


PATIENT PRESENTING CLINICAL SIGNS
PATIENT
 Benny Jaggard

History: Assessment: BAR px: weight loss, inappetence, diarrhea, pallor, low temp severe \known heart disease. current tachycardia with arrhythmia, pallor fluid wave associated with abdomen.

SPECIES

Canine

Abdominal breathing during scan. HR 200 with arrhythmia. Vetmedin 5mg 2 cap q12h (normally on Pimobendan 10mg/ml 1ml q12h); Enalapril 10mg 1 tab q12h; Fortiflora 1 pack q24h

Abnormal PE/Chem/CBC/UA Results: Bloodwork WNL and abdominal tap provided small amount of serosanguinous fluid.

BREED

Goldendoodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
SEX

Male, neutered

The urinary bladder is mildly to moderately distended with mostly anechoic urine. The wall in the region of the apex is thickened (up to 0.72 cm) and slightly irregular. The wall tapers to a normal thickness as it extends toward the cystourethral junction. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

AGE

13 Yrs.

The prostate is not definitively visualized due to its pelvic location.

WEIGHT

22 kg.

The left kidney is subjectively normal in size with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (5.54 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.50 cm at cranial pole) (0.54 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.

IMAGING PERFORMED BY

Crystal Hill

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

HOSPITAL NAME

Beatties PH Ancaster

Spleen

The spleen is normal in size (1.23 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.

REFERRING VET

Dr. Davis

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is slightly mottled in appearance. No distinct focal lesions are observed. Hepatic veins appear subjectively dilated. Intrahepatic biliary tracts are of normal volume. The gall bladder lumen is mildly distended. The wall is thickened (up to 0.42 cm) and hyperechoic. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
DATE

7/18/22



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The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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.

SPECIES

Canine

Pancreas

The left limb of the pancreas is prominent in size with minimal deviation from the normal 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 to moderate amount of echogenic free fluid is present within the abdomen. The abdominal lymph nodes are normal/not visible.

SEX

Male, neutered

Other

The caudal vena cava is subjectively prominent/dilated (1.35 cm in diameter).

AGE

13 Yrs.

ULTRASONOGRAPHIC FINDINGS

Primary Finding:

- Ascites, the cause of which is unclear. Considerations include increased hydrostatic pressure (i.e., right-sided congestive heart failure), increased vascular permeability, low oncotic pressure (if applicable), other.
- The subjective hepatic vein and caudal vena cava dilation may be secondary to right-sided congestive heart failure. However, the echocardiogram report will help determine if this is the underlying cause.

Secondary Findings:

- Bilateral chronic age-related renal changes with dystrophic mineralization.
- The gallbladder wall changes could be consistent with cholecystitis, benign age-related hyperplasia or artifactual due to lack of full repletion.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, passive congestion, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of luminal distention. Correlation with the patient's urinalysis findings is recommended.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

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(*Small Animal Internal
Medicine*)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Submission of the free abdominal fluid is recommended for analysis and cytology.
- Additional recommendations should be based on the echocardiogram report.

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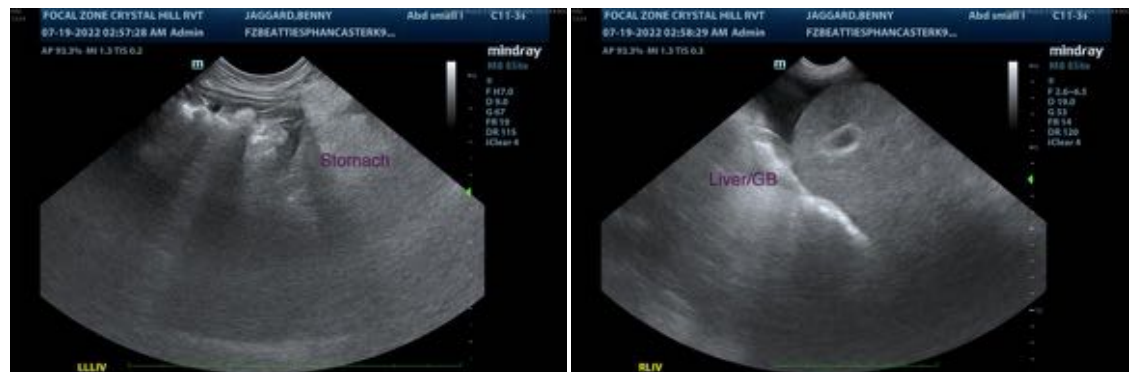
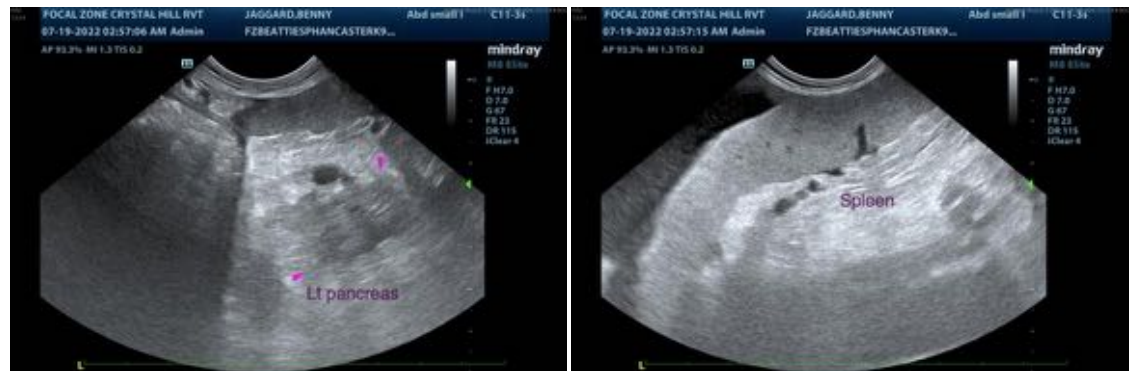
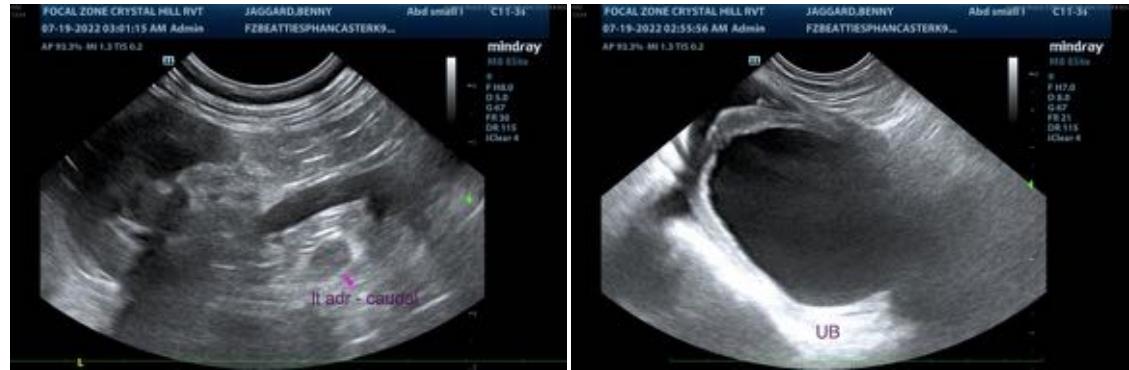
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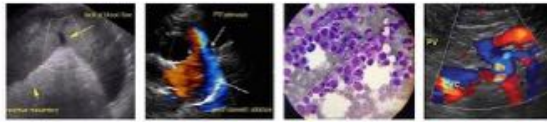
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The information and recommendations provided are based on the images presented by the referring



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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.

SPECIES

Canine

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

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Andrea.nicastro@sonopath.com

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