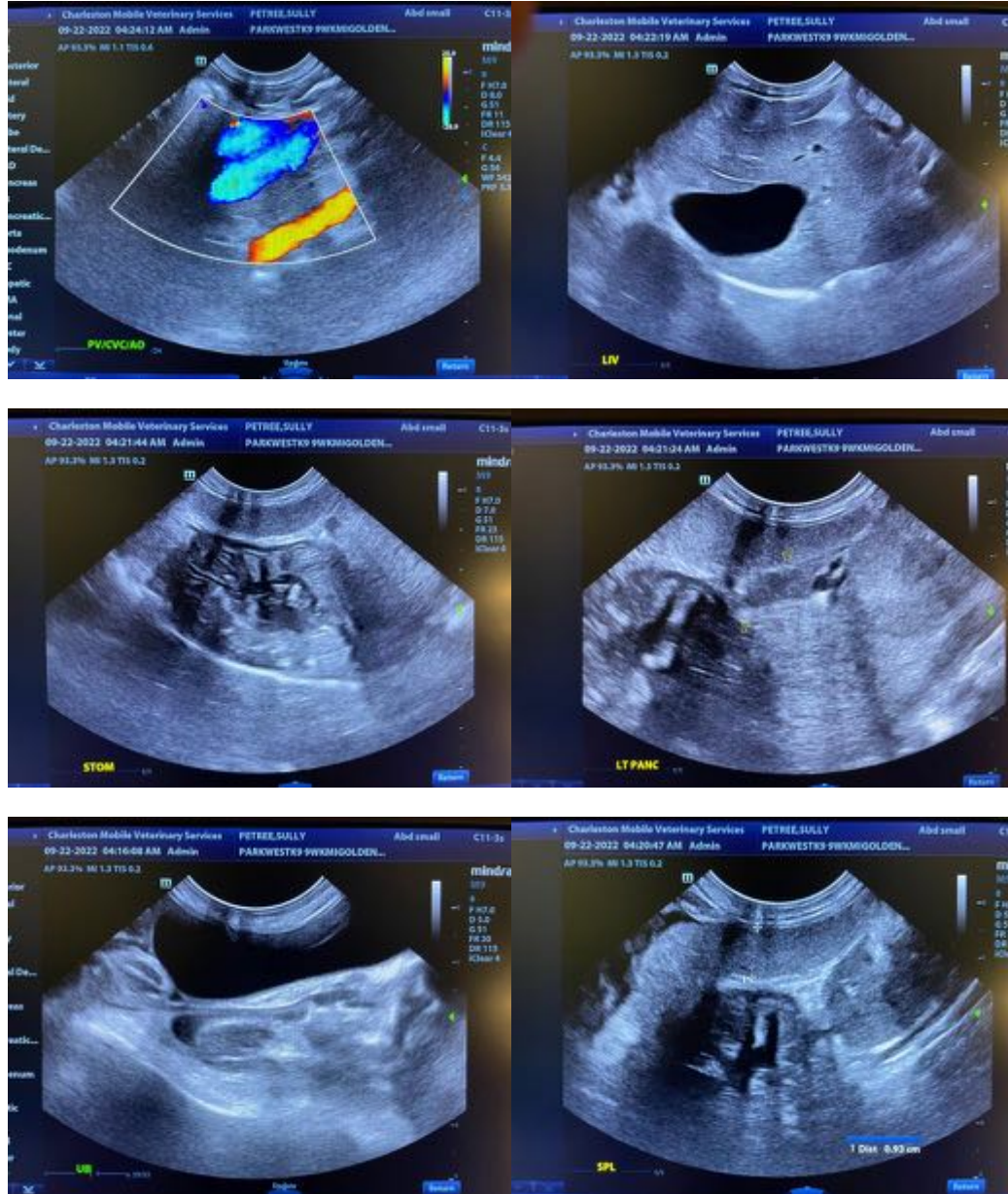
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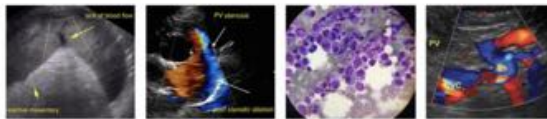
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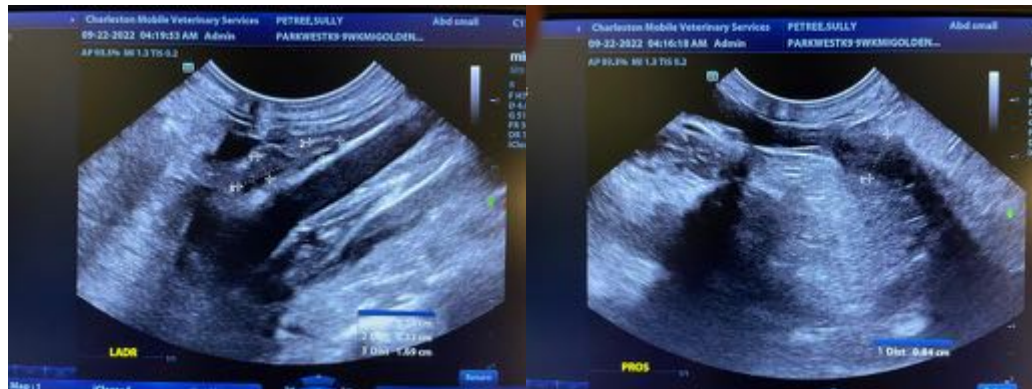
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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