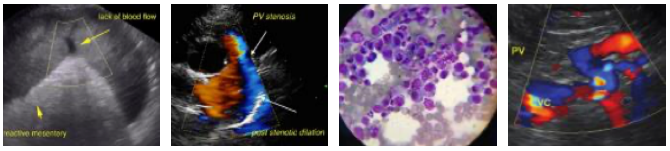
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Teddy Stelwagon

SPECIES
Canine

BREED
Malti-poo

SEX
Male, neutered

AGE
16 Months

WEIGHT
11.6 lbs.

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

IMAGING PERFORMED BY
Diane McFadden, RVT

HOSPITAL NAME
Whippany VH

REFERRING VET
Dr. Cordero

INVOICE
11925

DATE
8/20/21

PRESENTING CLINICAL SIGNS

History: chronic vomiting; rads at ER showed potential material in stomach . Convenia inj on 8/16; on cerenia.
Abnormal PE/Chem/CBC/UA Results: amylase 465, HCT 57.9%
Total # of Files Uploaded: 66

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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 prostate is normal in size (0.53 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (3.64 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 (3.84 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 size (0.32 cm at cranial pole) (0.31 cm at caudal pole) (1.16 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.

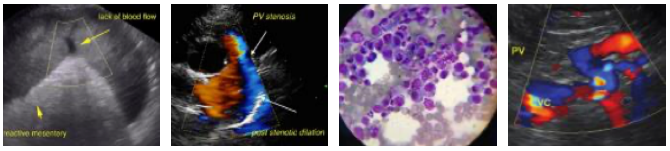
The right adrenal gland is normal size (0.60 cm at cranial pole) (0.38 cm at caudal pole) (1.30 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.06 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. No pathological hepatic lymphadenopathy observed. The portal vein: caudal vena cava ratio is approximately 1:1. Therefore, a congenital extrahepatic portosystemic shunt is unlikely. The gall



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Teddy Stelwagon

SPECIES
Canine

BREED
Malti-poo

SEX
Male, neutered

AGE
16 Months

WEIGHT
11.6 lbs.

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

IMAGING PERFORMED BY
Diane McFadden, RVT

HOSPITAL NAME
Whippany VH

REFERRING VET
Dr. Cordero

INVOICE
11925

DATE
8/20/21

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 gastric lumen is mildly gas distended. Within the pyloric antral lumen, a scant amount of fluid is visualized. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. Within the proximal duodenal lumen, a small amount of fluid is visible. In the remaining small intestinal segments, the 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 1.32 cm medial iliac lymph node is visualized. A 0.51 cm epigastric lymph node is also seen. A few prominent mid-abdominal lymph nodes are also seen.

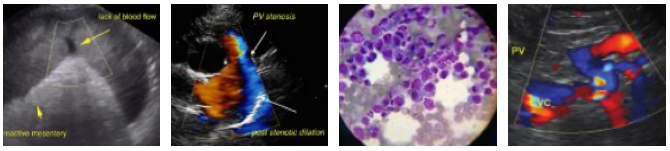
ULTRASONOGRAPHIC FINDINGS

The prominent abdominal lymph nodes could be consistent with reactive lymphadenitis, lymphoid hyperplasia and/or immunologic immaturity. The remainder of the abdomen is unremarkable. There is no obvious evidence of a foreign body/obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- To further evaluate for causes of chronic vomiting, consider the following diagnostics:
  - Serum cobalamin, folate, PLI and TLI
  - A fecal evaluation for ova/Giardia
  - A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
  - A 6-week limited antigen diet trial to assess for food allergies
  - Pre- and post-prandial serum bile acids can also be considered to assess for an occult hepatopathy. A congenital extrahepatic portosystemic shunt, however, is considered unlikely due to the normal portal vein:caudal vena cava ratio.
  - Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
  - Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Teddy Stelwagon

SPECIES

Canine

BREED

Malti-poo

SEX

Male, neutered

AGE

16 Months

WEIGHT

11.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Whippany VH

REFERRING VET

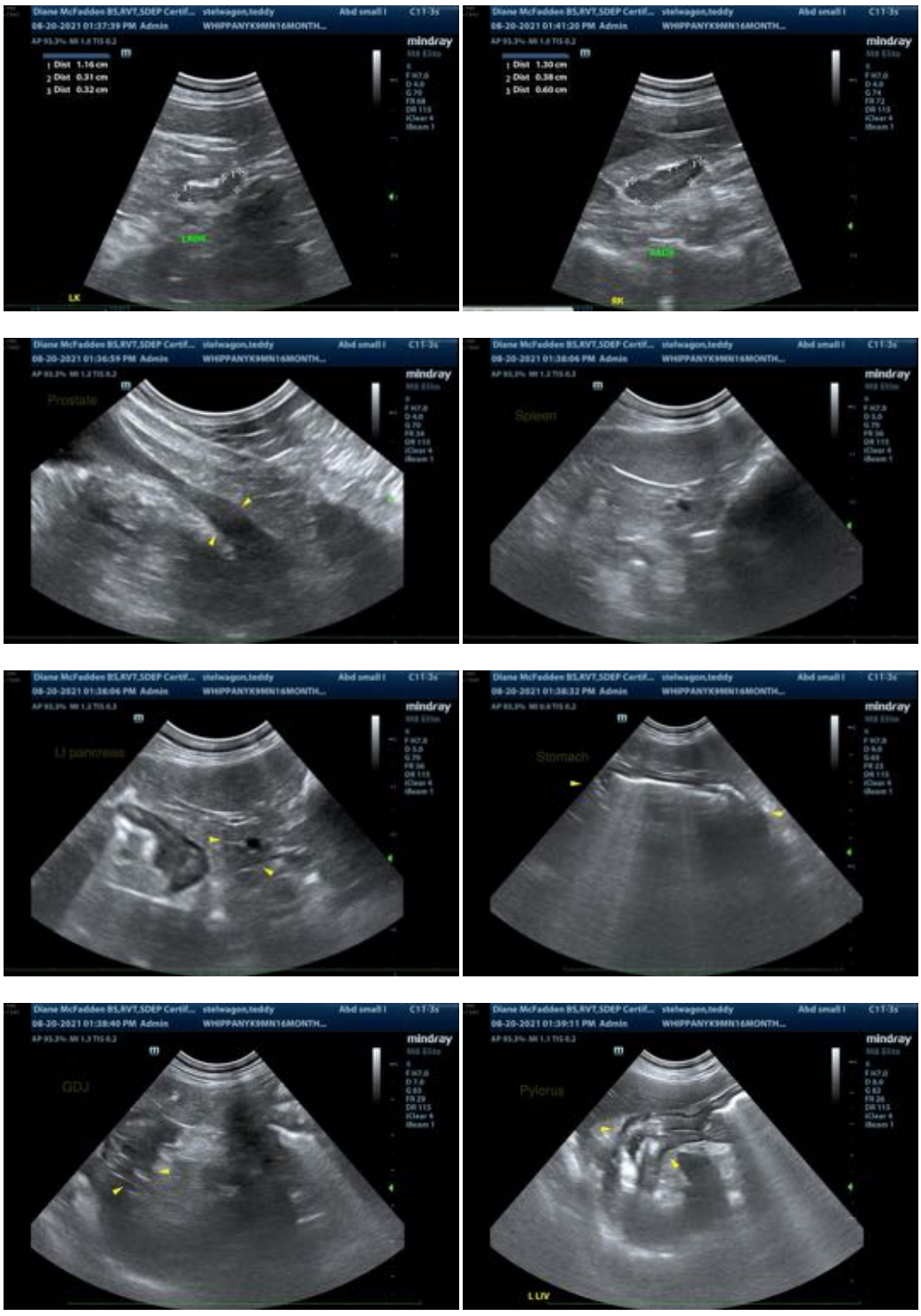
Dr. Cordero

INVOICE

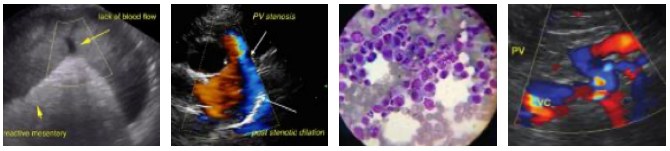
11925

DATE

8/20/21



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Teddy Stelwagon

SPECIES

Canine

BREED

Malti-poo

SEX

Male, neutered

AGE

16 Months

WEIGHT

11.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Cordero

INVOICE

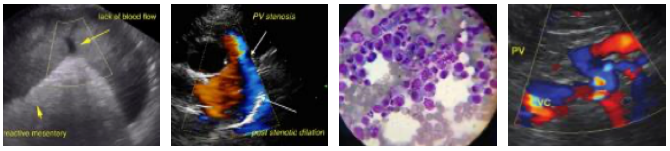
11925

DATE

8/20/21

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

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Teddy Stelwagon

SPECIES

Canine

BREED

Malti-poo

SEX

Male, neutered

AGE

16 Months

WEIGHT

11.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Cordero

INVOICE

11925

DATE

8/20/21

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

andrea_nicastro2@hotmail.com