PATIENT

Murphy Riddler

SPECIES

Canine

BREED

Min Schnauzer

SEX

Neutered Male

AGE

8 Years

WEIGHT

10 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

New Hamburg VC

REFERRING VET

Dr. Guevar-Mann

INVOICE

36065

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- Presented for chronic vomiting for the past month, a couple times per week, about 2-3 hours after eating or bile prior to eating
- No abnormal findings on physical exam besides moderate periodental disease
- Current Medications: Sulcrate, Trazadone 50mg for grooming, Hills I/D low fat
- Abnormal PE/Chem/CBC/UA Results: Mild lymphopenia CPLI WNL Radiographic Findings n/a Primary Question to Be Answered in This Exam cause of chronic vomiting? IBD? Gastric? Pancreatitis?

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.

Resolution of right kidney is significantly limited by overlying gas filled GI tract. Measurement on still image cannot be confirmed. The right kidney measured 4.97 cm in length.

The left kidney has an irregular capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in left renal parenchyma and calyces consistent with nephrocalcinosis. The left kidney measured 4.84 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. The left adrenal gland measured 1.92 cm in length and 0.65 cm at the caudal pole and 0.39 cm at the cranial pole. The right adrenal gland measured 2.33 cm in length and 0.52 cm at the caudal pole and 1.25 cm at the cranial pole.

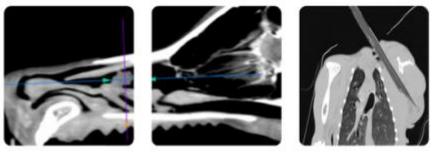
Spleen

Near the head of the spleen, there is a roughly spherical largely solid mass, measuring 5.5 cm x 5.0 cm. There is surrounding echogenic wispy material on top of and around the splenic mass, most consistent with blood clot.

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.



PATIENT

Murphy Riddler

SPECIES

Canine

BREED

Min Schnauzer

SEX

Neutered Male

AGE

8 Years

WEIGHT

10 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

New Hamburg VC

REFERRING VET

Dr. Guevar-Mann

INVOICE

36065

DATE

3/3/26

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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

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 area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

There is a scant volume of free fluid.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass with overlying tissue most consisted with blood clot
- Scant abdominal effusion- hemorrhagic versus other
- Aging renal changes

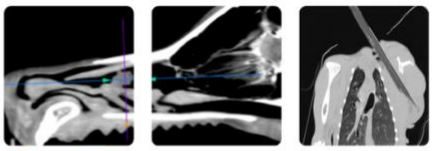
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of a splenic mass with free fluid is most concerning for ruptured splenic mass and subsequent hemoabdomen. If there are no signs of metastasis in the thorax, emergent abdominal explore with plan for splenectomy is recommended.

The amorphous echogenic material overlying the splenic mass and part of the spleen is suspected to represent clotted blood. Abdominocentesis may be challenging due to the scant volume of fluid and its presence between bowel loops, but if possible, abdominocentesis is recommended to further characterize the nature of the abdominal effusion.

The Focal Zone
FUELED BY SONOPATH VETERINARY ULTRASOUND

SonoPath www.thefocalzone.com
info@thefocalzone.com 289.808.2608



Teleradiology
Educational Teleconsultation Services™

PATIENT

Murphy Riddler

SPECIES

Canine

BREED

Min Schnauzer

SEX

Neutered Male

AGE

8 Years

WEIGHT

10 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

New Hamburg VC

REFERRING VET

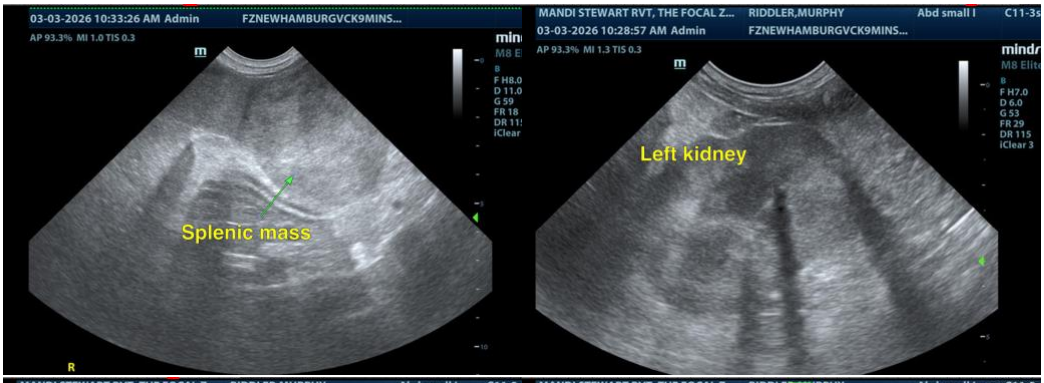
Dr. Guevar-Mann

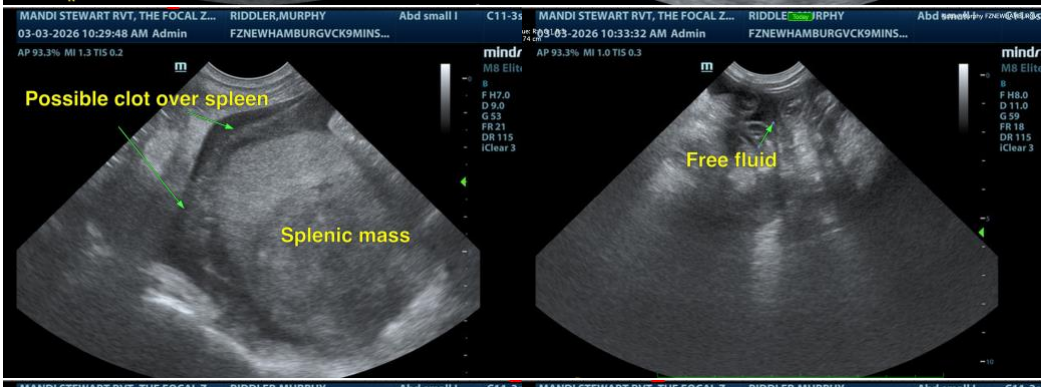
INVOICE

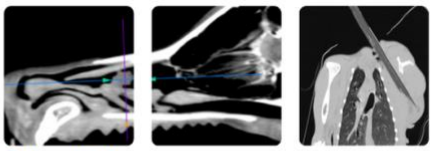
36065

DATE

3/3/26







PATIENT

Murphy Riddler

SPECIES

Canine

BREED

Min Schnauzer

SEX

Neutered Male

AGE

8 Years

WEIGHT

10 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

New Hamburg VC

REFERRING VET

Dr. Guevar-Mann

INVOICE

36065

DATE

3/3/26

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