



## PATIENT PRESENTING CLINICAL SIGNS

Nickelby Hutchinson History: P presents with an acute flair up of chronic on-and-off intermittent bouts of diarrhea, hyporexia. Abnormal PE/Chem/CBC/UA Results: Labs, including cPL, pending

## SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

### Urinary System

BREED

The urinary bladder wall is normal in thickness. 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 visible portion of the proximal urethra are normal.

Cairn Terrier

SEX

The region of the prostate is not visualized due to its pelvic location.

Neutered Male

The left kidney is normal in size (4.41 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.

AGE

3

The right kidney is normal in size (3.92 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.

WEIGHT

20.2 lbs

### Adrenal Glands

The left adrenal gland is normal in size (0.41 cm at cranial pole) (0.38 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.

INTERPRETED BY

The right adrenal gland is subjectively normal in length with a slightly flattened contour (0.32 cm at cranial pole) (0.37 cm at caudal pole). Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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

IMAGING  
PERFORMED BY

Saum Hadi

### Spleen

The spleen is normal in size (0.43 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.

HOSPITAL NAME

Nimbus PH

### 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.

REFERRING VET

Saum Hadi

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

INVOICE **Gastrointestinal**

22307

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 colonic wall is normal. There is no evidence of an obstructive pattern.

DATE

12-22-25



**PATIENT** *Pancreas*

Nickelby Hutchinson

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.

**SPECIES** *Lymph Nodes*

Canine

The abdominal lymph nodes are normal/not visible.

**BREED** *Free Abdomen*

Cairn Terrier

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

**SEX**

Neutered Male

They slightly flattened right adrenal gland may be a normal variant for this patient or may be secondary to atrophy (i.e., resulting from hypoadrenocorticism).

**AGE**

3

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

20.2 lbs

The following diagnostics/treatment recommendations can be considered:

**INTERPRETED BY**

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

1. Texas GI panel including serum cobalamin, folate, PLI, TLI and resting cortisol level
2. A fecal evaluation for ova/Giardia
3. Prophylactic deworming with Fenbendazole.
4. A 3-4 week hypoallergenic or hydrolyzed protein diet trial
5. Also consider initiating a probiotic with a high colony count +/- fiber supplement (i.e., psyllium).
6. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.
7. Three-view thoracic radiographs should be performed prior to any anesthetic event.

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**HOSPITAL NAME**

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**DATE**

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**PATIENT**

Nickelby Hutchinson

**SPECIES**

Canine

**BREED**

Cairn Terrier

**SEX**

Neutered Male

**AGE**

3

**WEIGHT**

20.2 lbs

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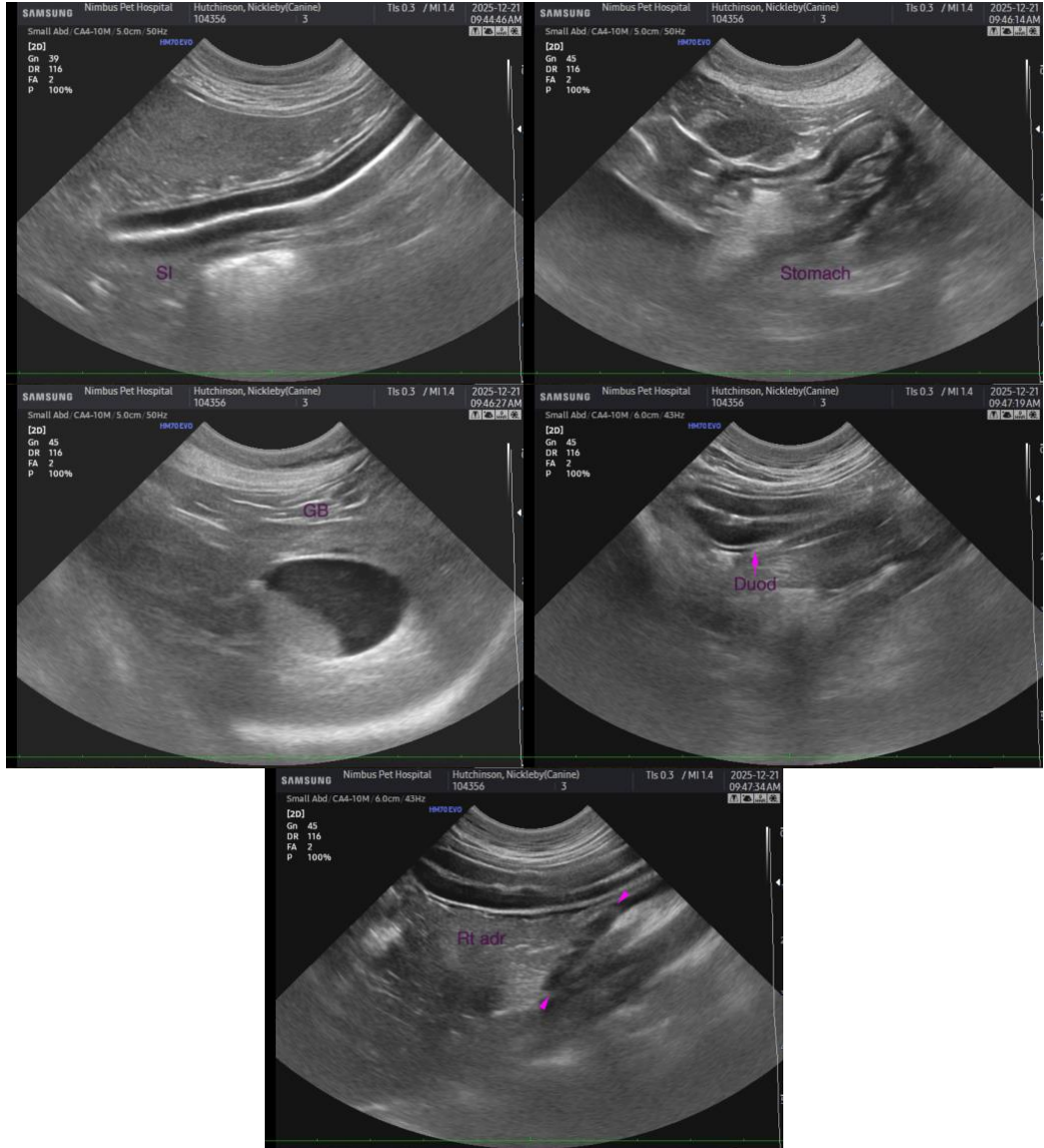
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)