



**PATIENT**

Bertha Mullen

**SPECIES**

Canine

**BREED**

American Bulldog Mix

**SEX**

Female Spayed

**AGE**

6/12/2020

**WEIGHT**

50.4 lb/22.8613 kg

**INTERPRETED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Sun Dog Cat Moon

**REFERRING VET**

Fetterolf

**INVOICE**

22710

**DATE**

3-19-26

**PRESENTING CLINICAL SIGNS**

**Patient History:**

- Seen March 9th for acute vomiting and intermittent loose stool
- Senior panel and baseline cortisol performed, all unremarkable and within normal limits
- Improved by March 12th - vomiting and diarrhea resolved, client attributed to new batch of food
- Was doing well on lamb and rice diet with formed stools through the weekend
- Yesterday developed watery diarrhea again
- This morning fed only rice and small amount of pumpkin, continued watery diarrhea
- Diarrhea described as yellow/mustard colored with mucus and small bits of rice
- Maintains bowel control, able to make it outside to defecate
- Still has appetite and energy level appropriate for patient
- Client has Provable at home (kit with syringe and tablets), but has not yet started

\*\*\*Low Grade MCT completely excised from right caudal thigh April 2025\*\*\*

Abnormal lab-work values: Cortisol Sample 1 1.3 ug/dL. T4 0.7 g/dL. All else wnl including no parasites detected on GI Parasite PCR Panel

Current Medications: Simparica TRIO Chewable Tablet:

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left 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 normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (7.02 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 hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.69 cm at cranial pole) (0.65 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.

The right adrenal gland is normal in size (0.72 cm at cranial pole) (0.58 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 normal in size (2.00 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 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 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.

**Gastrointestinal**

The gastric lumen is mildly 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The colonic lumen contains shadowing 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 few prominent mesenteric lymph nodes are visualized (one measuring 1.50 x 0.58 cm).

**Free Abdomen**

There is no obvious evidence of free fluid.

**Other**

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

**ULTRASONOGRAPHIC FINDINGS**

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 microscopic enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Despite the negative fecal evaluation, consider prophylactic deworming with fenbendazole.
- Also consider a GI panel including serum cobalamin and folate, TLI and PLI.
- A 3-4-week limited antigen or hydrolyzed protein diet trial is also recommended to assess for food allergies.
- Consider initiation of a probiotic as well as a fiber supplement (i.e., psyllium).
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.



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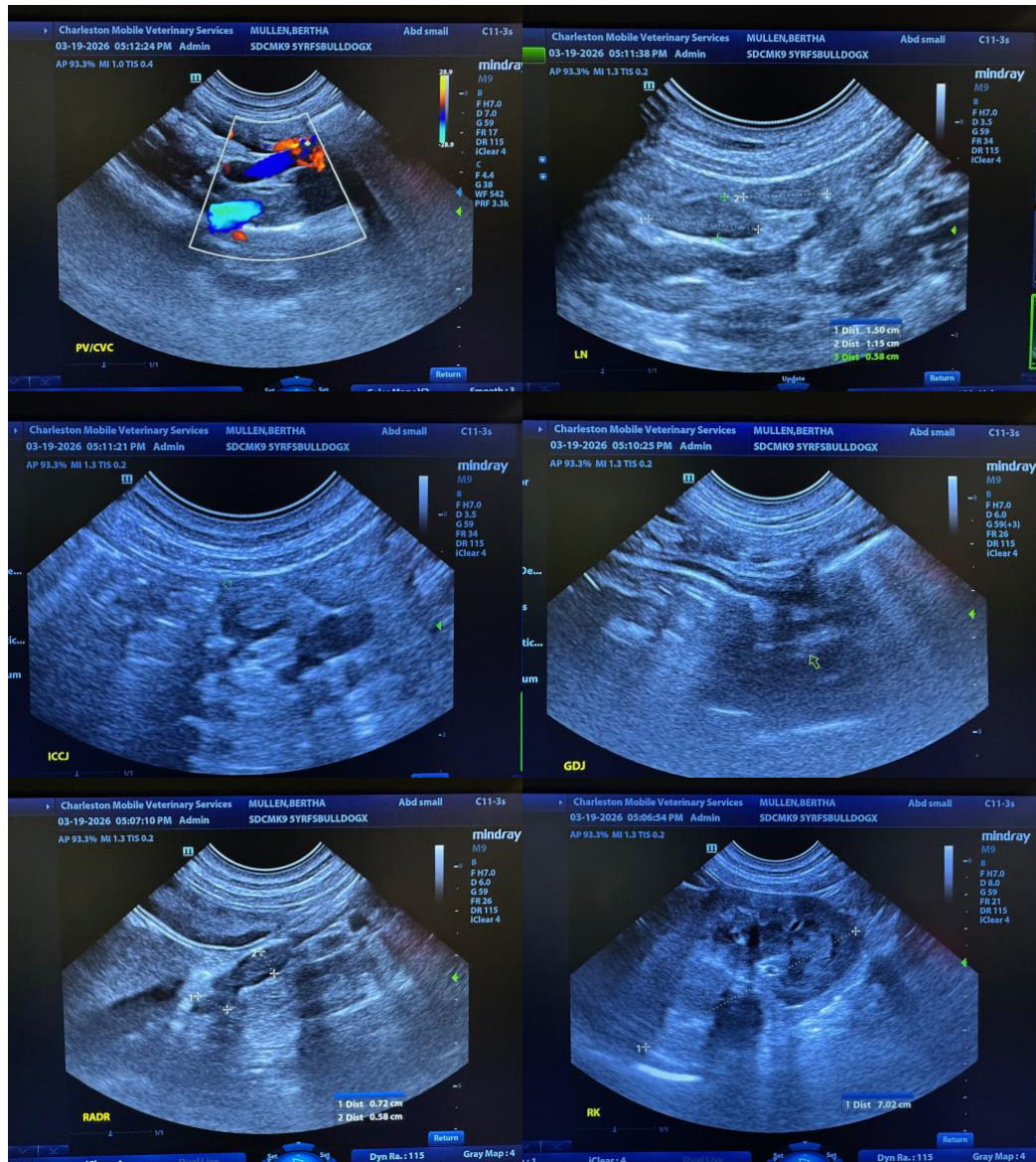
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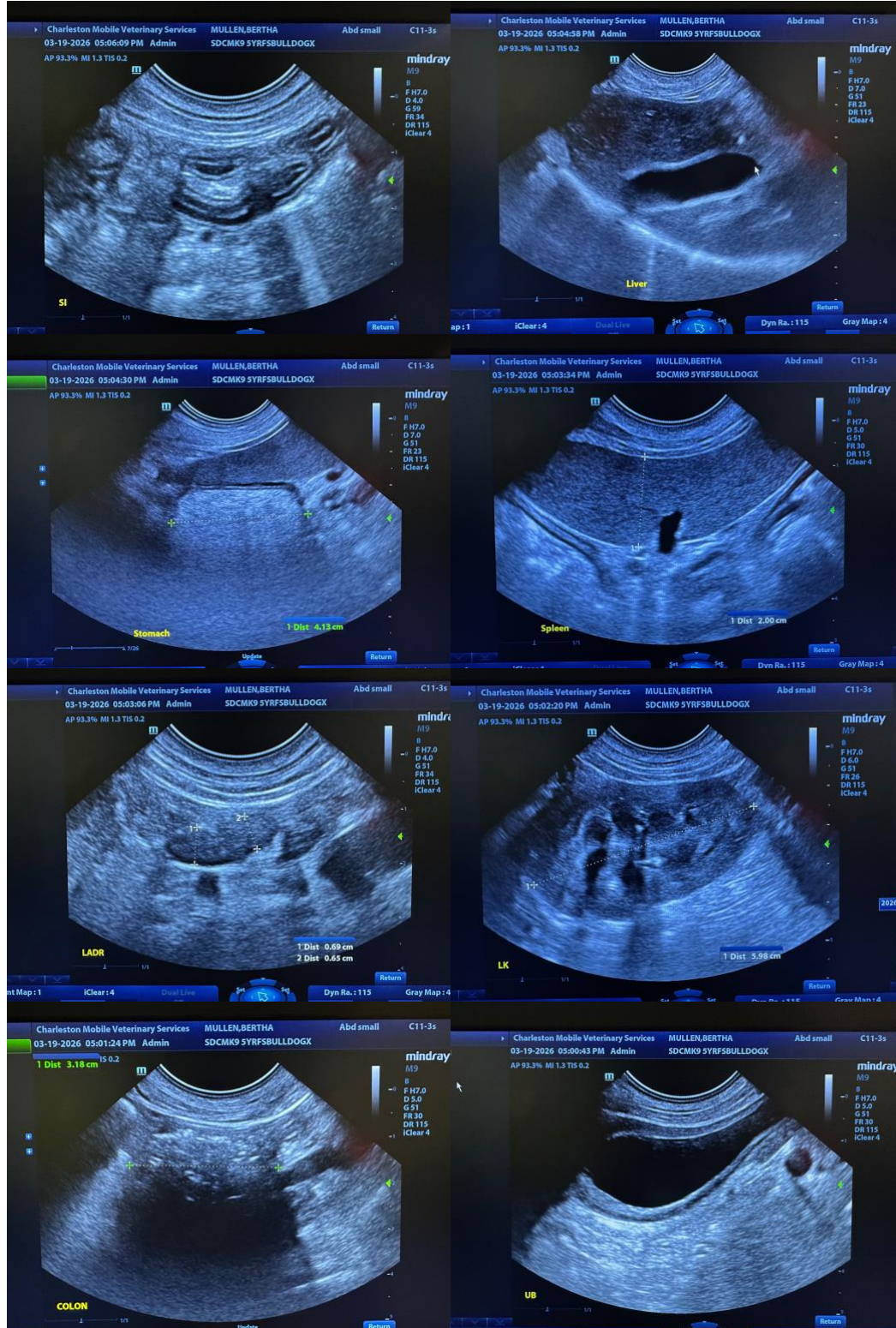
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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[info@SonoPath.com](mailto:info@SonoPath.com)

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