



PATIENT

Molly Balchun

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

11/8/2011

WEIGHT

3.2

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

BluePearl MP ER

REFERRING VET

Dr Fraser

INVOICE

22233

DATE

11-9-25

PRESENTING CLINICAL SIGNS

Molly presented on 11/8/2025 for blood in the stool. Owner noticed the stool was a little loose this morning then tonight they saw bright red and dark red in liquid stool.

Molly is still eating and drinking normally, no C/S/V.

Owner is not aware of anything pet could have gotten into.

Molly is up to date on vaccines, HW & FT prevention.

She is not on any other medications or supplements at this time.

Seen by rDVM 1 month ago, she had elevated renal values.

Abnormal lab-work values:

-PCV/TS: 53/7.2

- BG: 123

- Lactate: 2.1

- Tbili: 1.2

Radiographic Findings - Three orthogonal views of the thorax and abdomen are available for review.

Thorax:

There is multifocal ventral spondylosis at the level of the cervical and thoraco-lumbar spine, incidental.

Assessment:

1) Generalized small intestinal distention, most consistent with paralytic (non-obstructive) ileus.

Gastroenteritis is the most common cause (e.g. allergic/dietary indiscretion, inflammatory/infectious, toxic), but other causes (e. g. pancreatitis, metabolic disease, pain, anxiety, the effects of sedatives [if used], etc.) cannot be entirely ruled out.

Consider supportive treatment and abdominal ultrasound if the patient doesn't improve clinically.

2) Dorsal redundant tracheal membrane/esophageal draping vs. tracheal collapse in the absence of clinical signs. Correlate with potential history of cough and fluoroscopy, as appropriate.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 the proximal urethra, visible to a depth of 2 cm, are normal.

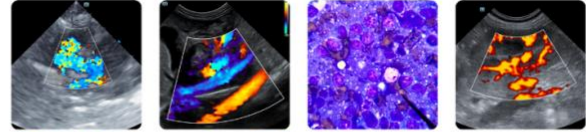
The left kidney is normal in size (3.17 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A few, small, nonobstructive mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.06 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. A few, small, nonobstructive mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.39 cm at cranial pole) (0.54 cm at caudal pole) with a slightly swollen caudal peripheral margins at the caudal pole. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.49 cm at cranial pole) (0.41 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule,



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cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

The spleen is normal in size (0.88 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.

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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.

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The gallbladder lumen is distended. The wall is thin and smooth. A moderate to large amount of aggregated, echogenic, partially dependent to suspended sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is mildly fluid-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 ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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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 0.79 cm hypoechoic to heterogenous lymph node is observed near the aortic trifurcation.

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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.

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ULTRASONOGRAPHIC FINDINGS

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- The gallbladder changes are consistent with a developing mucocele.
- The prominent lymph node near the aortic trifurcation likely represents a reactive node with a lower possibility of emerging neoplasia.
- Mild bilateral nonobstructive nephrocalcinosis
- Mild left adrenomegaly

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 4-6 weeks) of the gall bladder is recommended to assess for



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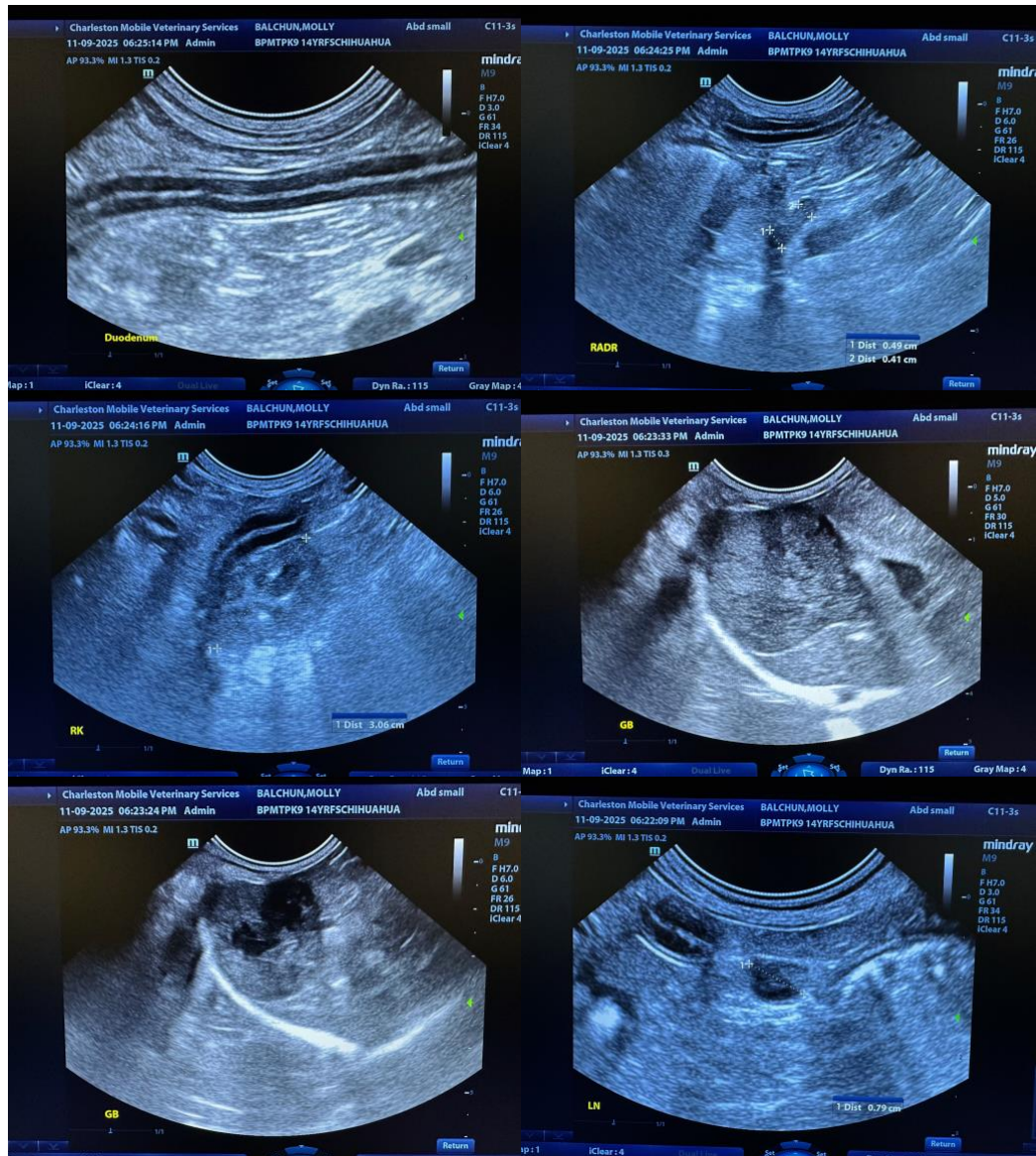
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progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.

- Regarding the patient's GI signs, consider the following:

1. Fecal evaluation for ova and Giardia
2. Prophylactic deworming with fenbendazole
3. Supportive care for gastroenteritis/colitis (i.e., a probiotic, fiber supplement (i.e., psyllium) and a bland diet). If clinical signs persist despite medical management, further GI work-up may be warranted.





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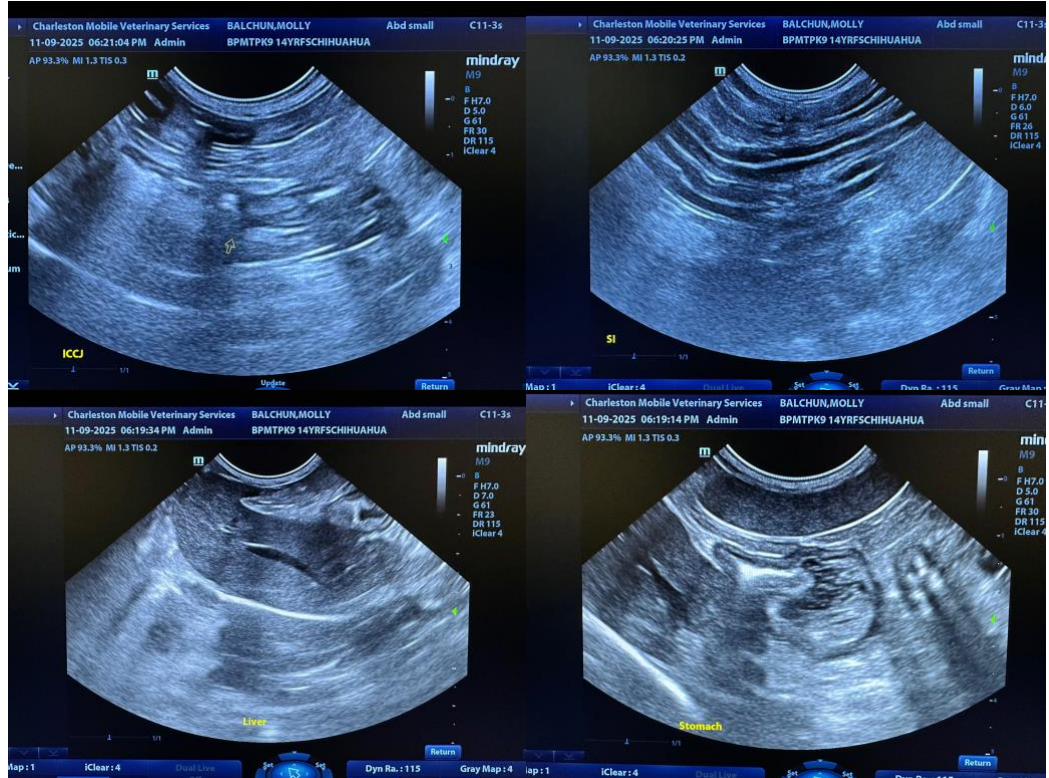
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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