



PATIENT

Tiny Stumpf

SPECIES

Canine

BREED

Pomeranian mix

SEX

Male, neutered

AGE

12/1/2009

WEIGHT

12.3 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

Central Vet of
Summerville

REFERRING VET

Dr. Miller

INVOICE

13383

DATE

1/13/26

PRESENTING CLINICAL SIGNS

Pt presented with a chronic history of bloody diarrhea. Had a previous ultrasound approximately 1 year ago.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly 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 prostate is normal in size (0.59 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 (3.84 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. A few small cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.87 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.62 cm at cranial pole) (0.52 cm at caudal pole) with a normal shape. A 0.58 x 0.53 cm hyperechoic nodule is observed at the cranial pole. The glandular echogenicity and detail at the caudal pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (1.35 cm at cranial pole) (0.83 cm at caudal pole) with swollen peripheral contours. The parenchyma is mildly heterogeneous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.02 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 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 moderate amount of aggregated, echogenic, gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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



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intestinal wall is normal to borderline thickened (up to 0.35 cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction is normal. The wall of the descending colon is normal to moderately thickened (up to 0.51 cm) with apparent retention of the normal layering pattern. There is no obvious evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

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

Other

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The colonic wall changes are most consistent with colitis. However, emerging neoplasia (i.e., lymphoma, adenocarcinoma) cannot be completely excluded.
- The small intestinal wall changes may be a normal variant for this patient or could be consistent with an inflammatory process (i.e., inflammatory bowel disease).

Secondary Findings:

- Bilateral nonspecific age-related renal changes
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Gallbladder debris/sludge, non-mucocele
- Bilateral adrenomegaly (right > left). The left adrenal nodule could be consistent with focal nodular hyperplasia, adenoma or less likely, emerging adenocarcinoma, pheochromocytoma, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. If not performed recently, consider a minimum database including a CBC chemistry panel, urinalysis and T4 to assess overall metabolic function.
2. A fecal evaluation for ova and Giardia as well as a fecal PCR infectious disease panel should also be considered along with prophylactic deworming with fenbendazole (if not already performed).
3. Also consider a GI panel including serum cobalamin, folate, TLI and PLI.
4. A 3-4 week limited antigen or hydrolyzed protein diet trial should also be considered to assess for food allergies.



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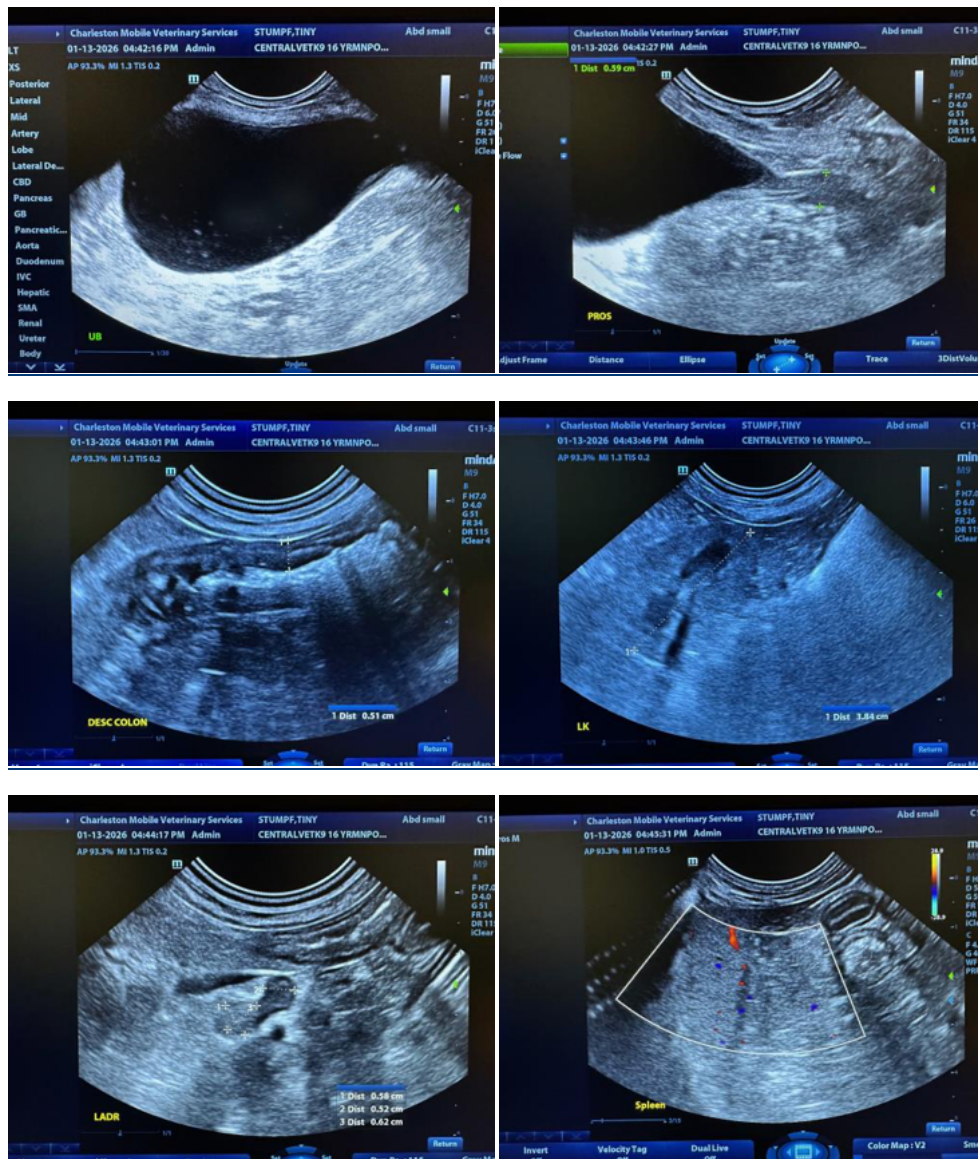
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- Ultimately, GI biopsies may be necessary to get a definitive diagnosis, particularly in light of the chronic nature of the patient's clinical signs. If pursued, three-view thoracic radiographs are recommended prior to anesthesia.





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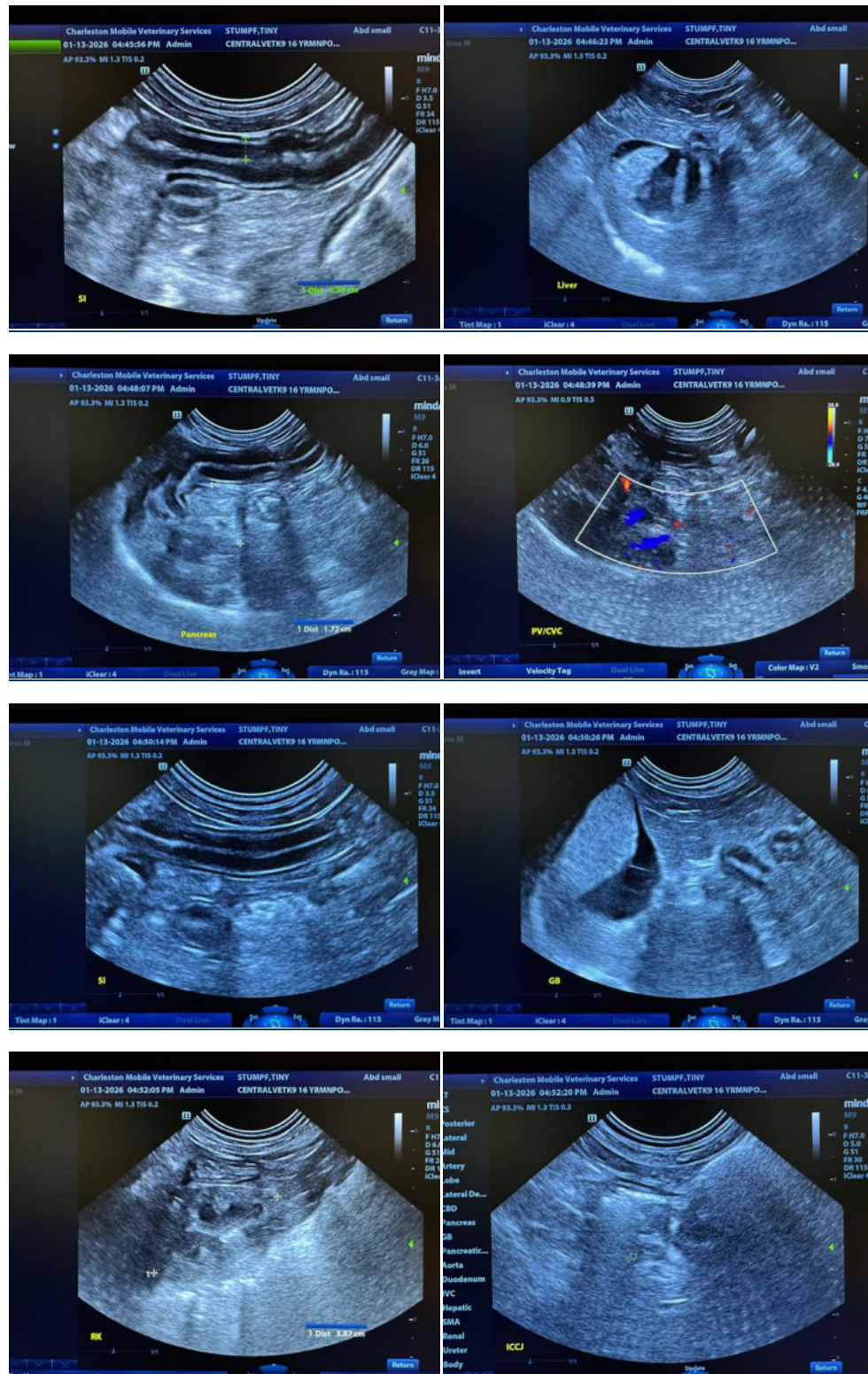
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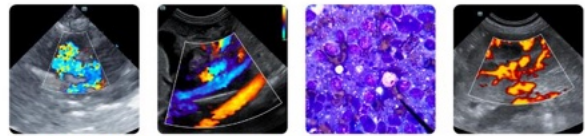
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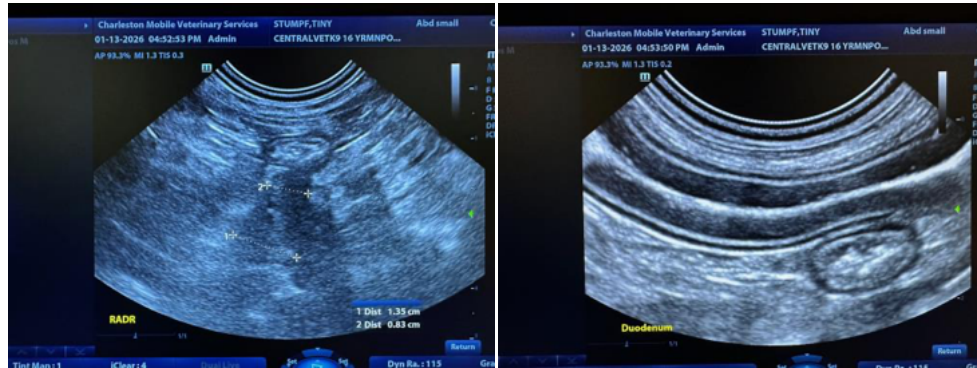
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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