



PATIENT

Mandi Thomason

SPECIES

Canine

BREED

Golden Retriever

SEX

Female, intact

AGE

7 Yrs.

WEIGHT

80 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Remcho

DATE

1/4/2022

INVOICE

12790

PRESENTING CLINICAL SIGNS

History: P has had some intermittent vomiting. P has small amount of clear mucus from vulva. P is intact and O is concerned about possible pyometra or other reproductive concerns. PE today was overall within normal limits (P has long term skin issues)

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 left kidney is normal size (5.99 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.

The right kidney is normal size (6.46 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 (0.76 cm at cranial pole) (0.72 cm at caudal pole) (2.95 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 (0.74 cm at cranial pole) (0.75 cm at caudal pole) (3.21 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 (2.63 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 distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

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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 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 disease is noted.

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Pancreas

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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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Other

The left ovary is enlarged (1.02 x 0.93 cm) with multiple cystic follicles. Adjacent to the ovary, cystic areas are observed, the largest measuring 2.48 cm in length. These lesions may represent ovarian follicles or fluid dilation of the proximal left uterine horn.

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The right ovary is not definitively visualized.

The uterine body is visible and is thickened (up to 1.45 cm) with a mildly thickened wall (up to 0.31 cm) and mild uterine dilation with echogenic material.

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A brief echocardiogram reveals no obvious evidence of pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

The uterine changes are concerning for possible pyometra, mucometra or hydrometra. The remainder of the abdomen is unremarkable. An obvious cause for the patient's vomiting is not identified in this study.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Regarding the uterine changes, an ovariectomy is recommended. A vaginal cytology can be considered preoperatively to further assess for pyometra.
- Regarding the vomiting, consider the following:
 1. A fecal evaluation for ova/Giardia
 2. GI panel (sent to Texas A&M)
 3. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
 4. A 6-week limited antigen diet trial to assess for food allergies

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- Ultimately endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. If an ovariohysterectomy is pursued, gastrointestinal biopsies can be obtained at that time.

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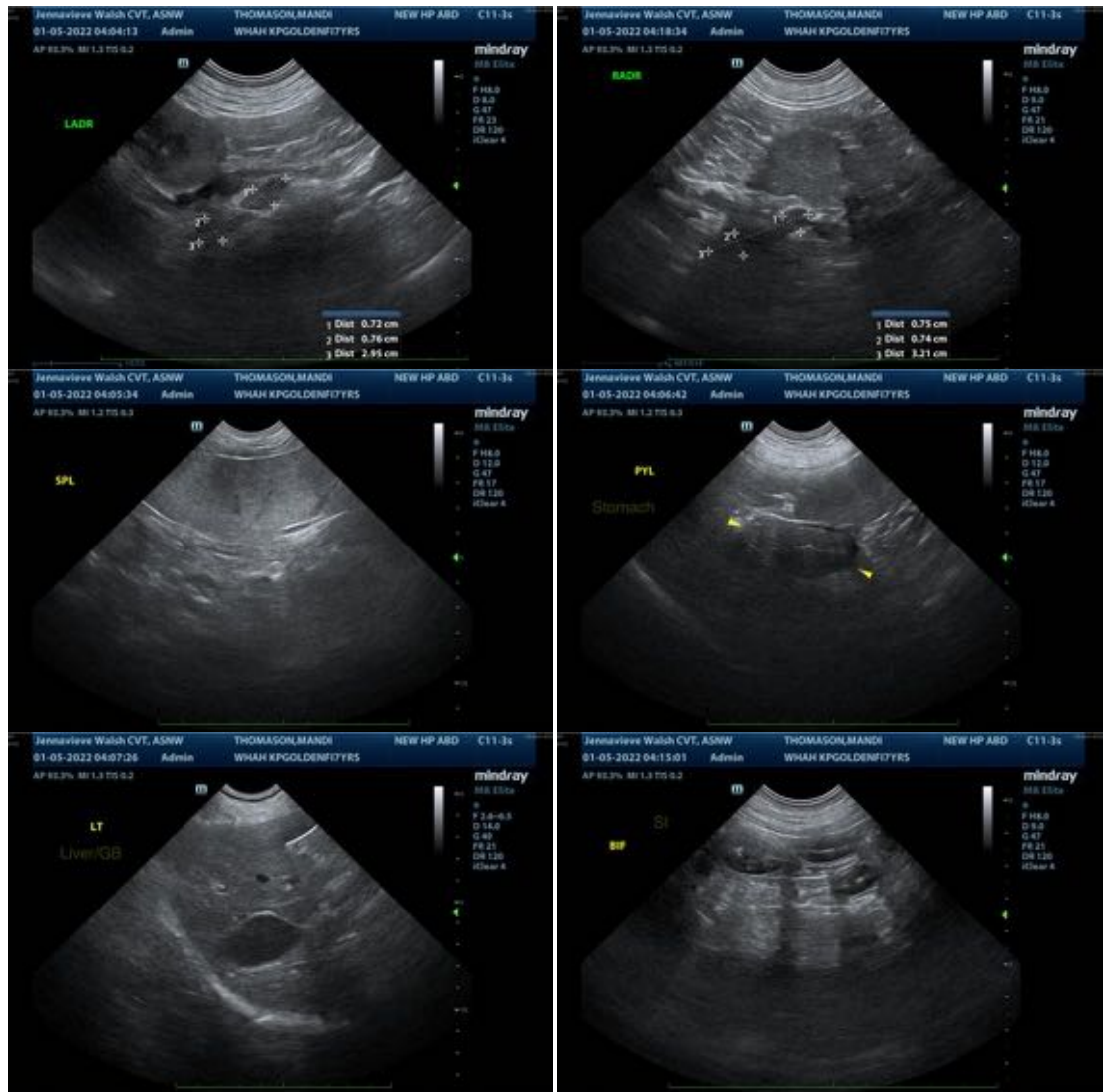
Dr. Remcho

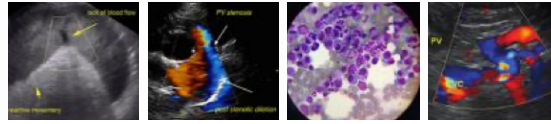
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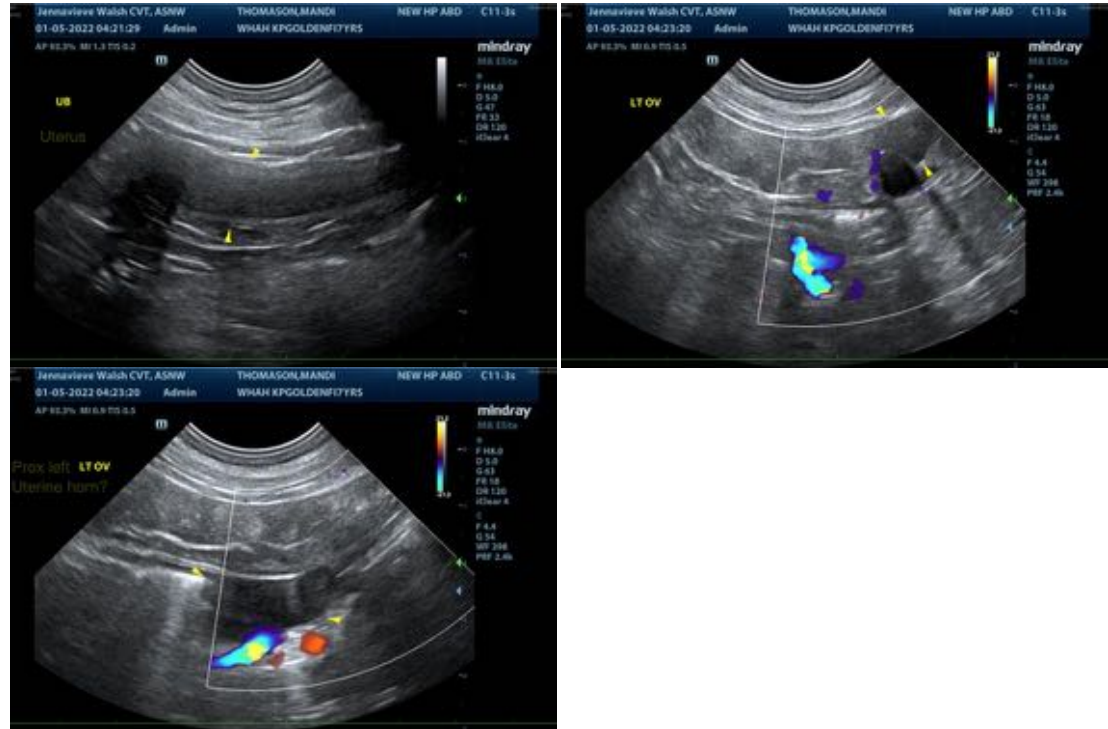
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (Small Animal Internal Medicine)

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