



**PATIENT**

Lucy Andres-Schulz

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Intact Female

**AGE**

10 Years

**WEIGHT**

5.2 lbs

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Smithville Animal  
 Hospital

**REFERRING VET**

Dr. Hulzebosch

**INVOICE**

74166

**DATE**

4/2/26

**PRESENTING CLINICAL SIGNS**

One week ago was constipated and owner noticed blood around anus. Vomited foam and bile. Pain evident when palpated, hunched pattern, very sensitive to abd. palpation. Formed stool in rectum - blood on glove, stool in distal colon soft not hard, anal glands both normal. Elevated liver enzymes.

Current Medications: Metronidazole 100mg/ml, Cerenia 1/4 24 mg tab

Abnormal PE/Chem/CBC/UA Results: Labs attached

**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 left kidney was 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. Visualization and resolution of the right kidney was severely limited making assessment and measurement possibly inaccurate. This is commonly related to breed related anatomical positioning, and patient compliance. Left measures 2.97 cm. Right measures 2.34 cm.

**Adrenal Glands**

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Left measures 1.43 cm in length x 0.40 cm at the caudal pole and 0.47 cm at the cranial pole. Right measures 1.41 cm in length x 0.47 cm at the cranial pole and 0.64 cm at the caudal 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.

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



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layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

**Free Abdomen**

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

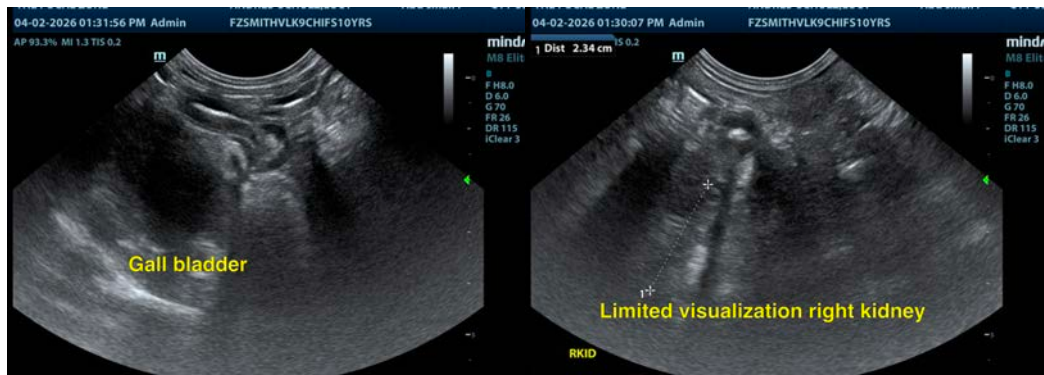
The uterus was not distinctly visualized. There are no distended or thickened organs in the area of the uterine body or horns. The ovaries are visualized as small ovoid structures bilaterally.

**ULTRASONOGRAPHIC FINDINGS**

- Unremarkable abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Colon is ultrasonographically normal with no signs of mural disease. Colonic wall is of normal thickness with no cause of described clinical signs. GI panel (TLI/PL/cobalamin/folate/cortisol), fecal pathogen PCR, and empiric broad spectrum deworming and treatment with probiotics should be considered. An easily digestible GI diet with consideration for addition of extra fiber could be considered. If initial treatments are unsuccessful, treatment for dietary sensitivity/allergy could be considered which includes diet trial with either hydrolyzed or select protein diet, vitamin b-12 supplementation, and continued GI support as needed. Colonoscopy may reveal pathology not visible on ultrasound.





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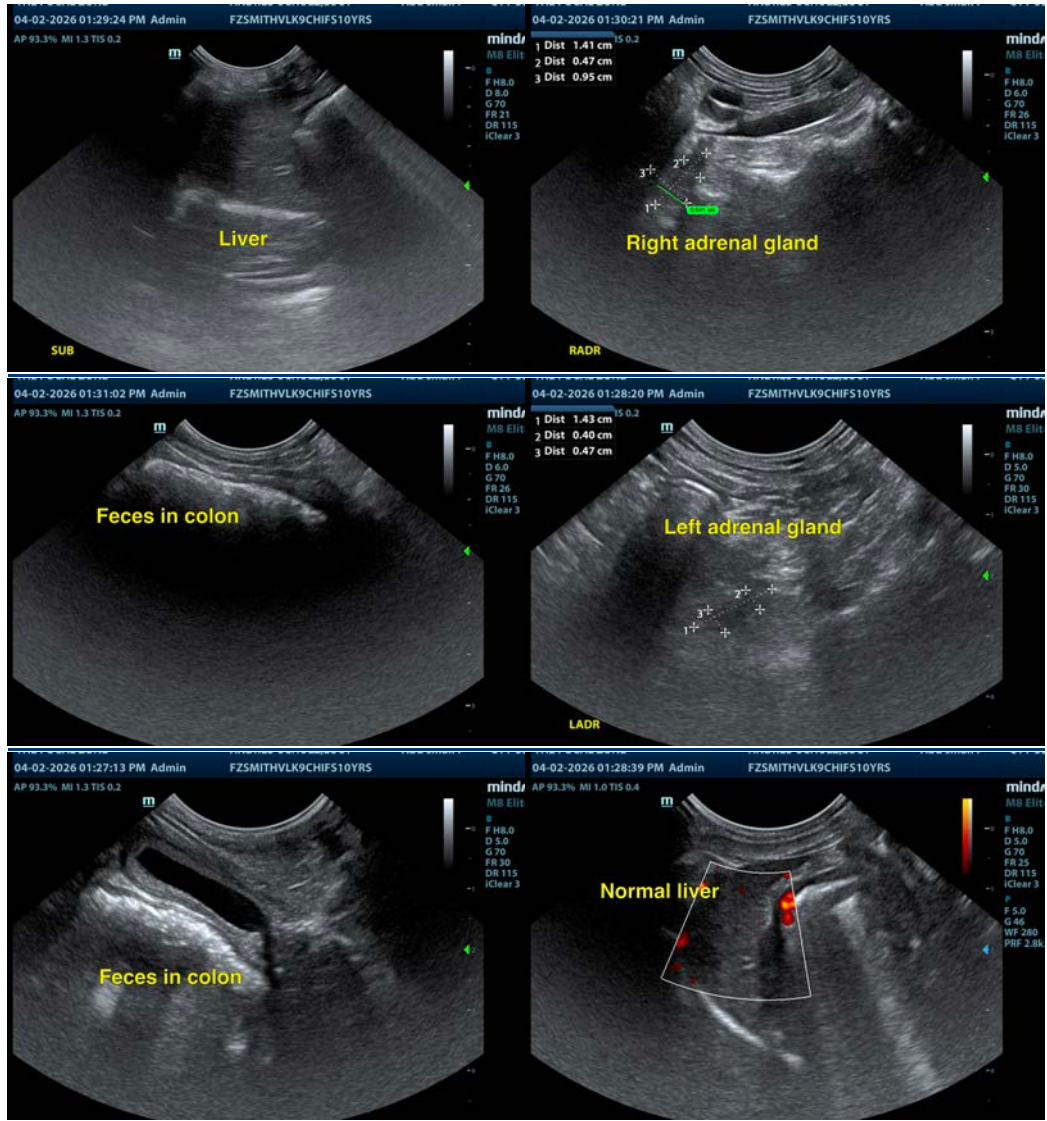
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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