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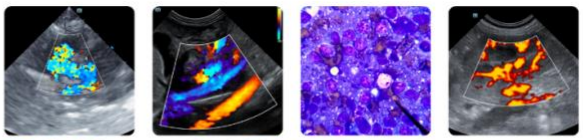

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Rexton Young

SPECIES

Canine

BREED

Pitbull

SEX

Male Neutered

AGE

05/10/2020

WEIGHT

71.6 lb

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr Abby Clayton

INVOICE

22288

DATE

11-20-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Chronic intermittent diarrhea with previous workup in January 2025 including Texas GI panel showing low resting cortisol and low cobalamin. Started oral B12 supplementation and Visbiome probiotic. ACTH stim test performed with equivocal results (post-stim cortisol increased from 2.7 to 7.3, normal post >8). Current diarrhea episode began 1.5 weeks ago, progressively worsening with bloody mucoid diarrhea starting 2 days ago. Good appetite, no vomiting, normal energy. No recent diet changes. Eats homecooked diet of brown rice, ground beef, carrots, and multivitamin. Previously treated with left over metronidazole that O had at home 2.5 weeks ago with temporary improvement. PE yesterday showed very pale pink mm, CRT <2 sec, otherwise unremarkable. CBC/Chem from yesterday shows creat 2.0 (previously was 1.5 in January); HCT 51, HGB 17.6, otherwise unremarkable. Recheck Texas GI panel and fecal parasite screen are pending.

Current Medications: Simparica Trio - Concentrated damp heat (herbal for skin allergies): 2capsules PO q12h - Visbiome Probiotic - Multivitamin - B12 (cobalamin) PO q24h - Psyllium husk: 1 tsp q12h

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (0.80 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.62 cm in length) with a normal shape, architecture and 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 in size (5.98 cm in length) with a normal shape, architecture and 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 subjectively normal in length with a flattened contour (0.37 cm at cranial pole) (0.38 cm at caudal pole). Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.70 cm at cranial pole) (0.53 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

The spleen is subjectively normal-in-size 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

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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 to moderate amount of gravity-dependent, echogenic to mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is minimally 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 segmentally dilated with gas and chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. The colonic lumen contains granular-appearing fecal material. There is no obvious 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

A 2.59 x 0.59 cm medial iliac lymph node is visualized. One-to-two prominent mesenteric lymph nodes are visualized (one measuring 1.19 x 0.63 cm).

Free Abdomen

There is no obvious evidence of free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

- The flattened left adrenal gland may be a normal variant for this patient or may represent early atrophy (i.e., secondary to hypoadrenocorticism).
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a primary enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A 3–4-week limited antigen or hydrolyzed protein diet trial is recommended to assess for food allergies. In the meantime, continuation of Visbiome and a fiber supplement is recommended.
- Also consider a repeat GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level.
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.

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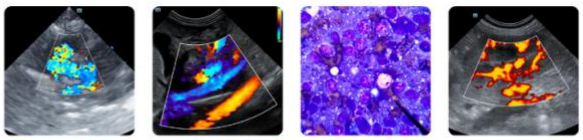

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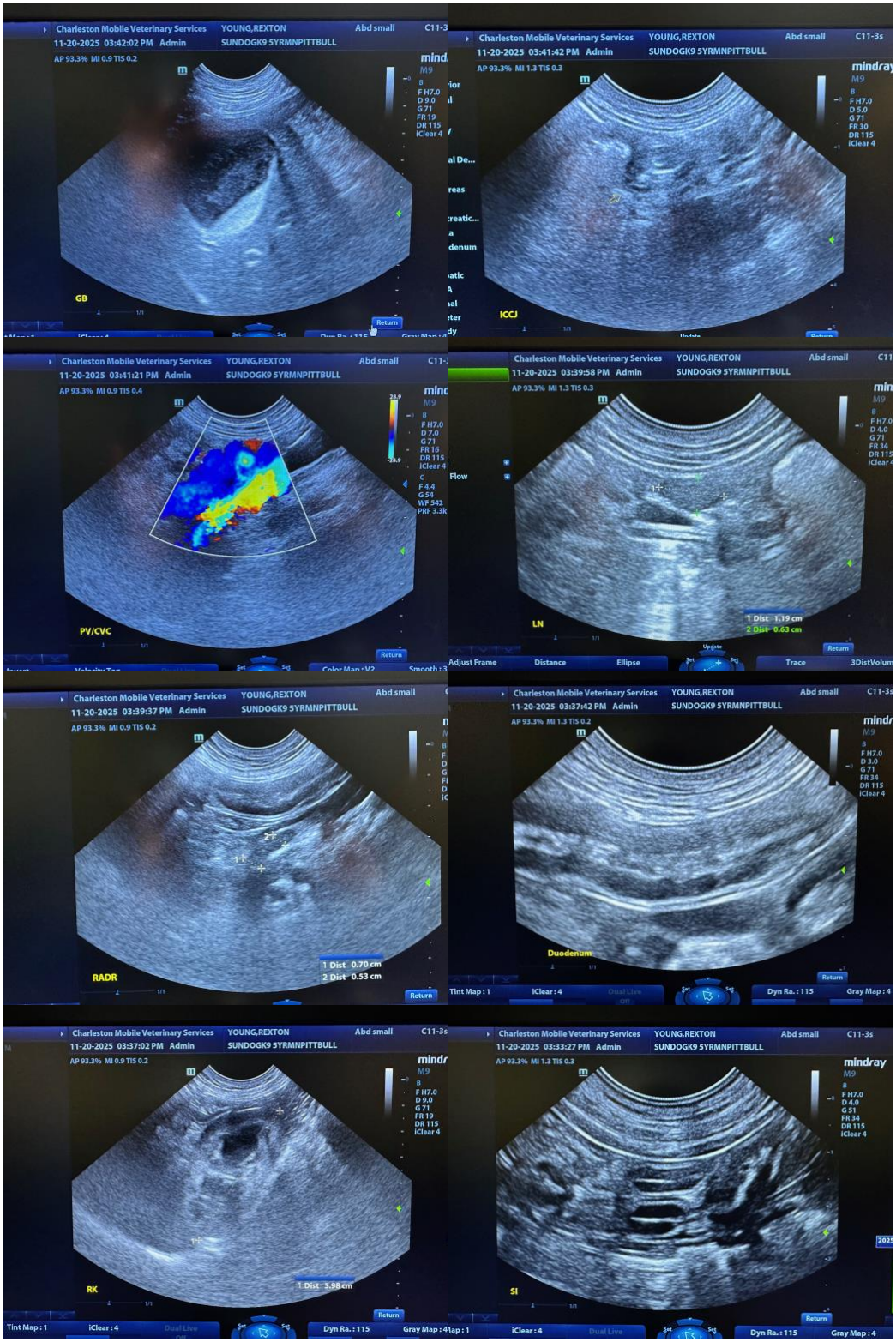

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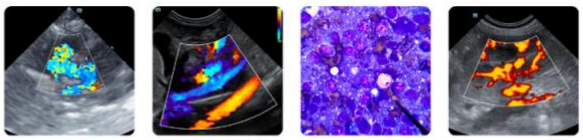

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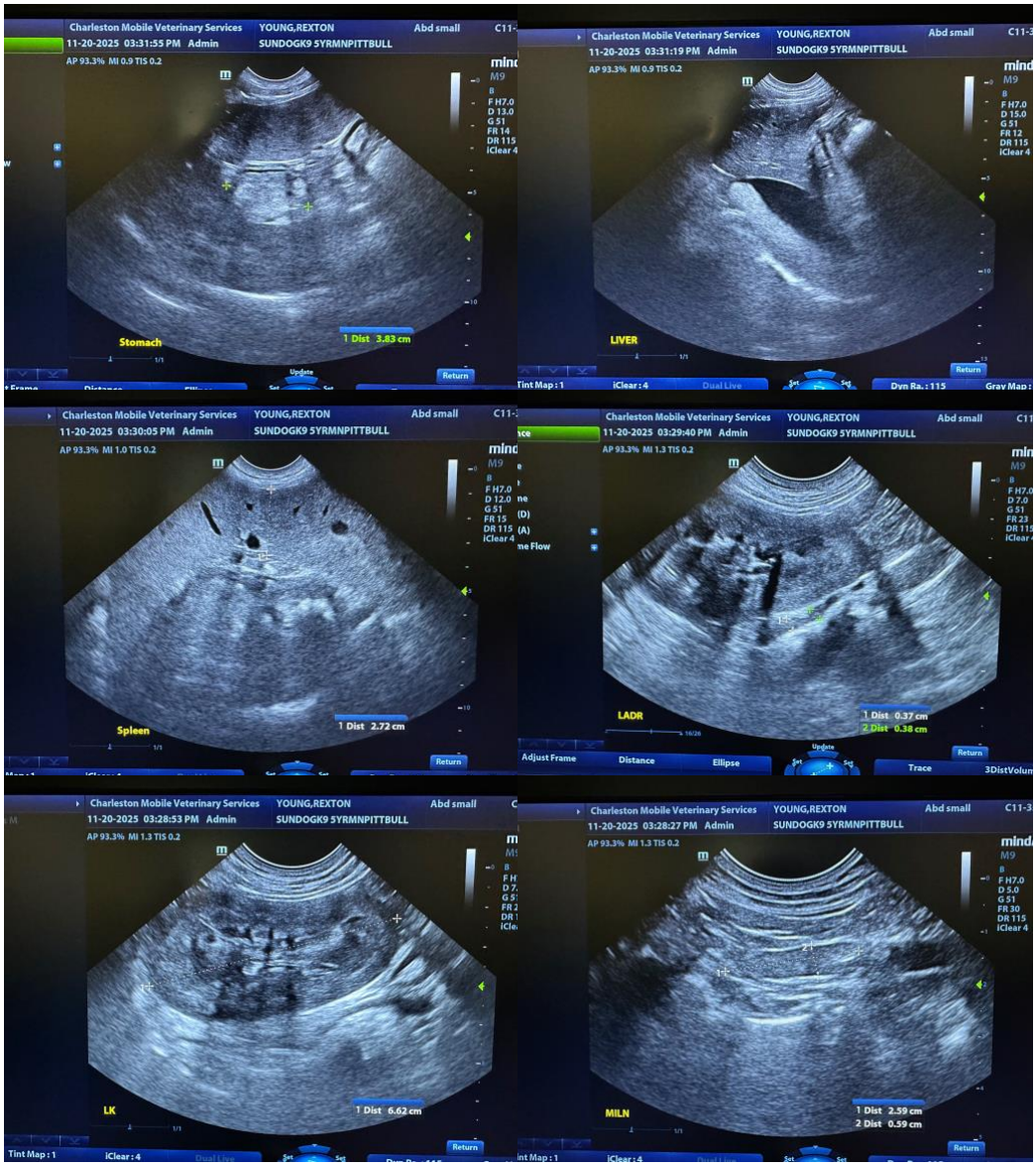

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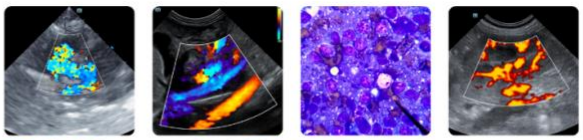

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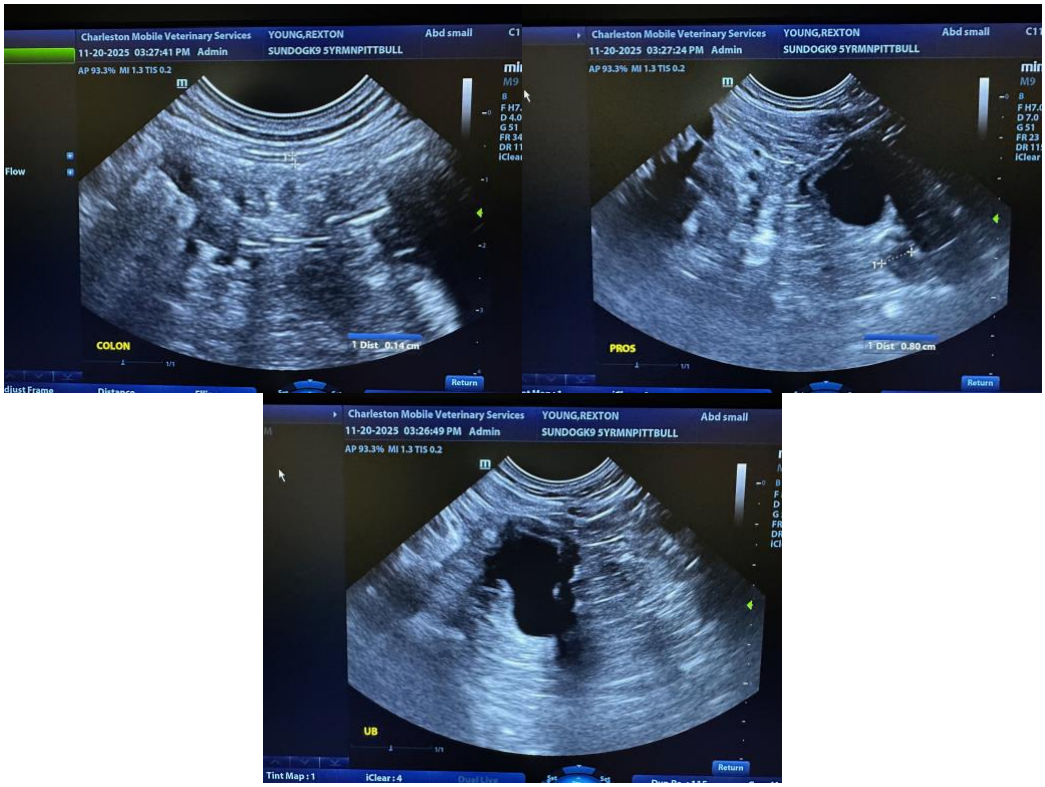

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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