



PATIENT PRESENTING CLINICAL SIGNS

Hallelujah Cohen
SPECIES Canine
BREED Golden Retriever
SEX Female, spayed
AGE 8/8/2018
WEIGHT 24.7 lbs.

Mentation: Bright, alert and responsive.
 Hydration: Adequately hydrated
 Eyes, Ears, Nose: No ocular discharge OU; no nasal discharge and airflow present bilaterally; mild debris AU; no significant abnormalities noted
 Oral Cavity: Mild dental tartar and calculus; mucous membranes are pink and moist; CRT 2 sec; no evidence of petechiation or ulceration; no foreign object or mass appreciated
 Cardiovascular: No murmur or arrhythmia noted, pulses were strong and synchronous.
 Respiratory: Tachypneic, harsh lung sounds bilaterally
 Neurologic: Appropriate mentation, normal CNN, no pain elicited on manipulation and palpation of neck and spine; no obvious neurologic deficits noted (complete neurologic exam not performed).
 Gastrointestinal/Urogenital: Soft and non-painful abdomen with no evidence of mass or organomegaly on palpation
 Rectal: Normal stool color and consistency with no mass or foreign material evident; anal glands soft and small, not expressed
 Peripheral Lymph Nodes: Submandibular LN prominent, Small, soft, smooth, and symmetrical
 Integument: Hair coat in good condition for age and breed, no ectoparasites or dermatitis noted, mild dorsal scale
 Musculoskeletal: BCS 6/9, adequate musculature, no evidence of weakness or lameness during ambulation; no obvious orthopedic abnormalities noted (complete orthopedic exam not performed).
 - CBC: HCT 32.2 (L), WBC 2.72 (L), Neut 1.54 (L), Bands suspected, Lymph 0.54 (L), Eos 0.03 (L), PLT 93 (L)
 - Chem: Creat 0.4 (L), BUN 5 (L), ALT 579 (H), ALP 1447 (H), GGT 119 (H), Tbili 1.3 (H), Amyl 485 (L)

INTERPRETED BY ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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

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 1-2 cm, are normal.

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Andrea Nicastro, DVM,
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The left kidney is normal size (7.14 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.

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The right kidney is normal size (8.07 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.

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Dr. Fraser

Adrenal Glands

The left adrenal gland is slightly small in size (0.35 cm at cranial pole) (0.38 cm at caudal pole) with normal curvilinear peripheral contours. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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The right adrenal gland is normal size (0.65 cm at cranial pole) (0.55 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex,



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and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

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The spleen is normal in size (1.64 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.

Canine

BREED

Liver

Golden Retriever

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

SEX

The gall bladder lumen is moderately distended. The wall is diffusely thickened (up to 0.74 cm) and hypoechoic with a "double-walled" effect. A small amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Female, spayed

AGE

Gastrointestinal

8/8/2018

The gastric lumen is moderately distended with ingesta. 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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A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious abnormalities are seen.

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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

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

Several ring down lesions are observed within the thorax.

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ULTRASONOGRAPHIC FINDINGS

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- Diffuse hepatopathy. Differentials include inflammatory disease (i.e., bacterial cholangiohepatitis, chronic hepatitis), Leptospirosis, infiltrative neoplasia (i.e., lymphoma), hepatotoxicosis, other hepatopathy or some combination thereof.

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- The gallbladder wall changes could be consistent with cholecystitis, increased hydrostatic pressure, low oncotic pressure (if applicable), autoimmune disease, anaphylaxis, other.

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- The ring down lesions in the thorax are consistent with pulmonary parenchymal disease.



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*An obvious cause for the pulmonary parenchymal disease is not identified in this study. Considerations include fungal disease, neoplasia, pulmonary thromboembolism, hemorrhage, inflammatory disease (i.e., ARDS), other.

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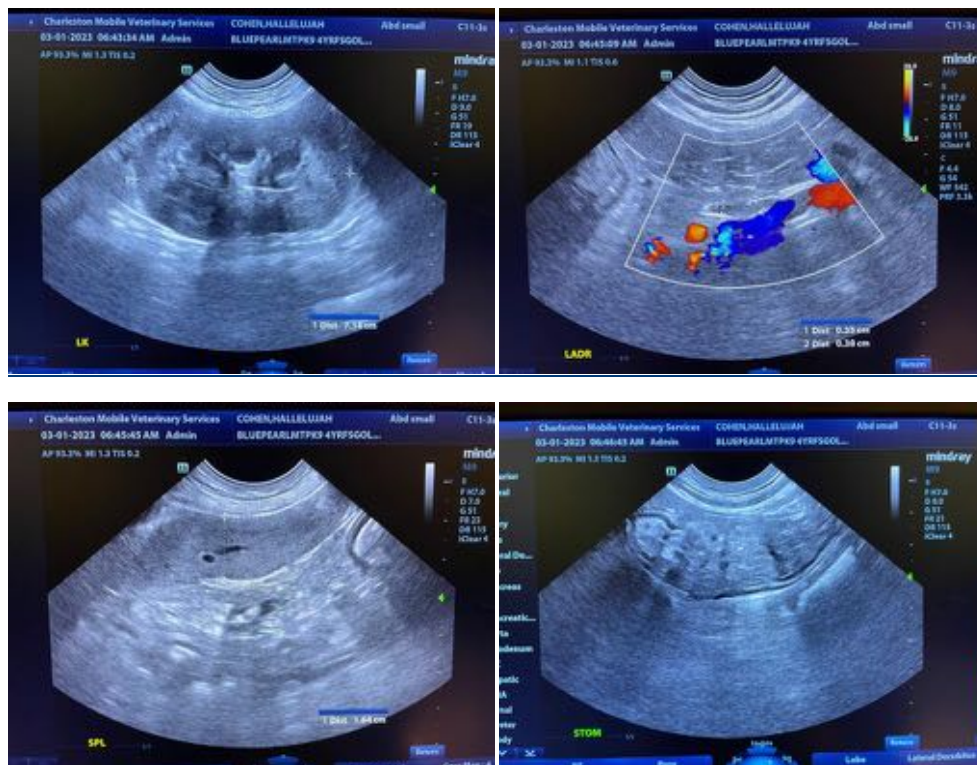
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Leptospirosis testing (i.e., blood and urine PCR, serology) should be considered if clinical suspicion for the disease is high.
- Consider hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy) if clotting status is appropriate.
- Pulmonary status should be stabilized prior to any anesthetic event.
- Consider further airway evaluation (i.e., bronchoscopy with bronchoalveolar lavage +/- fungal testing).





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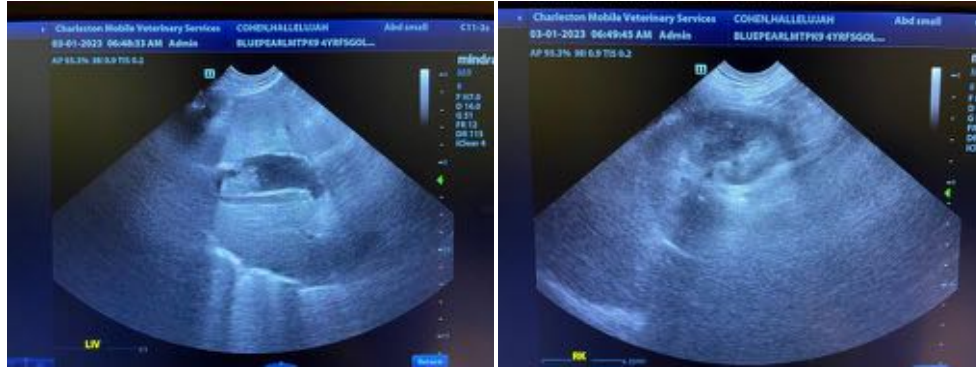
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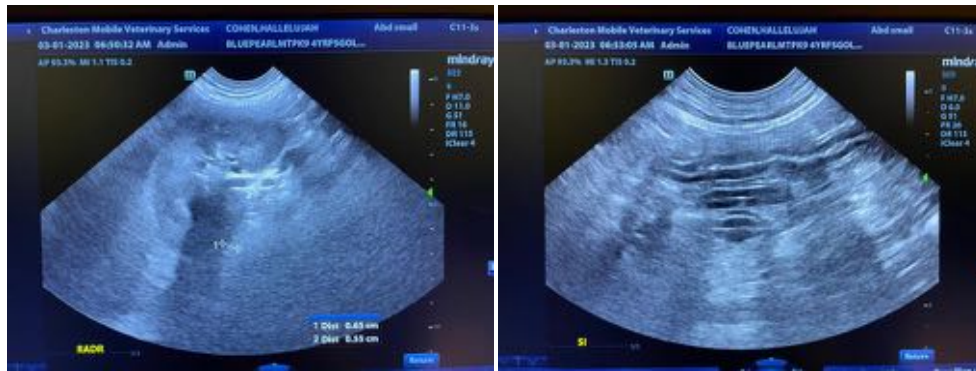
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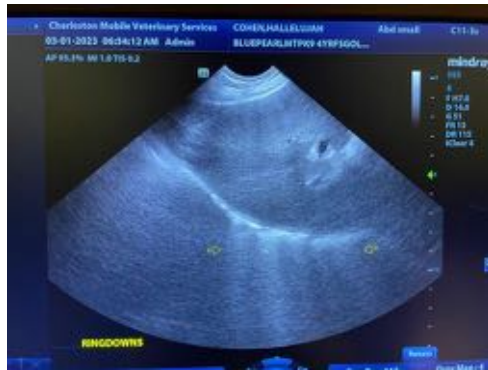


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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