

**PATIENT**

Evey Brandel

**SPECIES**

Canine

**BREED**

Australian shepherd mix

**SEX**

Female, spayed

**AGE**

7 Yrs.

**WEIGHT**

19.2 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**

Blue Pearl Mount Pleasant

**REFERRING VET**

Dr. Graham

**INVOICE**

13423

**DATE**

12/9/25

**PRESENTING CLINICAL SIGNS**

Overall healthy dog. No concerns aside from dental disease/fractures. 208 complicated crown fracture. On presentation, Evey was bright, alert, and responsive. Cardiopulmonary sounds were normal with no murmurs, arrhythmias, crackles, or wheezes on thoracic auscultation. The abdomen was soft and non-painful on palpation. No lameness or neurologic deficits were noted. BW no significant concerns. Good for surgery.

Further history: Owners report Evey was normal prior to appt. today. No coughing noted at home. Intermittent episodes of heavy breathing/panting that has been historic and never worked up. No exposure to rodenticide that owner is aware of. Presented to pDVM today for 108/208 slab fractures. Unremarkable labwork prior to procedure and reported normal auscultation of thorax. During procedure noted to have low pulse ox and increased RE. Post procedure radiographs revealed severe pleural effusion. Transferred for further workup. Received injection of cerenia and 4.4mg/kg dose of carprofen at pDVM today. No history of exposure to rodenticides. Tested negative for HWD in August 2025.

**Diagnostics:**

- CBC: LYM 0.68 k/uL **\*\* (L) \*\***, HGB 21.7 **\*\* (H) \*\***, MCG 26.5 **\*\* (H) \*\***, MHCH 41.9 **\*\* (H) \*\***
- Chem: GLU 113 mg/dL **\*\* (H) \*\***, GLOB 2.2 g/dL **\*\* (L) \*\***
- Pleural Effusion PCV/TS <1%/ TS 2.0 g/dL; no bacteria seen, low cellularity rare red blood cell, plasma cell vs lymphocyte, mesothelial cell
- STAT PVPS Fluid Analysis & Cytology: PENDING
- Pleural Effusion Triglyceride: PENDING

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately 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 cm, are normal.

The left kidney is normal in size (5.69 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (5.62 cm in length) with a normal shape, architecture and 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 in size (0.58 cm at cranial pole) (0.60 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 are normal.

The right adrenal gland is normal in size (0.79 cm at cranial pole) (0.55 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 are normal.

**Spleen**



**PATIENT**

Evey Brandel

**SPECIES**

Canine

**BREED**

Australian shepherd  
mix

**SEX**

Female, spayed

**AGE**

7 Yrs.

**WEIGHT**

19.2 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**

Blue Pearl Mount  
Pleasant

**REFERRING VET**

Dr. Graham

**INVOICE**

13423

**DATE**

12/9/25

The spleen is normal in size (1.55 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. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mobile echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

**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.

**Lymph nodes**

1-2 prominent mesenteric lymph nodes are visualized, one of the nodes measuring 1.82 x 0.57 cm.

**Free Abdomen**

There is no obvious evidence of free fluid.

**ULTRASONOGRAPHIC FINDINGS**

- The prominent mesenteric lymph nodes are likely reactive with a lower possibility of emerging neoplasia. The remainder of the abdomen is unremarkable.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further recommendations should be based on the echocardiogram report and pleural fluid cytology. Ultimately, a thoracic CT scan +/- surgical consultation may be indicated.



**PATIENT**

Evey Brandel

**SPECIES**

Canine

**BREED**

Australian shepherd mix

**SEX**

Female, spayed

**AGE**

7 Yrs.

**WEIGHT**

19.2 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**

Blue Pearl Mount Pleasant

**REFERRING VET**

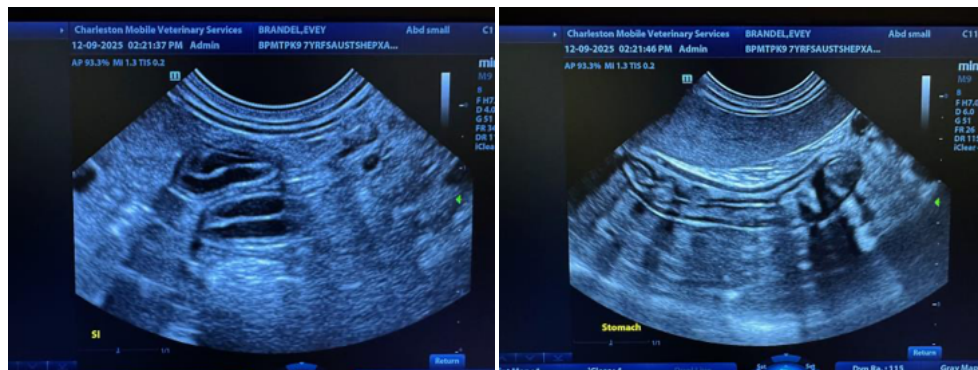
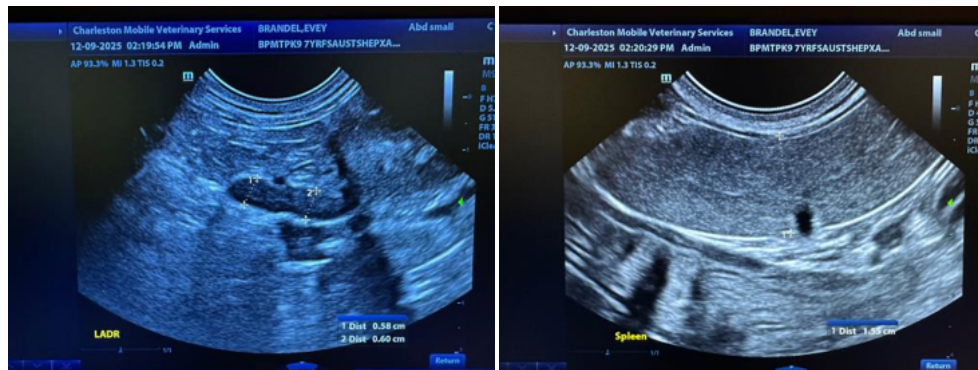
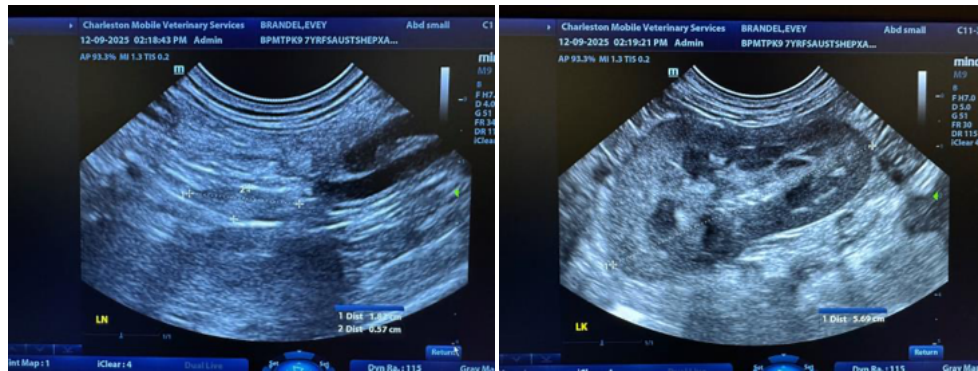
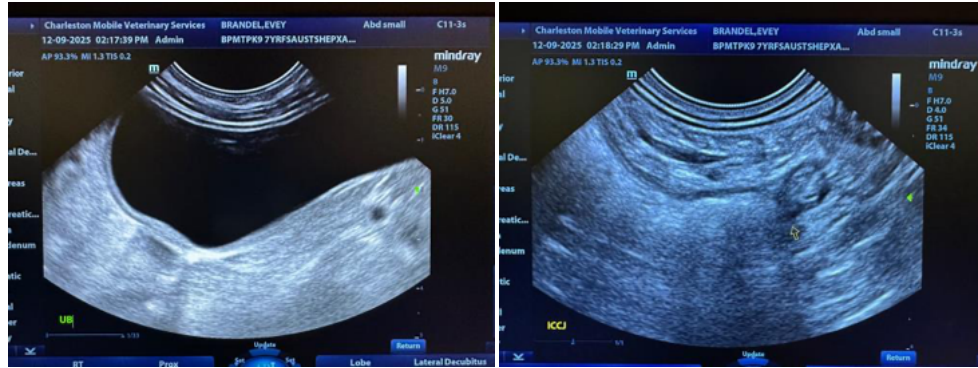
Dr. Graham

**INVOICE**

13423

**DATE**

12/9/25





**PATIENT**

Evey Brandel

**SPECIES**

Canine

**BREED**

Australian shepherd mix

**SEX**

Female, spayed

**AGE**

7 Yrs.

**WEIGHT**

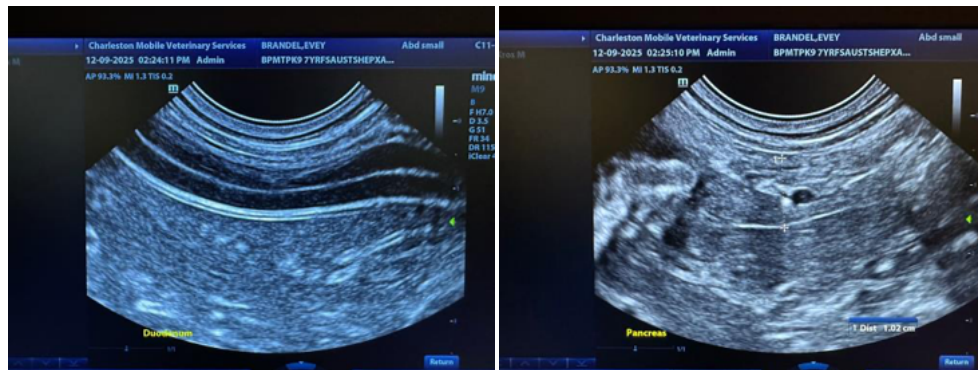
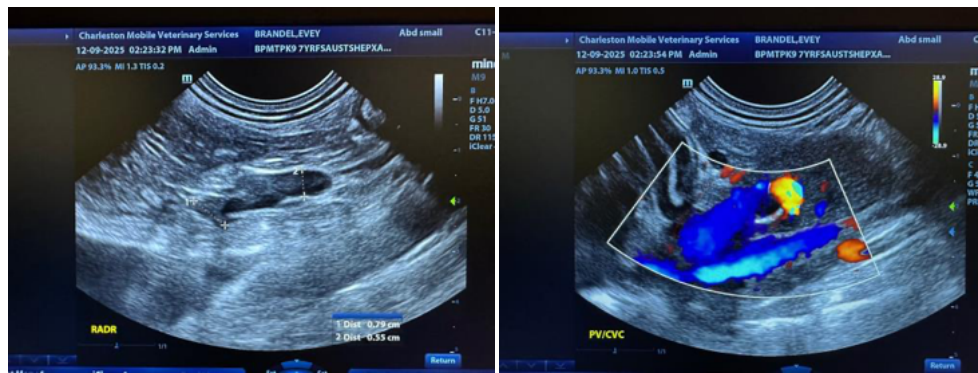
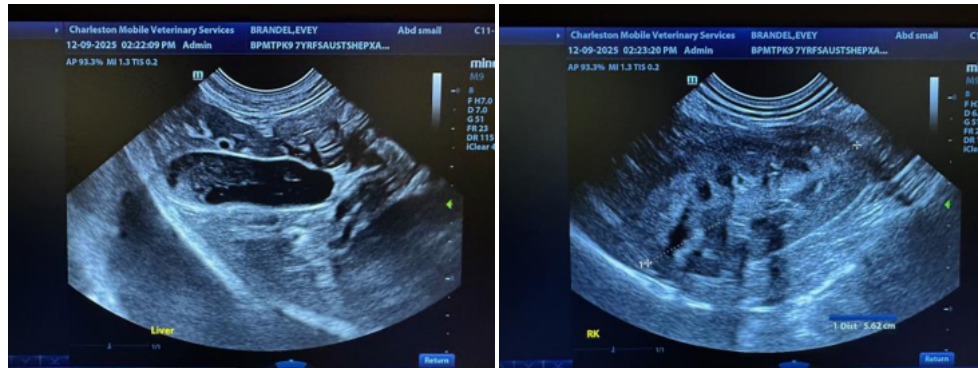
19.2 lbs.

**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**

Blue Pearl Mount Pleasant

**REFERRING VET**

Dr. Graham

**INVOICE**

13423

**DATE**

12/9/25

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](mailto:info@SonoPath.com)