



**PATIENT**

Abby Villafana

**SPECIES**

Canine

**BREED**

Pekingese

**SEX**

Female, spayed

**AGE**

16 Yrs.

**WEIGHT**

9.5 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jessica Quellhorst

**HOSPITAL NAME**

Lone Mountain AH

**REFERRING VET**

Dr. Jessica Quellhorst

**INVOICE**

12268

**DATE**

9/27/21

**PRESENTING CLINICAL SIGNS**

History: 16yo FS Pekingese w/ IVDD, bilateral MPL, and early stage CKD has had recent anorexia. Last week, bloodwork (fasted) done (below). P has since developed large volume, mucoid diarrhea with scant blood. Still anorexic, worsening hind limb weakness.

Abnormal PE/Chem/CBC/UA Results: BUN 105, creat 1.9, USG 1.025, Ca 11.5, ALT 139, 1 NRBC  
Rads unremarkable except IVDD and MPL

**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 mostly 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 left kidney is normal in size (3.28 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal size (3.53 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis.

*Adrenal Glands*

The adrenal glands are not definitively visualized.

*Spleen*

The spleen is normal in size (1.01 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 prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogeneous in appearance with numerous varying sized ill-defined hypoechoic nodules/areas. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is distended. The wall is normal in thickness. A moderate amount of aggregated echogenic debris, some of which is gravity-dependent and some of which is suspended is observed within the lumen. The cystic and common bile ducts are normal/not seen.

*Gastrointestinal*

The gastric lumen is mildly distended with gas and a small amount of fluid. 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The wall of the descending colon is mildly thickened (0.31-0.54 cm) with retention of the normal layering pattern. The lumen contains a small amount of fluid. No obvious obstructive disease is noted.



**PATIENT**

*Pancreas*

Abby Villafana

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**

*Free Abdomen*

Canine

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**BREED**

*Other*

Pekingese

A brief visualization of the heart reveals no evidence of pericardial effusion.

**SEX**

Female, spayed

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The colonic wall changes are most consistent with colitis with lower potential for emerging neoplasia.

**Secondary Findings:**

- Bilateral age-related renal changes with dystrophic mineralization.
- Gallbladder debris, non-mucocele.

\*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include dietary indiscretion, GI parasitism, infectious disease, inflammatory bowel disease, low-grade pancreatitis, underlying metabolic issue, other.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- The following diagnostics/therapeutics can be considered:
  1. Serum cobalamin, folate, PLI and TLI
  2. A fecal evaluation for ova/Giardia
  3. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
  4. Fecal PCR infectious disease panel.
  5. Empirical treatment for small intestinal bacterial overgrowth with a 4-week course of Tylosin.
  6. Supplementation with a probiotic with a high colony count (i.e., Visbiome or Provable Forte).
  7. Supportive care with a bland diet.
- If the above diagnostics/therapeutics are inconclusive and/or unsuccessful in alleviating the patient's clinical signs, consider a resting cortisol level (to assess for atypical

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hypoadrenocorticism) +/- endoscopic or surgical gastrointestinal biopsies. It should be noted that endoscopic biopsies are the safer means of obtaining colonic biopsies.

- Three-view thoracic radiographs should be performed prior to any anesthetic event.

## SPECIES

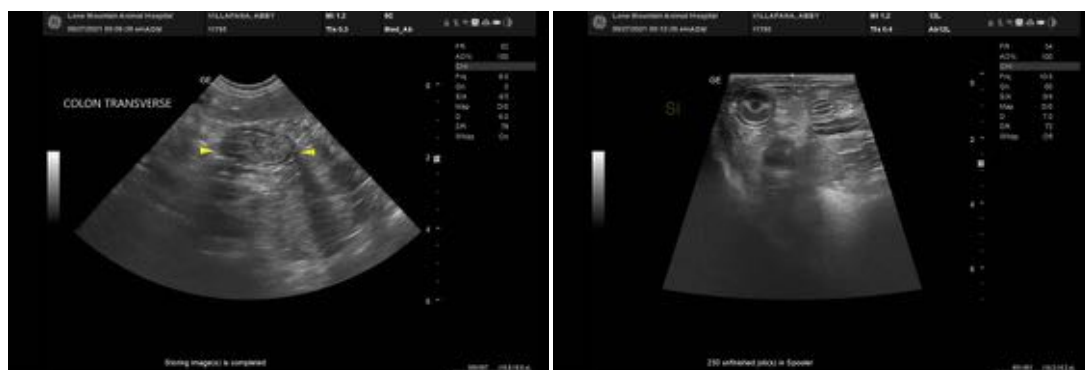
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## AGE

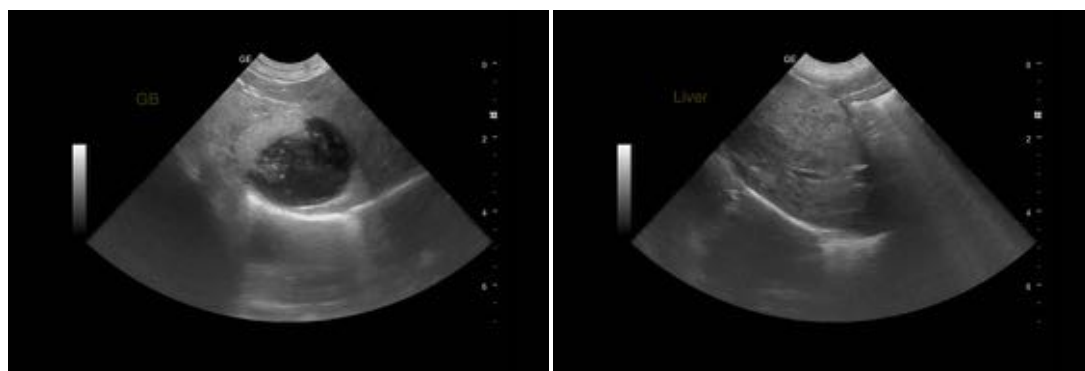
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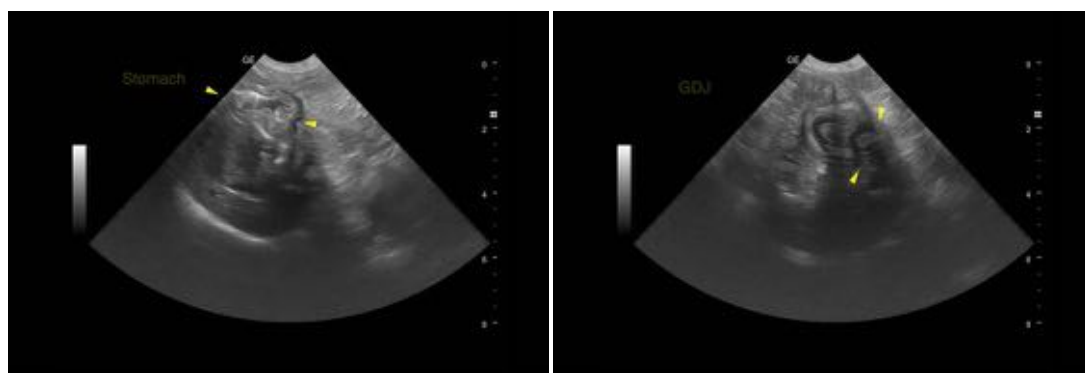


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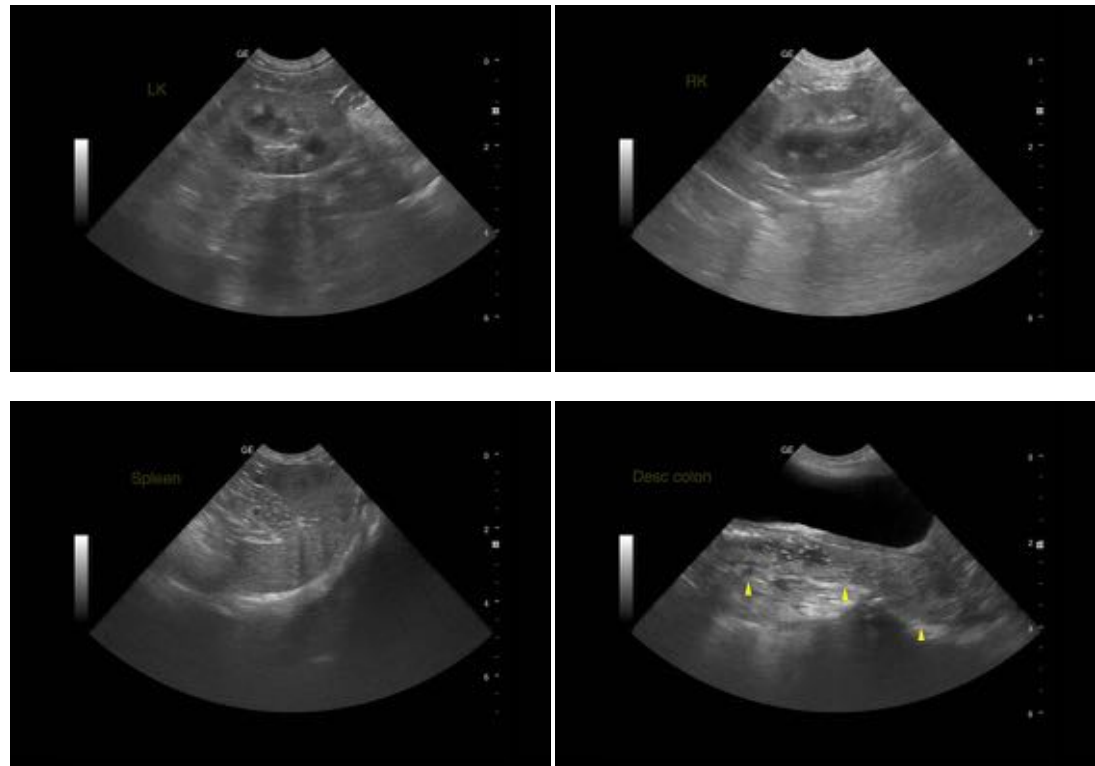
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Andrea.nicastro@sonopath.com

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