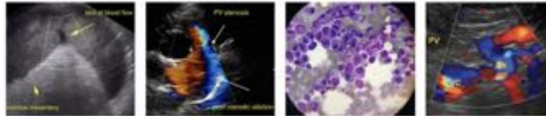


PATIENT
Ollie McAfee

SPECIES
Canine

BREED
Golden retriever

SEX
Female, intact

AGE
7/18/20020

WEIGHT
64.4 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
Sun Dog Cat Moon

REFERRING VET
Dr. Abby Clayton

INVOICE
13785

DATE
7/27/22

PRESENTING CLINICAL SIGNS

P presents for 3 episodes of suspect syncope over past 3 months. PE on 7/26 was unremarkable -- grade 1 L sided murmur ausculted 7/27. P has had 3 "fainting" episodes over the last 3 months (on 5/18 & 5/12 noted in previous records). P comes in from playing outside and falls/stumbles over suddenly, no shaking or abnormal eye movement, P appears to be conscious, no incontinence. Lasts about 30 seconds, every time O picks her up immediately. P then acts normal about 1 minute after. No vomiting or diarrhea before, during, or after event. Every time this has happened O has administered Simparica Trio ~1 week prior. O is concerned this is the reason. Last episode was 1-2 months ago, but O did give Simparica Trio a few weeks ago and no episode since. BW on 5/13 was WNL at previous vet (James Island AH). Was sent to ER by James Island Vet in May, P was triaged away due to normal vitals/mentation. P had hx of heart murmur as puppy (grade 2/6 noted on 9/2020, but no murmur noted since).

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 left kidney is normal size (6.04 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.

The right kidney is normal size (6.81 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 in length (0.48 cm at cranial pole) (0.43 cm at caudal pole) (2.77 cm in length) with a slightly flattened contour. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

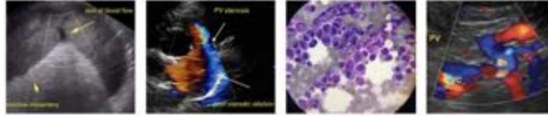
The right adrenal gland is normal size (0.89 cm at cranial pole) (0.64 cm at caudal pole) (2.36 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.30 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



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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: caudal vena cava ratio is approximately 1:1. 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.

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 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.

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.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.72 cm medial iliac lymph node is visualized. In addition, a 2.15 cm mesenteric lymph node is seen.

ULTRASONOGRAPHIC FINDINGS

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

- The flattened left adrenal gland may be a normal variant for this patient or may represent early atrophy (i.e., secondary to hypoadrenocorticism. Correlation with the patient's clinical history is recommended.

*An obvious cause for the patient's syncope is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further recommendations should be based on the echocardiogram report.

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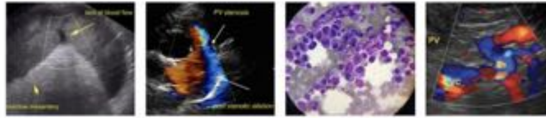

Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

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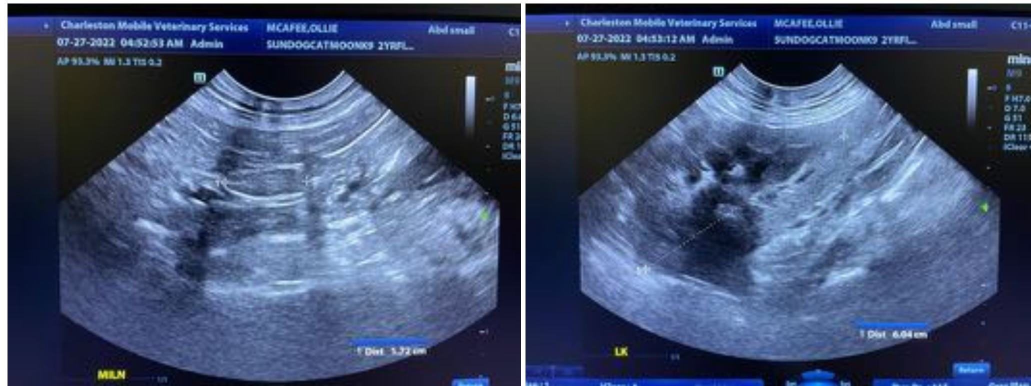

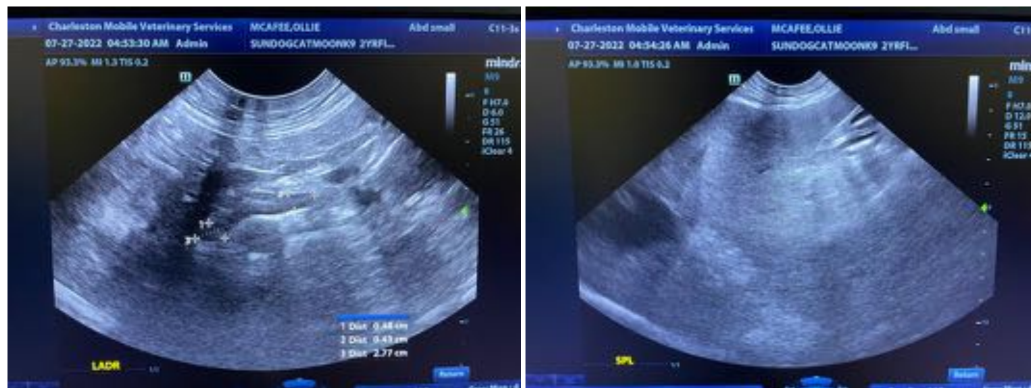

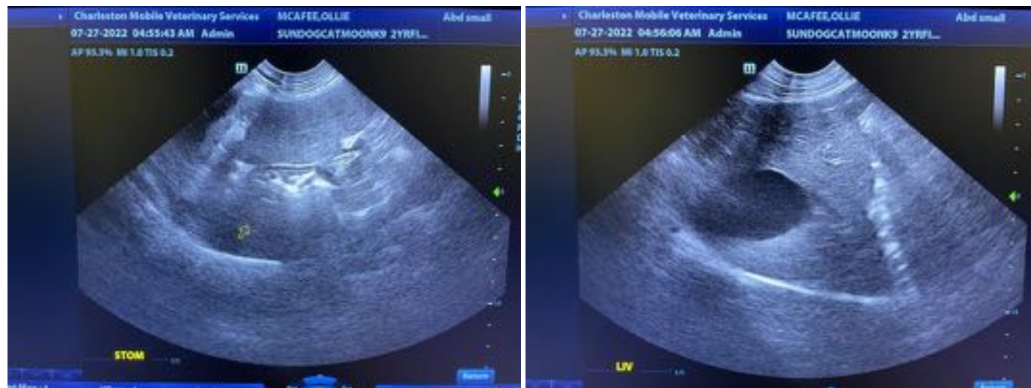

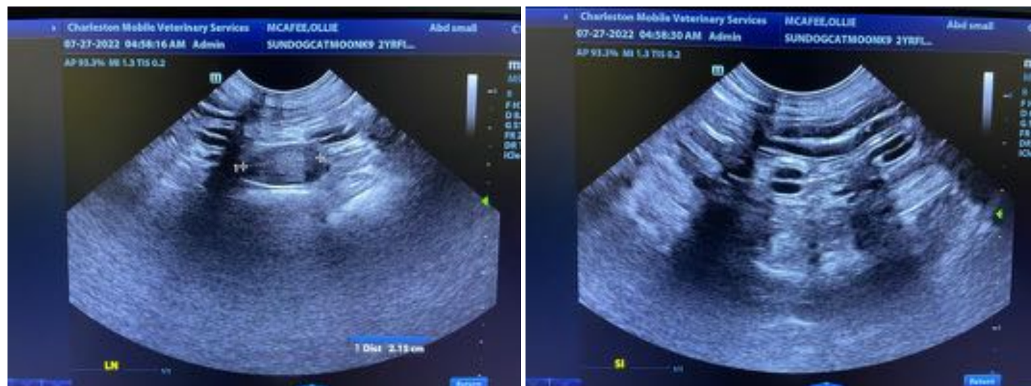

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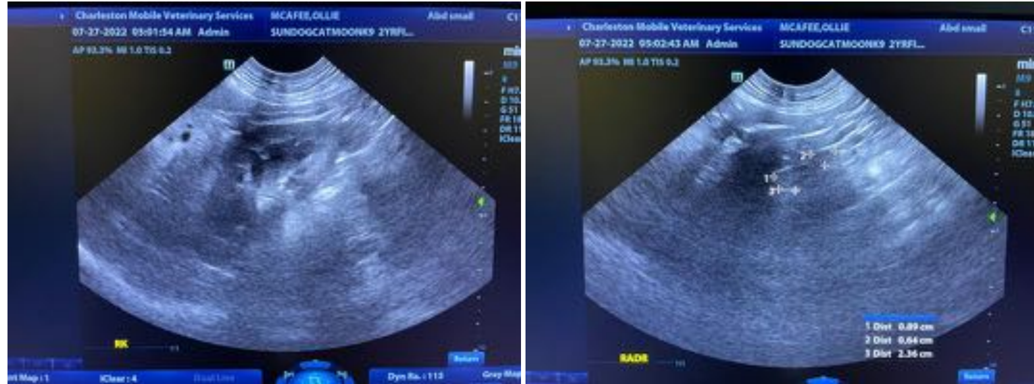

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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