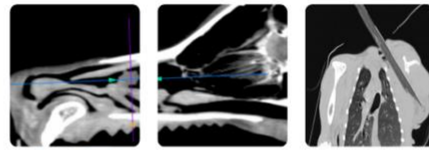


PATIENT
Onnie Stewart Noble

SPECIES
Canine

BREED
Spitz

SEX
Spayed Female

AGE
10 Years

WEIGHT
13.8 kg

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
Amanda Stewart

HOSPITAL NAME
Wellington AH

REFERRING VET
Dr. Dennis

INVOICE
36334

DATE
3/23/26

PRESENTING CLINICAL SIGNS

- Currently well controlled diabetic
- Acute episode of gastritis Jan 18th 2026 was referred to emergency clinic and abdominal ultrasound performed. Focal area within the stomach high concern for neoplasia. FNA non diagnostic
- Clinically doing well provided gets medications daily, unable to wean off or vomiting returns
- Recently diagnosed with PLN but have not started treatment as waiting to see how stomach looks on follow up ultrasound
- Current Medications: Cerenia 24 mg q24 hours, 150mg gabapentin q 12 hours, 10 mg omeprazole q 12 hours, novalin 5.5 IU BID
- Abnormal PE/Chem/CBC/UA Results: rads, BW and previous u/s report from referral clinic in January are all attached Primary Question to Be Answered in This Exam How does stomach compare to previous study? Is cancer still highly suspicious

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 have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. The left kidney measured 5.38 cm in length. The right kidney measured 5.53 cm in length. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis bilaterally.

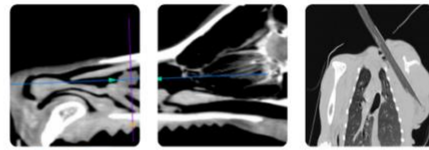
Adrenal Glands

The left adrenal gland was 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 0.44 cm at the caudal pole and 0.36 cm at the cranial pole.

The right adrenal gland was visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. The right adrenal gland measured 1.36 cm in length and 0.62 cm in thickness.

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.



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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 generally anechoic contents. A curvilinear object with complete acoustic drop out is visualized in the gall bladder lumen most consistent with a gall bladder cholelith. Common bile duct is non-distended and tapers normally. The shadowing curvilinear object measures 0.79 cm in diameter.

Gastrointestinal

The stomach contains some gas shadowing and a small volume of fluid towards the pylorus. Gas shadowing partially obstructs visualization. The gastric wall is generally normal with normal wall layering. It is subjectively focally thickened in one area on some views, but this is not maintained across multiple views, and I suspect that this impression of thickening on one view is simply variability due to rugal folds.

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

In the area of the left limb of the pancreas, between the stomach and the spleen, there is an irregular hypoechoic tissue suspected to represent pancreatic tissue. It is enlarged, heterogenous and irregular with surrounding hyperechoic mesentery.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

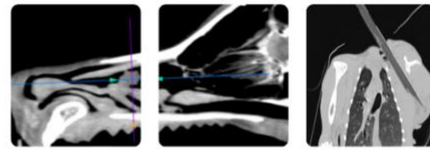
Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Normal gastric wall- significant improvement from previous images
- Hypoechoic heterogenous left limb of the pancreas
- Mild nephrocalcinosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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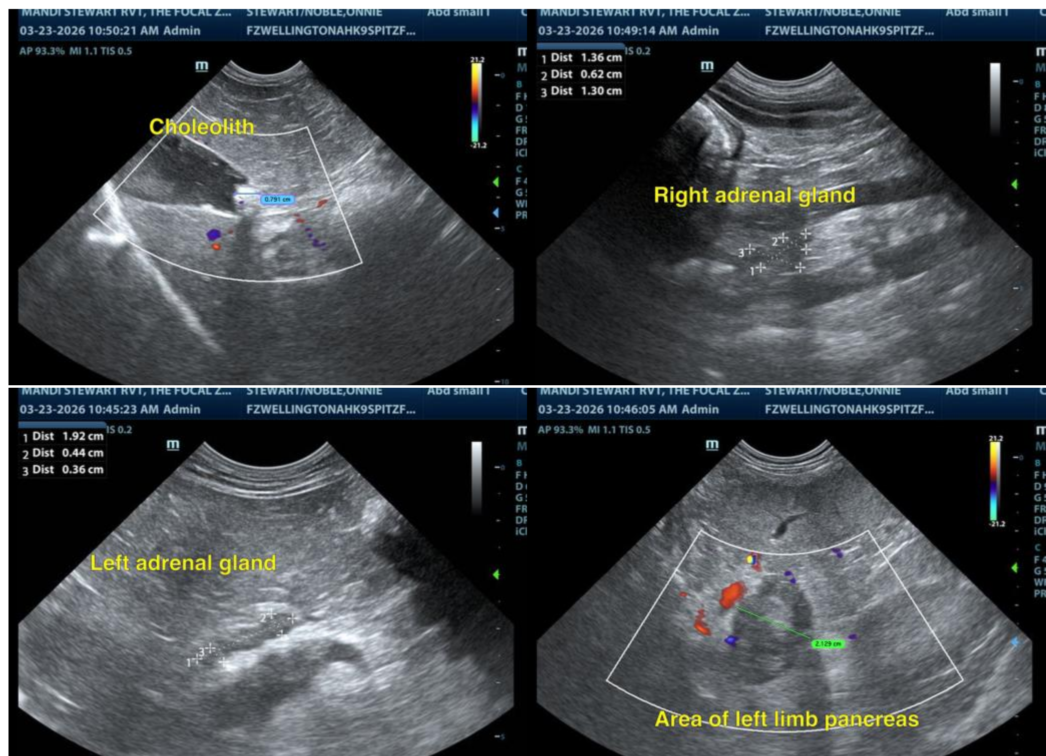
The previously noted gastric wall thickening is not apparent on today's scan. There was a focal area of increased thickness, but I suspect, based on totality of images, this simply represents an area of rugal folding, and not true gastric wall thickening.

The clinical significance of the changes to the left pancreas are uncertain. Given patients reliance on medications to prevent vomiting, chronic active pancreatitis may be occurring in this patient. Ultimately biopsy would be required to further define.

No cause of reported PLN was apparent on ultrasound. Renal changes were very mild.



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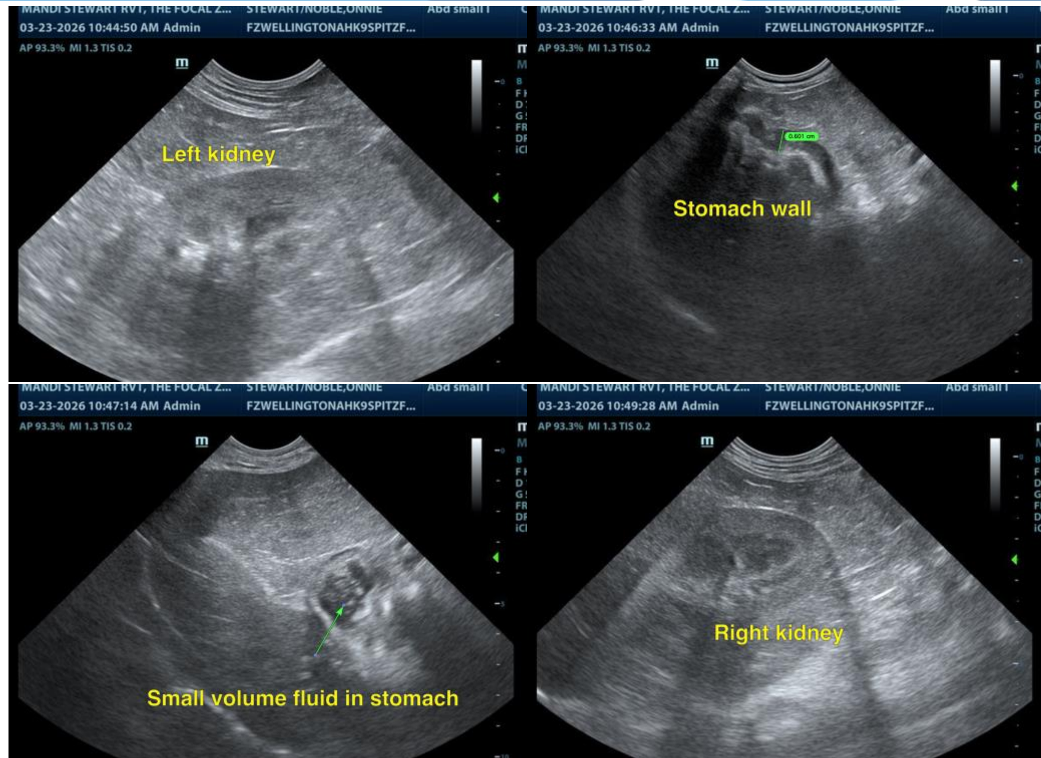

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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