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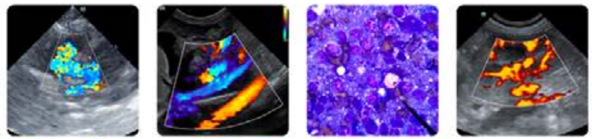


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Rigby Schnee

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

11 Years

WEIGHT

13.8 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Kimberly Davidson

INVOICE

71863

DATE

11/16/25

PRESENTING CLINICAL SIGNS

Vomiting, PU/PD, inappetence, tenesmus. History of cavitated mid-abdominal mass at rDVM yesterday.

Abnormal PE/Chem/CBC/UA Results: Nuclear sclerosis OU, moderate tartar/gingival erythema, tacky MM, Tense on abdominal palpation, generalized muscle wasting rDVM: mid- abdomen mass concerning for intestinal mass. On FAST, at rDVM cavitated mid-abdominal mass.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 1.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Left kidney measures 6.0 cm. Right kidney measures 6.2 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left measures 3.5 mm at the cranial pole and 5.4 mm at the caudal pole. Right measures 5.4 mm at the cranial pole and 6.0 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

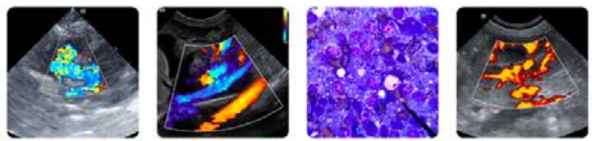
The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with gas and ingesta The gastric wall is 4.1 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.6 mm) with intact wall layering. The ileocecal junction is not seen.



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Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

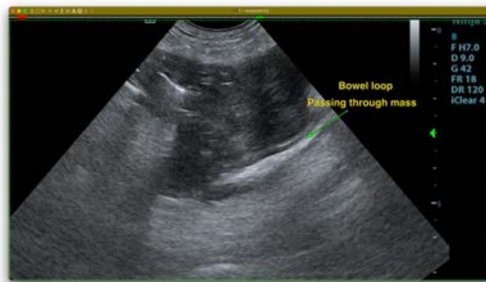
There is a 7.8 cm x 5.7 cm undifferentiated, irregularly marginated, heterogeneous mass with pockets of gas shadowing in the right mid abdomen. There is a loop of bowel suspected to be duodenum passing through this mass, but the mass does not appear to originate from this loop of bowel. The entirety of the abdomen contains focal pockets of echogenic free fluid and markedly hyperechoic omental fat. There is normal blood flow at the aortic trifurcation, and abdominal lymph nodes appear within normal limits.

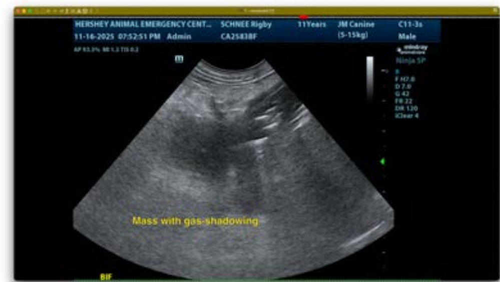
PRIMARY FINDINGS

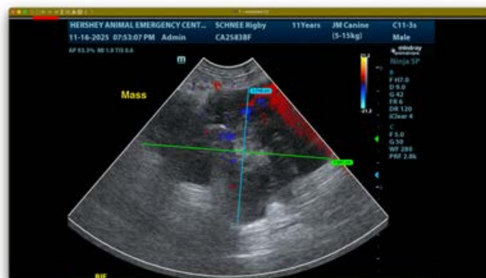
- Undifferentiated mid-abdominal mass, with focal gas-shadowing throughout
- Echogenic free fluid and steatitis throughout the abdomen, consistent with peritonitis

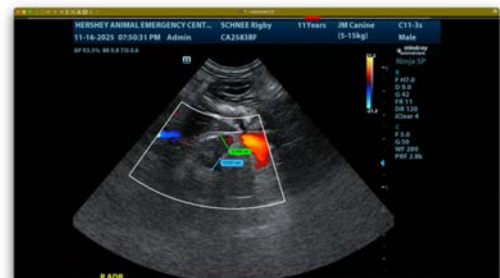
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

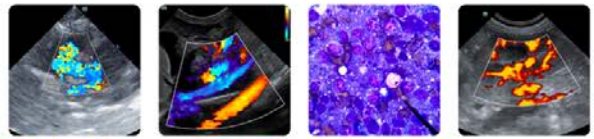
The mid-abdominal mass appears to have multiple ducts within it, and there is a loop of bowel passing through the mass, both of which raise the possibility that the mass originates from the right limb of the pancreas and has partially encased the duodenum. While it is possible that the mass is arising from the bowel loop itself, it does not look typical of a primary intestinal mass. The presence of gas shadowing within the mass suggests necrosis with gas-forming bacterial infection. Exploratory surgery could be considered to determine if the mass is resectable, or a fine needle aspirate could be performed for cytology and culture. The prognosis for this patient is suspected to be guarded to poor, even with aggressive intervention.











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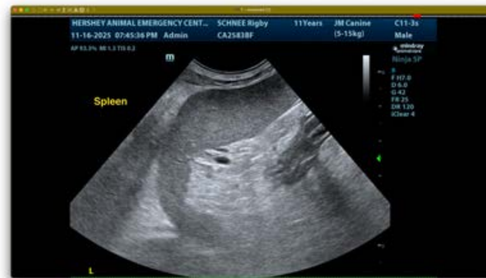

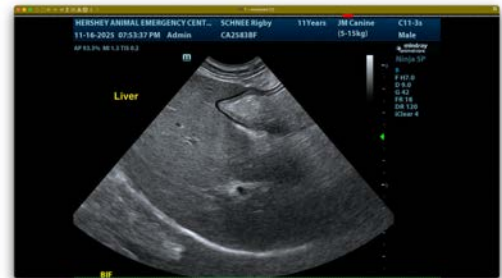

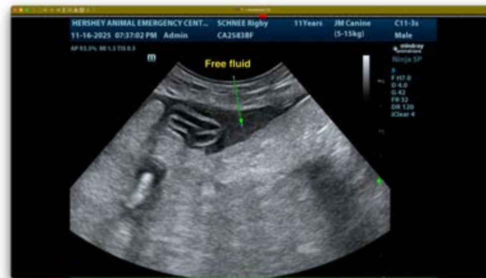

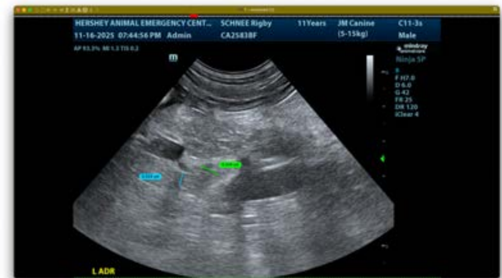

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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