PATIENT

Stella Mills

SPECIES

Canine

BREED

Schnauzer

SEX

Spayed Female

AGE

2 years 7 months

WEIGHT

10.2 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

After Hours Veterinary Emergency Clinic

REFERRING VET

Dr. Samoska

INVOICE

11008

DATE

12/30/2025

PRESENTING CLINICAL SIGNS

P presented to ER clinic on Dec 16th for suspected foreign body- Exploratory and R&A done- No foreign body found but area resected was necrotic, Vomiting/regurg since surgery, went back to ER on Dec 22 fast scan- no free fluid. P presented to new ER clinic 5 days ago. Has continued to vomit- but will eat small amts on her own and ER is syringe feeding. Last vomiting was Dec 28th at 3pm and 10pm.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 4.04 cm in length, and the right kidney 4.54 cm in length.

Adrenal Glands

Left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The phrenic vasculature is unremarkable. Left adrenal measures 1.44 cm in length, 0.51 cm at the caudal pole and 0.38 cm at the cranial pole.

The right adrenal gland was visualized on still images only. It appears to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Right adrenal measures 2.03 cm in length, 0.44 cm at the caudal pole and 0.92 cm at the cranial pole.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

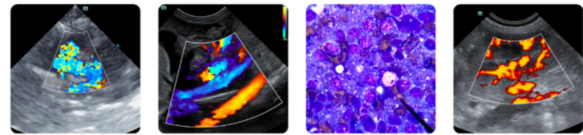
Liver

The liver is subjectively normal in size with normal contours and structure. There is age 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.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.



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Multiple small intestinal loops are visualized with mild distension with generally anechoic fluid. There is decreased peristalsis. There is one loop with hyperechoic linear shadowing material visible, suspected to represent suture material from previous surgery site.

The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Free Abdomen

Small to moderate volume of anechoic fluid is visible in every quadrant. Mesentery/omentum are diffusely hyperechoic and subjectively mildly thickened.

There are multiple hypoechoic rounded enlarged mesenteric lymph nodes.

ULTRASONOGRAPHIC FINDINGS

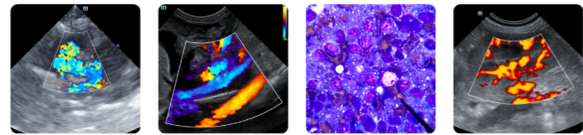
- Gastroenterocolitis with ileus.
- Peritonitis with abdominal effusion.
- Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestinal and colonic changes are most consistent with gastroenterocolitis and ileus. Given the presence of abdominal effusion and other signs of peritonitis there appears to be significant abdominal inflammation. The nature of the fluid (picture of fluid provided) and the reported total solids of zero make it most consistent with a pure transudate making inflammation the most likely cause. Fluid from septic effusion is generally characterized as an effusion. Cytology and fluid analysis of the fluid should still be considered for completeness.

While there is significant ileus and peritonitis visible on abdominal ultrasound, in the absence of a septic abdominal effusion, there is no specific indication to repeat abdominal explore at this stage. Correlate this recommendation with patient's clinical status. Continued supportive care with focus on prokinetics and enteral nutrition is recommended. Screening for hypoadrenocorticism is recommended given the patient's prolonged recovery from surgery.

Placement of a nasogastric feeding tube may assist in providing food as well as monitoring for gastric residual volume. Serial imaging for free fluid with serial sampling of free fluid is recommended, especially if patient is not clinically improving. While not sonographically evident, pancreatitis may be playing a role in patient's prolonged recovery. Treatment is supportive if CPL is elevated and/or if clinically determined appropriate and available, Panoquell could be considered.



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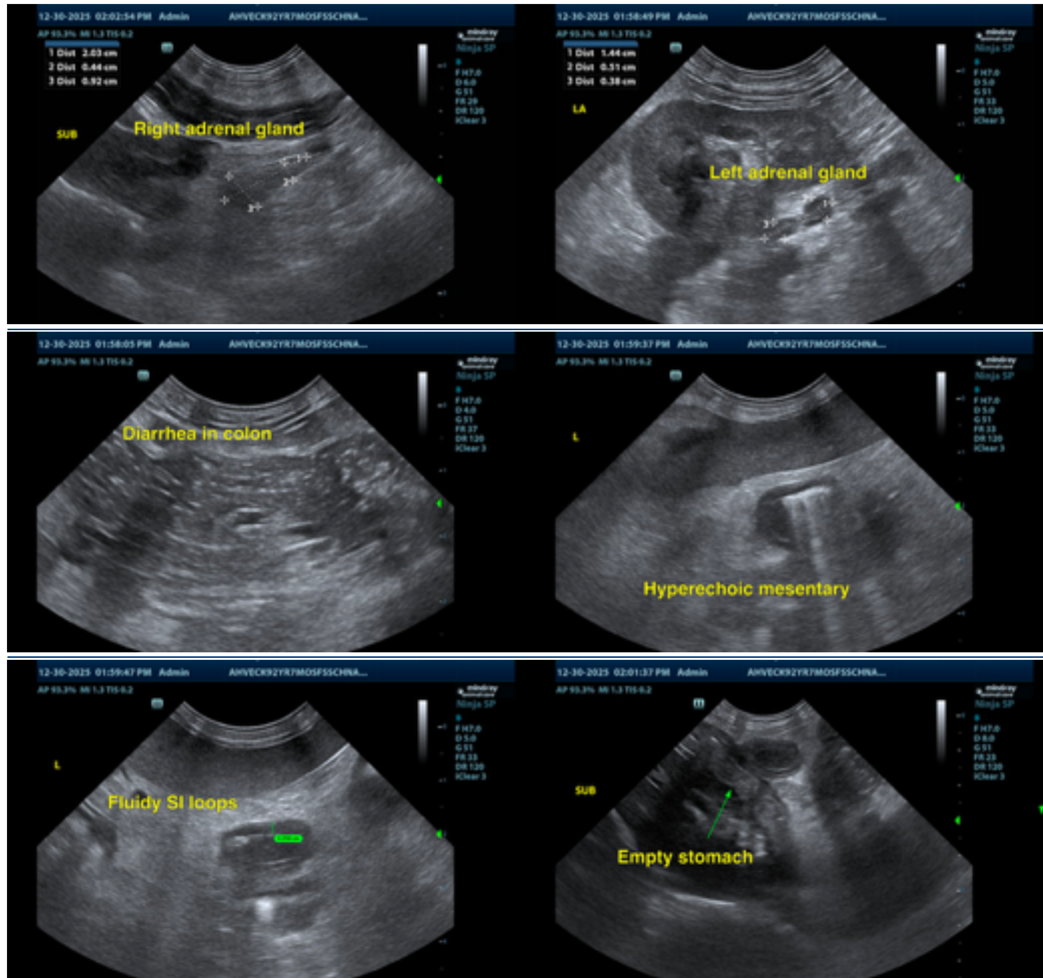

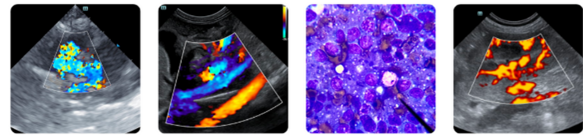

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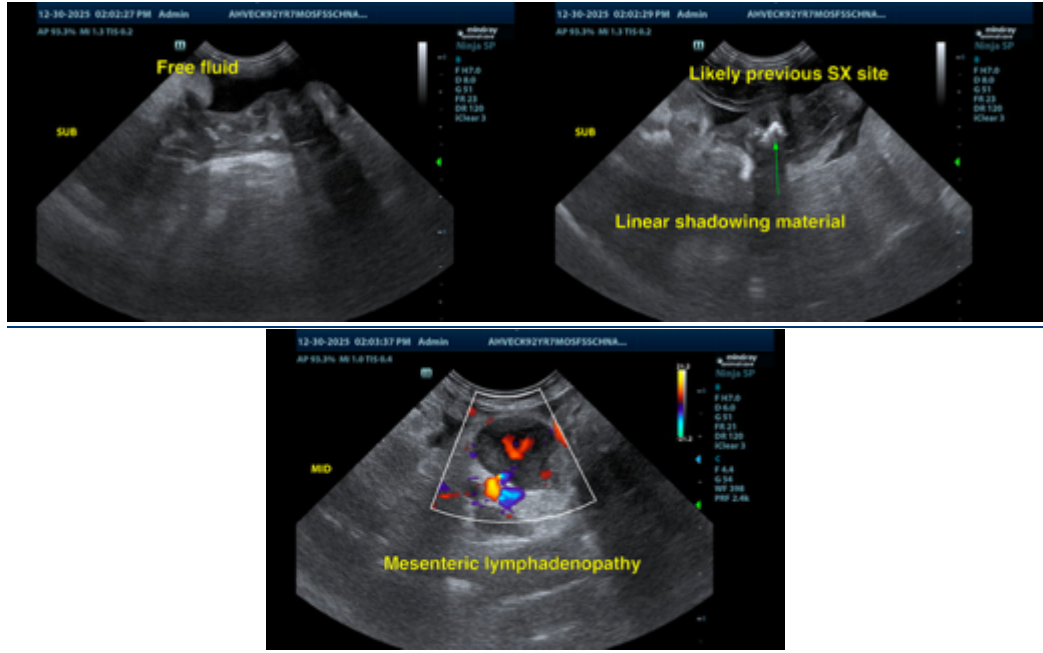

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com